



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

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

City Chambers
DUNDEE
DD1 3BY

24th September, 2019

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I refer to the agenda of business issued in relation to the meeting of the Performance and Audit Committee to be held on Tuesday, 24th September, 2019 and now enclose the 2018/19 Proposed Annual Audit Report which will also fall to be considered at Item 4.

Yours faithfully

DAVID W LYNCH

Chief Officer

Dundee City IJB

2018/19 Proposed Annual Audit Report



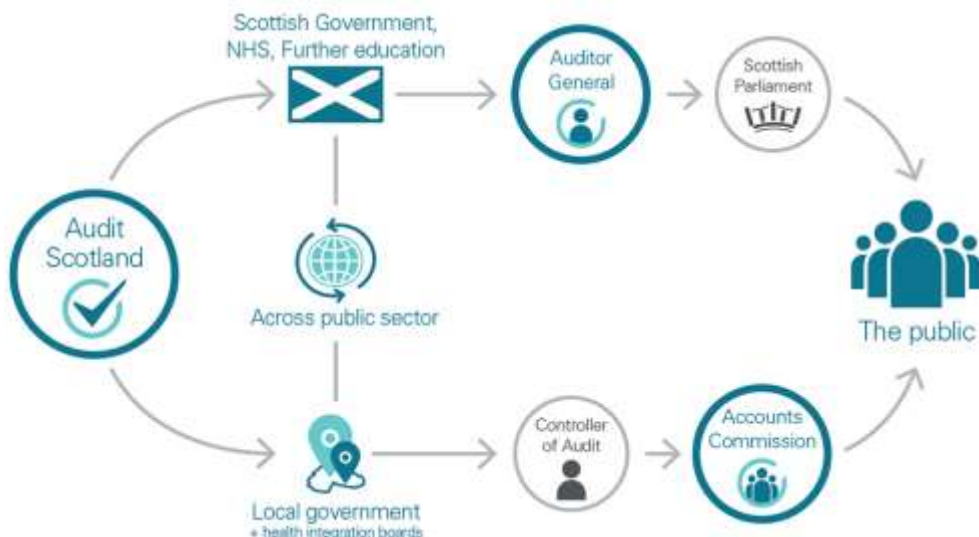
 **AUDIT SCOTLAND**

Prepared for Dundee City Integration Joint Board and the Controller of Audit
24 September 2019

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Key messages

2018/19 annual report and accounts

- 1 Dundee City Integration Joint Board's financial statements give a true and fair view of the financial position for the year ended 31 March 2019.
- 2 The management commentary, audited part of the remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with applicable guidance.

Financial management and sustainability

- 3 The IJB incurred a deficit of £1.794 million, which was funded from reserves. The level of uncommitted reserves as at 31 March 2019 fell to £0.561 million (0.2% of its net expenditure) which is significantly below the IJB's approved reserves strategy of 2%.
- 4 Budget monitoring improved in 2018/19 but scope remains to develop monitoring reports to include information on performance against approved savings and transformation proposals.
- 5 The 2019/20 budget includes a funding shortfall of £5.936 million. Only £5.390 million of savings have been identified, of which £1.900 million is assessed as high risk of not being achieved. The projected outturn for 2019/20 is an overspend of £2.316 million.
- 6 The Board approved a Strategic and Commissioning Plan 2019-22 in March 2019 which projected further funding shortfalls of £3.208 million in 2020/21 and £3.274 million in 2021/22. The IJB has yet to develop medium to long term financial plans to demonstrate how it will fund the gap in the future.
- 7 Given the projected shortfall and the low level of reserves, the IJB may not be financially sustainable beyond the short term.

Governance, transparency and value for money

- 8 The IJB has governance arrangements in place that support the scrutiny of decisions by the Board and it demonstrates a commitment to transparency in the way it conducts its business.
- 9 The outcome of the Scottish Government Ministerial Strategic Group for Health and Community Care (MSG) self-evaluation shows that while some progress has been made, the IJB, in partnership with Dundee City Council and NHS Tayside, has a significant amount of work to do to improve and further establish its governance arrangements.
- 10 The IJB is not currently able to demonstrate that it is meeting its statutory Best Value duty.

Introduction

1. This report is a summary of our findings arising from the 2018/19 audit of Dundee City Integration Joint Board (the IJB).

2. The scope of our audit was set out in our Annual Audit Plan presented to the Performance and Audit Committee meeting on 25 March 2019. This report comprises the findings from our main elements of work in 2018/19 including:

- an audit of the IJB's 2018/19 annual accounts including issuing an independent auditor's report setting out my opinion
- consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#) as illustrated in Exhibit 1.

Exhibit 1 Audit dimensions



Source: *Code of Audit Practice 2016*

Adding value through the audit

3. We add value to the IJB, through our audit, by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations for improvements that have been accepted by management
- reporting our findings and conclusions in public
- sharing intelligence and good practice through our national reports (Appendix 3) and good practice guides

- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability.

4. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

Responsibilities and reporting

5. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

6. Our responsibilities, as independent auditor appointed by the Accounts Commission, are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice (2016), supplementary guidance, and International Standards on Auditing in the UK.

7. As public sector auditors we give independent opinions on the annual accounts. Additionally, we conclude on:

- the appropriateness and effectiveness of the performance management arrangements
- the suitability and effectiveness of corporate governance arrangements
- the financial position and arrangements for securing financial sustainability.

8. In doing this we aim to support improvement and accountability. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice 2016](#) and supplementary guidance.

9. This report raises matters from the audit of the annual accounts and consideration of the audit dimensions. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

10. Our annual audit report contains an agreed action plan at Appendix 1. It sets out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and the steps being taken to implement them.

11. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can confirm that we have not undertaken any non-audit related services and therefore the 2018/19 audit fee of £25,000, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

12. This report is addressed to both the Board and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course.

13. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

Part 1

Audit of 2018/19 annual accounts



Main judgements

Dundee City Integration Joint Board's financial statements give a true and fair view of the financial position for the year ended 31 March 2019.

The management commentary, audited part of the remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with applicable guidance.

The annual accounts are the principal means of accounting for the stewardship of the board's resources and its performance in the use of those resources.

Audit opinions on the annual accounts

14. The annual accounts for the year ended 31 March 2019 were approved by the Performance and Audit Committee on 24 September 2019. We reported within the independent auditor's report that:

- the financial statements give a true and fair view of the financial position for the year ended 31 March 2019
- the audited part of the remuneration report, management commentary, and annual governance statement were consistent with the financial statements and prepared in accordance with applicable guidance.

15. We have nothing to report in respect of misstatements in the information other than the financial statements, the adequacy of accounting records (with the exception of the item noted at paragraph 17 below) and the adequacy of information and explanations we received.

Submission of annual accounts for audit

16. We received the unaudited annual accounts on 26 June 2019 in line with our agreed audit timetable. The working papers provided with the unaudited annual accounts were of a good standard and finance staff provided good support to the audit team which helped to ensure that the audit process ran smoothly.

17. The financial ledger is the principle accounting record to support the annual accounts but had not been fully updated to reflect all accounting entries prior to the production of the annual accounts. Management rectified this prior to the completion of the audit.



Recommendation 1

The financial ledger should be fully updated in 2019/20 prior to the approval of the annual accounts.

Risks of material misstatement

18. With regards to the annual accounts, we assess the materiality of uncorrected misstatements both individually and collectively. Appendix 2 provides a description of those assessed risks of material misstatement in the financial statements and any wider audit dimension risks that were identified during the audit planning process. It also summarises the work we have done to gain assurance over the outcome of these risks.

19. We have no issues to report from our work on the risks of material misstatement highlighted in our 2018/19 Annual Audit Plan.

Materiality

20. Misstatements are material if they could reasonably be expected to influence the economic decisions of users taken based on the financial statements. The assessment of what is material is a matter of professional judgement and involves considering both the amount and nature of the misstatement.

21. We carried out our initial assessment of materiality for the annual accounts during the planning phase of the audit. On receipt of the annual accounts we reviewed our planning materiality calculations. The revised materiality levels are summarised in Exhibit 2. With regards to the annual accounts, we assess the materiality of uncorrected misstatements both individually and collectively.

Exhibit 2 Materiality values

Materiality level	Amount
Overall materiality: this is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements. It has been set at 1% of net expenditure for the year ended 31 March 2019.	£2.622 million
Performance materiality: this acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement, we have calculated performance materiality at 60% of overall materiality.	£1.573 million
Reporting threshold: we are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.	£0.050 million

Source: Audit Scotland

How we evaluate misstatements

22. All misstatements identified during the audit, which exceeded our reporting threshold, have been amended in the financial statements.

23. We identified several presentational and disclosure issues which were discussed with management. These were adjusted and reflected in the audited annual accounts.

Communication of significant findings from the audit in accordance with ISA 260

24. International Standard on Auditing 260 (UK) requires us to communicate significant findings from the audit to those charged with governance. Two significant findings were identified during our audit and these are summarised in Exhibit 3.

Exhibit 3

Significant findings from the audit of the financial statements

Issue	Resolution
<p>1. Debtors balances</p> <p>Note 6 discloses the correct total debtors balance of £2.786 million. However, the balance related to NHS Tayside was understated by £1.837 million and the balance related to Dundee City Council was overstated by £1.837 million.</p>	<p>The audited accounts have been amended. The error had no impact on the general fund balance.</p>
<p>2. Hospital acute services (set aside)</p> <p>The “set aside” budget is the IJB’s share of the budget for delegated acute services provided by large hospitals, on behalf of the IJB. Included within the total IJB’s net expenditure of £263.077 million is the £17.449 million of “set aside” costs.</p> <p>The budget and actual expenditure reported for the “set aside” are equal. The figure is based on 2016/17 activity levels for hospital inpatient and day case activity, provided by NHS National Services Scotland’s Information Services Division and adjusted to reflect 2018/19 costs.</p>	<p>For information only:</p> <p>The set aside calculation is a transitional arrangement agreed with the Scottish Government. The Comprehensive Income and Expenditure Statement correctly incorporates set aside costs.</p> <p>The Chief Finance Officer continues to work with NHS Tayside to develop a methodology to measure set aside more accurately. The reliability of this approach will be assessed during 2019/20.</p>

Source: Dundee City IJB Annual Accounts 2018/19

Follow up of prior year recommendations

25. The IJB has made slow progress in implementing our nine prior year audit recommendations. Progress with those recommendations together with revised responses and timescales have been agreed with management and are set out in Appendix 1.

Objections

26. The Local Authority Accounts (Scotland) Regulations 2014 require local government bodies to publish a public notice on their website that includes details of the period for inspecting and objecting to the accounts. This must remain on the website throughout the inspection period. The IJB complied with the regulations. There were no objections to the accounts.

Part 2

Financial management and sustainability



Main judgements

The IJB incurred a deficit of £1.794 million, which was funded from reserves. The level of uncommitted reserves as at 31 March 2019 fell to £0.561 million (0.2% of its net expenditure) which is significantly below the IJB's approved reserves strategy of 2%.

Budget monitoring improved in 2018/19 but scope remains to develop monitoring reports to include information on performance against approved savings and transformation proposals.

The 2019/20 budget includes a funding shortfall of £5.936 million. Only £5.390 million of savings have been identified, of which £1.900 million is assessed as high risk of not being achieved. The projected outturn for 2019/20 is an overspend of £2.316 million.

The Board approved a Strategic and Commissioning Plan 2019-22 in March 2019, which projected further funding shortfalls of £3.208 million in 2020/21 and £3.274 million in 2021/22. The IJB has yet to develop medium to long term financial plans to demonstrate how it will fund the gap in the future.

Given the projected shortfall and the low level of reserves, the IJB may not be financially sustainable beyond the short term.

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Financial management

27. The IJB is required by statute to make arrangements for the proper administration of its financial affairs and to appoint a "proper officer" to have "responsibility for the administration of those affairs" (section 95 of the Local Government (Scotland) Act 1973). For the IJB, that officer is the Chief Financial Officer (CFO). The IJB's CFO is responsible for ensuring that appropriate financial services are available to the Board and the Chief Officer. The CFO is suitably qualified for the role and has appropriate status within the IJB.

28. The IJB, in partnership with Dundee City Council and NHS Tayside, completed a self-evaluation against a report by the Scottish Government Ministerial Strategic Group for Health and Community Care (MSG) on the "*Review of Progress with Integration of Health and Social Care*", published in February 2019. The self-evaluation details 22 proposals and was approved by the Board on 25 June 2019 and was subsequently submitted to the Scottish Government.

29. One of the MSG proposals relates specifically to the CFO (S95 Officer). It specifies that "statutory partners must ensure appropriate support is provided to IJB S95 Officers". The assessment against this proposal states that there are concerns about the level and adequacy of support being provided to the

Partnership and that the current challenges in relation to the level and adequacy of support provided to the CFO is impacting on his ability to provide appropriate support to operational managers in relation to transformation and financial forward planning, as well as the support available to Strategic Planning Groups to implement a strategic commissioning approach.

30. Consequently, the following priority areas for improvement have been identified by the IJB and its partners, to address these issues:

- agreeing a more formal statement of the expected level of support from each statutory partner to the IJB
- NHS Tayside to streamline and further strengthen finance resources to support the CFO through a restructure of the NHS Tayside finance team.

31. Whilst we can conclude that the CFO is suitably qualified and has the appropriate status within the IJB, he may be unable to fully fulfil his statutory role if the priority areas for improvement are not delivered by the IJB and its partners.

Financial performance in 2018/19

32. The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer. All funding and expenditure for the IJB is incurred by partners' bodies and processed in their accounting records. Satisfactory arrangements are in place to identify income and expenditure and report this financial information to the IJB.

33. The IJB incurred net expenditure of £263.077 million in 2018/19 against a revised budget of £261.283 million. The budget had been revised by £11.601 million, which was funded by additional funding of £4.820 million from Dundee City Council and £1.254 million from NHS Tayside and £5.527 million from the Scottish Government for NHS related services.

34. The IJB reported a year end overspend of £1.794 million for 2018/19, mainly arising from an underlying deficit of £3.630 million in social care budgets, net of an underlying surplus of £1.836 million in NHS budgets.

35. In line with the IJB risk sharing agreement within the Integration Scheme, from 2018/19 any residual overspend at the year-end, after the implementation of a recovery plan, is to be met in the first instance from reserves. The use of the reserve in 2018/19 is consistent with the approved 2018/19 financial plan and resulted in a decrease in the IJB's general reserve of £1.794 million. This sum was below the amount included for the use of reserves of £2.337 million that had been included in the IJB's approved budget.

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Financial planning and sustainability

36. In our previous annual audit reports, we highlighted the importance of a medium to long term financial plan to support longer term planning for the IJB.

37. The Board approved a Strategic and Commissioning Plan 2019-22 in March 2019, which projected funding shortfalls for the three year period. Funding gaps are currently projected as £5.936 million for 2019/20, £3.208 million for 2020/21 and £3.274 million for 2021/22. The IJB has yet to develop medium to long term financial plans to demonstrate how it will fund future funding gaps.



Recommendation 2

A long-term financial strategy (5 years or more) supported by clear and detailed financial plans (3 years or more) should be prepared. This is increasingly important as demand pressures increase, financial settlements continue to reduce and fundamental service redesign over a longer time frame becomes necessary. Plans should set include scenario planning.

38. The 2019/20 budget was initially considered by the IJB at its March 2019 meeting, based on the formal delegated budget from Dundee City Council and an indicative budget from NHS Tayside. In June 2019, the IJB was able to approve its 2019/20 budget, after it was provided with NHS Tayside's formal budget offer.

39. The IJB funding at June 2019 is confirmed at £235.9 million, £77 million from Dundee City Council and £158.9 million from NHS Tayside. The amount from NHS Tayside excludes hosted services and the set aside for acute hospital sites, for which the values are to be confirmed by NHS Tayside.

40. Of the £5.936 million funding gap for 2019/20, £5.390 million is proposed to be funded from savings, leaving a shortfall of £0.546 million for which funding has yet to be agreed. The Board were advised that it was not proposed to use reserves to support 2019/20 budget overspends but that this may require to be revisited.

Efficiency savings

41. The IJB is required to make efficiency savings to maintain financial balance. As noted above, the 2019/20 savings target is identified as £5.390 million.

42. the IJB has identified the potential savings for 2019/20 but has reported that £1.900 million are assessed as a high risk that they will not be delivered and £0.932 million as medium risk. There is a significant risk that the IJB will not deliver against the 2019/20 savings target. The IJB has also reported that the risk of not achieving the required savings for 2020/21 and 2021/22 is increasing.

43. The IJB reports changes to the risk profile of savings to members but does not report on the savings achieved and whether delivery is on track.



Recommendation 3

The position of the achievement of savings proposals and the impact on the transformation programme should be regularly reported to members.

Reserves strategy

44. Dundee City IJB has a reserves policy of carrying forward reserves of up to 2% of net expenditure. The policy was approved by the Board in April 2017.

45. The IJB's general reserve balance reduced by £1.794 million in 2018/19, from £4.560 million to £2.766 million. The IJB has committed £2.205 million of its general reserve for integration and transformation purposes: £1.505 million is committed against ring-fenced Scottish Government funding and £0.700 million against previously approved business cases to support transformation (organisational change) activities.

46. This leaves an uncommitted reserve of £0.561 million carried forward to 2019/20. This level of uncommitted reserves is 0.2% of the IJB's net expenditure, which is low compared to the IJB's policy of holding reserves of up to 2%. The

2019/20 final budget report submitted to the Board in June 2019 recognised that after consideration of ring-fenced Scottish Government funding and funding already committed, there is little flexibility available to the IJB during 2019/20 to meet unexpected pressures or for further transformational change.

47. In August 2019 the Board considered a 2019/20 financial monitoring report which forecast a projected overspend of £2.316 million. Officers are assessing a recovery plan which will include a number of actions to reduce expenditure. The implications of these actions are to be reported to the October 2019 Board meeting, including options around the use of the remaining general fund reserve.

48. The current financial position and the potential need to use general reserves to fund current services leads us to conclude that there is significant uncertainty over the financial sustainability of the IJB.

EU Withdrawal

49. The impact of EU withdrawal may have positive or negative effects on the IJB in terms of the delivery of its services. Operational risks remain with the IJB's partner organisations. The risks entailed by EU withdrawal are not included in the IJB's strategic risk register but continue to sit with the partner bodies.



Recommendation 4

The risks arising from EU withdrawal should be included in the IJB's strategic risk register and, as commissioning authority, the IJB should seek to ensure, that satisfactory arrangements have been put in place by partner bodies to manage potential risks.

Part 3

Governance, transparency and Best Value



Main judgements

The IJB has governance arrangements in place that support the scrutiny of decisions by the Board and it demonstrates a commitment to transparency in the way it conducts its business.



The outcome of the Scottish Government Ministerial Strategic Group for Health and Community Care (MSG) self-evaluation shows that while some progress has been made, the IJB, in partnership with Dundee City Council and NHS Tayside, has a significant amount of work to do to improve and further establish its governance arrangements.

The IJB is not currently able to demonstrate that it is meeting its statutory Best Value duty.

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information.

Governance arrangements

50. The IJB's integration scheme sets out its governance arrangements. The Board is responsible for establishing arrangements for ensuring the proper conduct of the affairs of the IJB and for monitoring the adequacy of these arrangements. The IJB's governance arrangements and procedures are regulated by a set of procedural documents including Standing Orders, a Scheme of Delegation and Financial Regulations.

51. The Board is responsible for the strategic commissioning of health and social care services in Dundee and for setting priorities and policies in the context of legislative requirements. It comprises 6 voting members and a wide range of service users and partners. The voting members consist of 3 elected councillors nominated by Dundee City Council and 3 non-executive directors nominated by NHS Tayside.

52. The Board is supported by the Performance and Audit Committee and a number of groups including the Clinical, Care and Professional Governance Group and the Integrated Strategic Planning Group.

53. There has been significant change in the Board and the Performance and Audit Committee membership over the last year. We attended meetings of the Board and the Performance and Audit Committee to observe how they perform and have concluded that members continue to provide an appropriate level of scrutiny.

54. In September 2018, the Performance and Audit Committee received its first Chair's Assurance Report from the Clinical, Care and Professional Governance Group (CCPG). This was followed by a similar report to the Committee in February 2019. This is an important development in terms of providing assurance to the Performance and Audit Committee and to the Board. No CCPG Assurance Reports

were provided to the March 2019 or May 2019 Performance and Audit Committee meetings.

55. Although we would not expect an assurance report would necessarily be presented to the March 2019 meeting, we would expect a further report to be presented in August 2019.



Recommendation 5

Chair's Assurance Report from the Clinical, Care and Professional Governance Group should be presented to the Performance and Audit Committee on a regular basis.

56. We also noted that the registered medical practitioner providing primary care, a non-voting member of the IJB, has been unable to attend the majority of meetings in the last year. This position is a mandatory appointment and plays an important role in the operation of the IJB.



Recommendation 6

The IJB should liaise with NHS Tayside and consider the arrangements for regular attendance by a member appointed as the registered medical practitioner providing primary care.

57. The IJB's Chief Officer provides overall strategic and operational advice to the Board and is directly accountable for the delivery of services. The Chief Officer is also accountable to both the Chief Executive of Dundee City Council and the Chief Executive of NHS Tayside and sits on the management team at both organisations. The IJB Chief Officer will be retiring in December 2019.

Improvement agenda

58. Audit Scotland's publication '*Health and Social Care Integration - Update on Progress*' (November 2018) set out areas which need to be addressed if integration is to make a meaningful difference to the people of Scotland. The findings in this Audit Scotland report were considered by the Scottish Government Ministerial Strategic Group for Health and Community Care (MSG) who produced a further report on the "Review of Progress with Integration of Health and Social Care" which was published in February 2019. Following the February 2019 report the MSG issued a template for IJBs to self-evaluate their arrangements against.

59. The self-evaluation covers the key features required to support integration, including collaborative leadership, integrated finances, strategic planning for improvement, governance and accountability arrangements, information sharing and meaningful and sustained engagement. Twelve areas were assessed as 'Established' and ten as 'Partly Established'. None were assessed as 'Not Yet Established' or 'Exemplary'. Proposed improvement actions were identified against all criteria.

60. The IJB has committed to take a lead role, through its Integrated Strategic Planning Group, to work with Dundee City Council and NHS Tayside to identify specific arrangements and resources to support the progression of the MSG areas for improvement.

61. The outcome of the MSG self-evaluation shows that while some progress has been made, there is a significant amount of work to do to make integration a

success. The ten areas noted as being 'partly established' where the most improvement action is required are:

- relationships and collaborative working between partners must improve
- delegated budgets for IJBs must be agreed timeously
- delegated hospital budgets and set aside budget requirements must be fully implemented
- statutory partners must ensure appropriate support is provided to IJB S95 Officers
- statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB
- improved strategic planning and commissioning arrangements must be put in place
- improved capacity for strategic commissioning of delegated hospital services must be in place
- the understanding of accountabilities and responsibilities between statutory partners must improve
- accountability processes across statutory partners will be streamlined
- effective, coherent and joined up clinical and care governance arrangements must be in place.

62. The IJB also has a number of other significant improvements activities some of which have been reported in the 2018/19 Annual Accounts, including:

- clarification of deputising arrangements for the Chief Officer to be presented to the IJB
- further development of the IJB's Local Code of Governance
- an update of the IJB's Participation and Engagement Strategy
- risk management including updating the risk management strategy, streamlining risk registers to prevent duplication and agree reporting arrangements and schedules
- strengthening governance arrangements around the IJB's Transformation Programme.

63. Whilst it is recognised that the IJB has demonstrated a commitment to deliver on its various improvement actions, the IJB continues to experience significant delays in its ability to implement its improvement agenda. The IJB has previously recognised that delays have been primarily due to resource capacity and the impact of other priorities across the wider partnership. This has been further emphasised and documented through the MSG self-evaluation process.

64. The successful and timeous implementation of the improvement actions is fundamental to the sustainability of the IJB. A progress report is scheduled to be presented to the Board by December 2019. We will monitor progress as part of our 2019/20 audit.

Openness and transparency

65. There is an increasing focus on how public money is used and what is achieved. In that regard, openness and transparency supports understanding and scrutiny. Transparency means that the general public has access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using resources.

66. There is evidence from a number of sources which demonstrate the IJB's commitment to transparency. All meetings are held in public and full details of the meetings of the Board and the Performance and Audit Committee are available through the Dundee Health & Social Care Partnership [website](#), including Board and Committee papers and minutes of meetings.

67. In our 2017/18 annual audit report we reported that the IJB could improve its current arrangements whereby meeting minutes should be expanded to reflect discussions as well as recording decisions taken at Board and Committee meetings. The IJB is considering how best to implement this.

Risk management

68. In September 2018 internal audit reported on a Risk Maturity Review of the IJB. Internal audit noted that the IJB was developing its Risk Management arrangements. The IJB were commended for the progress made with its arrangements, however a number of recommendations for improvement were also reported and an action plan developed, which is planned to be complete by December 2019.

69. Until risk management arrangements are fully developed and embedded in the organisation there is a risk that exposure to risks may not be highlighted and mitigated through management controls.

Internal audit

70. Internal audit provides the Board and the Chief Officer with independent assurance on the IJB's overall risk management, internal control and corporate governance processes. The Chief Internal Auditor of FTF Audit and Management Service (FTF) is the Chief Internal Auditor for the IJB. Dedicated resources for the IJB audit are drawn from both FTF and Dundee City Council's internal audit section.

71. We carried out a review of the adequacy of the internal audit function and concluded that it generally operates accordance with the Public Sector Internal Audit Standards (PSIAS) and has appropriate documentation standards and reporting procedures in place.

72. To avoid duplication of effort we place reliance on the work of internal audit wherever possible. In 2018/19 we did not place any formal reliance on internal audit reviews for the purpose of obtaining direct assurance for our financial statements work. However, we considered internal audit report findings as part of our wider dimension work.

73. There continues to be slippage in reporting on internal audit work to the Performance and Audit Committee. Two reports covering Information Governance and a review of Finance were scheduled for presentation to the July 2019 Committee and one, Governance and Assurance (assurance mapping), for the September 2019 Committee. These target dates have not been met due to a variety of factors including difficulties in obtaining information from management for the in the Information Governance review, delays in agreeing the finalised assignment plan for the Finance review and an informed decision to delay the assurance mapping to tie in with similar work at NHS Tayside. The reports are now scheduled to be presented to the Committee in November 2019.



Recommendation 7

Management should review the interaction with internal audit to ensure that all planned internal audit work is completed timeously.

Implementation of improvement actions

74. Since March 2019 a Governance Action Plan progress report has been presented to the Performance and Audit Committee. Recommendations made by internal audit and other inspectorates are recorded on the progress report but other improvement action plans are excluded e.g. internal improvement plans, external audit recommendations.



Recommendation 8

The Governance Action Plan progress report should be further developed to include all improvement action plans.

Systems of internal control

75. The IJB relies on Dundee City Council and NHS Tayside for its key financial systems such as the ledger and payroll and the financial information used for budget setting and financial monitoring purposes.

76. As part of our audit approach we received assurances from the external auditor of Dundee City Council and NHS Tayside (in accordance with International Standard on Auditing ISA 402). We concluded there were no significant weaknesses in the internal controls of the main financial systems which would impact on the IJB.

Standards of conduct and arrangements for the prevention and detection of fraud and error

77. The IJB has its own Code of Conduct for Members which requires that all members must comply with the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies. Based on our review of these arrangements we concluded that the IJB has effective arrangements in place for the prevention and detection of corruption.

78. Each partner body also has a code of conduct for members and staff, which sets out the standards expected in undertaking their duties and each partner body has its own arrangements for the prevention and detection of fraud.

79. We are not aware of any issues we require to bring to your attention in respect of standards of conduct or the prevention and detection of fraud.

IJBs have a duty to secure Best Value through continuous improvement and using resources effectively.

Best Value

80. Integration Joint Boards have a statutory duty to make arrangements to secure Best Value. Exhibit 4 sets out the eight themes used by Audit Scotland in assessing how well a body is discharging its duty of Best Value.

Exhibit 4

Best Value themes

Best Value		
Community Responsiveness	Performance, outcomes and improvement	Sustainability and Fairness
Partnership and Collaborative Working		Effective Use of Resources
Governance and Accountability	Vision and Leadership	Equality

Source: Audit Scotland

81. We reported in our 2017/18 annual audit report that while there is evidence of elements of Best Value being demonstrated by the IJB, there is no mechanism for formal review. We recommended that mechanisms and reporting arrangements should be implemented to provide assurance to the Chief Officer and the Board that the IJB has arrangements in place to demonstrate that services are delivering Best Value.

82. This is an area that requires development by the IJB. The IJB plans to liaise with other IJBs regarding their Best Value reporting processes before introducing its own arrangements by 2020.

Performance management

83. The Performance and Audit Committee receives quarterly performance reports setting out details of performance against the Scottish Governments nine National Health and Wellbeing outcomes and against the IJB's six high level service delivery areas (emergency admissions, emergency bed days, accident and emergency, delayed discharges, balance of care and end of life).

84. The MSG self-evaluation articulates that "there are significant challenges in properly analysing the effectiveness of strategic planning and commissioning arrangements. There is an overall lack of capacity within support services to properly evaluate the impact of strategic plans on performance and to link this to financial performance."

85. The MSG self-evaluation further reports that "there are specific risks in relation to the overall capacity and resilience of capacity in relation to information collection, collation and analysis and wider self-evaluation activities" and that "the resources available are focused on statutory functions, such as production of the

Annual Performance Report and completion of annual returns. Whilst there is a clear understanding of gaps in current performance analysis and reporting and some progress has been made to address priority areas, current resources do not allow significant progress to be made at pace.”

86. Work is currently ongoing to revise the function of the Partnership's Strategy and Performance Team to ensure robust support for core functions, including the Integrated Strategic Planning structure, transformation programme and statutory planning requirements.

Annual performance report

87. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that an annual performance report is completed within four months of the year end. Guidance highlights that the report should cover areas including assessing performance in relation to national health and wellbeing outcomes, financial performance and Best Value, reporting on localities, inspection of services, and a review of the strategic commissioning plan.

88. The Board approved the publication of the 2018/19 Annual Performance Report on 25 June 2019. We have reviewed the Annual Performance Report for 2018/19 and identified that it largely complies with the prescribed content set out in The Public Bodies (Joint Working) (Scotland) Act 2014 (Content of Performance Reports) (Scotland) Regulations 2014. The main exceptions are around:

- fuller assessment of performance in relation to Best Value
- financial analysis of the amount spent by localities.

89. The annual performance report details the IJB's performance against the nine National Health and Wellbeing outcomes, using 23 national indicators. The report shows 2018/19 data was available for only 8 of the national indicators. For indicators 1-9, the data is updated every two years and is due to be repeated in 2019-20.

90. For the 8 indicators with 2018/19 data, 5 have worsened compared to the 2015/16 baseline and 3 have improved. Currently there is no 2018/19 Scotland wide data to compare the IJB's performance against.

91. The annual performance report also references statutory inspections of services delivered directly by the partnership. In 2018/19 12 inspections were reported relating to the partnership, with 1 graded excellent, 3 excellent/very good, 1 as good/adequate and the remainder in the good to very good categories.

Strategic and Commissioning Plan 2019-22

92. The Board approved the 2019-22 Strategic and Commissioning Plan in March 2019. The plan was developed following a consultation process with key partners and stakeholders involving briefing sessions, consultation events across the localities and an on-line survey. The plan identifies four strategic priorities, linked to the Scottish Government's nine health and wellbeing outcomes, which set out the overall strategy for the partnership and the actions needed to deliver them. These are:

- health inequalities
- early intervention prevention
- localities and engaging with communities
- models of support / pathways of care.

93. The 2019-22 Plan notes that the number of strategic priorities has reduced over time, reflecting the progress made by the IJB over the past two years. It also notes that the refreshed strategic priorities maintain focus on moving resources from hospitals to community-based care, in order to provide easily accessed, more personal support, closer to home. The 2019-20 plan acknowledges that the next three years will continue to be financially challenging and that the IJB needs to focus its resources in a more targeted way.

94. The IJB plans to monitor progress of the Plan on an ongoing basis, and will report, through its Integrated Strategic Planning Group, to the Board and its partners.

95. The IJB has already recognised through the MSG self-evaluation that there are significant challenges in properly analysing the effectiveness of strategic planning and commissioning arrangements. We will continue to monitor progress in 2019/20.

National performance audit reports

96. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2018/19 we published some reports which are of direct interest to the board as outlined in Appendix 3.

97. Although it is aware of any relevant national reports, the IJB does not have a formal arrangement in place for their consideration and review including any locally agreed actions. Consideration should be given to how this process is formalised, including reporting to either the Performance and Audit Committee or the Board.

Appendix 1

Action plan 2018/19



No.	Issue/risk	Recommendation	Agreed management action/timing
1	<p>Financial accounting records</p> <p>The financial ledger had not been fully updated to reflect all accounting entries prior to the production of the annual accounts.</p> <p>Risk</p> <p>Accounting records may not include all the transactions and balances to reflect a true and fair view of the IJB's accounts.</p>	<p>The financial ledger should be fully updated in 2019/20 prior to the approval of the annual accounts.</p> <p>Paragraph 17</p>	<p>We will ensure the financial ledger is fully updated to reflect all accounting entries prior to the approval of the annual accounts</p> <p>Responsible officer: Chief Finance Officer (CFO).</p> <p>Agreed date: June 2020.</p>
2	<p>Medium to long term financial plans</p> <p>The Board approved a Strategic and Commissioning Plan 2019-22 in March 2019, which projected funding shortfalls for the three year period. The IJB has yet to develop medium to long term financial plans to demonstrate how it will fund future funding gaps.</p> <p>Risk</p> <p>The IJB may not be planning adequately over the medium to long term to manage or respond to significant financial risks.</p>	<p>A long-term financial strategy (5 years or more) supported by clear and detailed financial plans (3 years or more) should be prepared. This is increasingly important as demand pressures increase, financial settlements continue to reduce and fundamental service redesign over a longer time frame becomes necessary. Plans should set include scenario planning.</p> <p>Paragraph 37</p>	<p>We will build on the three year financial framework developed during 18/19, which sets out the estimated resources and anticipated increase in expenditure from rising demand and costs of providing services. We will continue to work with partner bodies to align longer term financial planning processes and the development of long- term financial strategy on how to close the gap between funding and service provision.</p> <p>Responsible officer: CFO.</p> <p>Agreed date: March 2020.</p>
3	<p>Savings reporting</p> <p>The IJB reports changes to the risk profile of savings but does not report to members on the savings achieved and whether delivery is on track.</p> <p>Risk</p> <p>Members may not be fully aware of the impact of not delivering savings.</p>	<p>The position of the achievement of savings proposals and the impact on the transformation programme should be regularly reported to members.</p> <p>Paragraph 43</p>	<p>Reports on savings progress and the impact on the transformation programme to be presented regularly to members.</p> <p>Responsible officer: CFO.</p> <p>Agreed date: October 2019.</p>

4	<p>EU withdrawal</p> <p>The risks entailed by EU withdrawal are not included in the IJB's strategic risk register but continue to sit with the partner bodies.</p> <p>Risk</p> <p>The IJB may not be adequately mitigating risks to its operation arising from EU withdrawal.</p>	<p>The risks arising from EU withdrawal should be included in the IJB's strategic risk register and, as commissioning authority, the IJB should seek to ensure, that satisfactory arrangements have been put in place by partner bodies to manage potential risks.</p> <p>Paragraph 49</p>	<p>We will work with partner bodies to obtain assurance that satisfactory arrangements have been put in place by partner organisations to manage the potential risks arising from EU withdrawal. We will reflect the outcome in the strategic risk register.</p> <p>Responsible officer: CFO.</p> <p>Agreed date: November 2019.</p>
5	<p>Clinical, Care and Professional Governance Group Assurance Reports</p> <p>In September 2018, the Performance and Audit Committee received its first Chair's Assurance Report from the Clinical, Care and Professional Governance Group. No CCPG Assurance Reports were provided to the March 2019 or May 2019 Performance and Audit Committee meetings.</p> <p>Risk</p> <p>The Board does not have complete and sufficient assurances on clinical care governance.</p>	<p>Chair's Assurance Report from the Clinical, Care and Professional Governance Group should be presented to the Performance and Audit Committee on a regular basis.</p> <p>Paragraph 55</p>	<p>To be included on PAC agendas as appropriate, depending on timing of Clinical, Care and Professional Governance group meetings.</p> <p>Responsible officer: Clinical Director/Head of Service Health and Community.</p> <p>Agreed date September 2019.</p>
6	<p>Board attendance</p> <p>The registered medical practitioner providing primary care, a non-voting member of the IJB, has been unable to attend the majority of meetings in the last year.</p> <p>Risk</p> <p>Appropriate professional care expertise may not be considered by the Board.</p>	<p>The IJB should liaise with NHS Tayside and consider the arrangements for regular attendance by a member appointed as the registered medical practitioner providing primary care.</p> <p>Paragraph 56</p>	<p>NHS Tayside Board is responsible for appointing the role of registered medical practitioner providing primary care to the IJB. This issue has been noted by the IJB and the Clerk to the Board will formally write to the Chair of NHS Tayside Board on this issue.</p> <p>Responsible officer: Clerk to the Board.</p> <p>Agreed date: December 2019.</p>
7	<p>Internal audit</p> <p>There continues to be slippage in reporting on internal audit work to the Performance and Audit Committee.</p> <p>Risk:</p> <p>Members may not be able to scrutinise key risk areas timeously if internal audit reports are delayed.</p>	<p>Management should review the interaction with internal audit to ensure that all planned internal audit work is completed timeously.</p> <p>Paragraph 73</p>	<p>The deliverability of the IJB's Annual Internal Audit Plan to be assessed with the Chief Internal Auditor following consideration of available internal audit resources.</p> <p>Responsible officer: CFO.</p> <p>Agreed date: December 2019</p>

8	Action plan progress report Since March 2019 a Governance Action Plan progress report has been presented to the Performance and Audit Committee. The report does not include all improvement action plans. Risk The commitments set out in the IJB's Strategic Commissioning Plan may not be delivered timeously if improvement actions are not delivered within the agreed timescales.	The Governance Action Plan progress report should be further developed to include all improvement action plans. Paragraph 74	We will further develop the Governance Action Plan to include all improvement action plans. Responsible officer: CFO. Agreed date: November 2019.
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Follow up of prior year recommendations

PY1	Public Notice of Accounts The IJB must give public notice of the right of interested persons to inspect and object to its accounts in accordance with The Local Authority Accounts (Scotland) Regulations 2014. This public notice must be given no later than 17 June immediately following the financial year to which the accounts relate. The public notice was uploaded to the IJB's website on 20 June 2017, 3 days after the latest date allowable under the statutory regulations. Risk The IJB may be open to legal challenge if it does not comply with regulations.	The joint board should ensure the public notice is made available on the website within the timeframe allowable under the 2014 regulations.	Fully implemented.
PY2	Budget setting The 2018/19 provisional budget was submitted to the Board in March 2018, but the budget was not approved until August 2018. This was due to the late approval by NHS Tayside of its own 2018/19 budget. Much of the year will have passed before financial monitoring is capable of being undertaken. Risk Without an agreed budget, excessive costs may not be contained.	The IJB should liaise with its partner organisations to ensure an agreed budget is approved prior to the start of the year.	Partly actioned: The 2019/20 IJB budget was approved on 25 June 2019 after receipt of NHS Tayside's final budget offer. This remains late in the year for approval of a budget. Revised action: An indicative NHS Budget was provided at the IJB budget meeting of 30th March 2019. The final budget from NHS Tayside was consistent with the indicative budget. We will continue to work with partner bodies to align budget setting processes as far as practicable.

Responsible officer: CFO.

Revised date: March 2020.

PY3	Budget monitoring Some scope for improvement in the budget monitoring processes has been identified regarding providing explanation for changes to the approved budget and final out-turn monitoring. Risk Members may not be sufficiently informed to effectively scrutinise the IJB's financial performance.	Budget monitoring processes should be amended to include: <ul style="list-style-type: none"> • explanations within monitoring reports to members in relation to changes to the approved budget • monitoring reports on the final out-turn for the year. 	Partly actioned: an outturn monitoring report was considered at the June 2019 Board meeting. However, the budget monitoring reports have not been developed to include explanations in relation to changes to the approved budget. Revised action: Budget monitoring reports to be developed as suggested during 2019/20. Responsible officer: CFO. Revised date: March 2020.
PY4	Budget and performance monitoring arrangements Budget and performance monitoring arrangements are currently reported separately to the Board and Performance and Audit Committee which means that it can be challenging to link the impact of budget variances on service performance. Risk Members may not be fully sighted on the impact of budget variances on service performance.	The IJB should seek to combine financial and performance reporting to ensure that members have clear sight of the impact of variances against budget in terms of service performance.	Not yet actioned: the IJB has not implemented this action. Revised action: We will continue to explore options on how to combine financial and performance reporting in a format which provide useful information to users. Responsible officer: CFO. Revised date: March 2020.
PY5	Transformation and efficiency savings Detailed updates on the IJB's transformation programme and associated efficiency savings are not reported to the Board on a regular basis. Risk Transformation and savings may not be delivered in accordance with decisions taken by the Board.	The IJB should develop a formal mechanism to demonstrate how transformation is being achieved and planned efficiency savings are being met.	Partly actioned: The 2019/20 monitoring reports now include information on the risk profile of proposed savings. The reporting requires to be further developed to provide outturn against the savings plans and updates on progress with the transformation programme. Carried forward to action 3 above.
PY6	Medium to long term financial plans There are no medium to long term financial plans in place. Audit Scotland is encouraging organisations to develop medium and long-term financial plans including IJBs.	We recommend that a long-term financial strategy (5 years or more) supported by clear and detailed financial plans (3 years or more) is prepared. This is increasingly important as demand pressures increase, financial settlements continue to reduce and fundamental	Not actioned: The IJB has not developed medium to longer term financial plans as part of its financial planning process. Carried forward to action 2 above.

	<p>Risk</p> <p>The IJB may not be planning adequately over the medium to long term to manage or respond to significant financial risks.</p>	<p>service redesign over a longer time frame becomes necessary. Plans should set out scenario plans (best, worst, most likely).</p>	
PY7	<p>Reserve balances</p> <p>Level of uncommitted reserves at March 2019 is forecast to be £0.826 million. This level of reserves falls far short of the IJB's approved reserve policy.</p> <p>Risk</p> <p>A low level of uncommitted reserves reduces the IJB's capacity to respond to emerging risks and cost pressures and fund tests of change and transformation activities.</p>	<p>The IJB should review its reserves to ensure they are adequate.</p>	<p>Partly actioned: Management has reviewed the IJB's reserve level as agreed, however the financial position is such that reserves have been significantly depleted in 2018/19. Further consideration is required in 2019/20.</p> <p>Revised action: Reserves can only be accumulated through year end surpluses of funding. We will ensure robust budgeting, monitoring of identified savings and financial monitoring processes are in place to identify opportunities to enhance reserves position.</p> <p>Responsible officer: CFO.</p> <p>Revised date: March 2020.</p>
PY8	<p>Transparency</p> <p>Some areas have been identified where the IJB could improve current arrangements for transparency. These include improved minute taking to reflect the discussions at meetings and publication of the register of interests of Board members and senior management on the IJB's website.</p> <p>Risk</p> <p>Decisions of the Board may not be transparent.</p>	<p>The IJB should:</p> <ul style="list-style-type: none"> review its processes for minute taking. publish the register of interests covering Board members and senior management on the IJB's website. 	<p>Partly actioned: IJB register of interests is now published on the IJB website. The IJB is considering how to improve minute taking to reflect discussion at meetings.</p> <p>Revised action: Further development of the IJB and PAC minutes and papers to ensure full transparency and accurate recording of the discussions, questions asked and assurances provided.</p> <p>Responsible officer: Chief Officer/ CFO/ Clerk to the Board.</p> <p>Revised date: December 2019.</p>
PY9	<p>Best Value</p> <p>While there is evidence of elements of Best Value being demonstrated by the IJB, there is no mechanism for formal review to provide assurance to the Chief Officer and the Board.</p> <p>Risk</p> <p>The IJB may not be able to demonstrate that it is meeting its Best Value obligations.</p>	<p>Mechanisms and reporting arrangements should be implemented to provide assurance to the Chief Officer and the Board that the IJB has arrangements in place to demonstrate that services are delivering Best Value.</p>	<p>Not actioned: the IJB is yet to finalise how it will formally provide Best Value assurance to the Chief Officer and the Board.</p> <p>Revised action: Further learning from other IJB's reporting with regards to Best Value to be gained and considered for reflection in the 2019/20 Annual Performance Report.</p> <p>Responsible officer: CFO.</p> <p>Revised date: June 2020.</p>

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the [Code of Audit Practice 2016](#).

Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
<p>1 Going concern basis of accounting</p> <p>The most recent financial monitoring report (for the period to 31 December 2018) shows a net projected overspend of £0.17 million. This is after implementing financial recovery plans of £3 million. Recovery plans include the use of usable reserves which will significantly reduce the balance, with an uncommitted balance of £0.83 million projected as at March 2019. This level is not in line with the IJB's reserves policy which sets out a level of 2% of net expenditure, (approximately £5 million) as an adequate general reserves level.</p> <p>There are currently no medium-long term financial plans in place to demonstrate how the IJB will secure the financial sustainability of its services in the future.</p> <p>There is a risk to the long-term financial sustainability of the IJB (see risk 7 below) and to the continuing presentation of the annual accounts on a going concern basis.</p> <p>The IJB will need to demonstrate that the going concern basis of accounting is appropriate for the 2018/19 annual accounts.</p>	<p>Review the CFO's evidence and assurances to support the going concern assumption for the 2018/19 annual accounts.</p> <p>Review ongoing budget monitoring reports to ensure they accurately reflect the position of the partnership.</p> <p>Review of the IJB's yearend position.</p> <p>Review of the IJB's recovery plan.</p>	<p>The 2018/19 annual accounts are prepared on a going concern basis. We have monitored the financial position during the year and at the year end and consider that it is appropriate to prepare the 2018/19 annual accounts on a going concern basis.</p> <p>Further comments on financial sustainability is covered at paragraph 36.</p>

Audit risk	Assurance procedure	Results and conclusions
<p>2 Risk of management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position disclosed in the financial statements.</p>	<p>Detailed testing of journal entries.</p> <p>Review of accounting estimates.</p> <p>Focused testing of accruals and prepayments.</p> <p>Evaluation of significant transactions that are outside the normal course of business.</p> <p>Service auditor assurances will be obtained from the auditors of Dundee City Council and NHS Tayside over the completeness, accuracy and allocation of the income and expenditure.</p>	<p>No instances of management override of controls were identified.</p> <p>All journals and significant transactions tested (including accruals) were found to be appropriate.</p> <p>Sources of accounting estimates were reviewed and found to be without management bias.</p> <p>We reviewed transactions for the year. No significant transactions were identified that are outside the normal course of the Joint Board's business.</p> <p>Satisfactory assurances obtained from the Dundee City Council and NHS Tayside auditors.</p>
<p>3 Risk of fraud over expenditure</p> <p>The Code of Audit Practice requires us to cover the risk of fraud over expenditure. The expenditure of the IJB is processed through the financial systems of Dundee City Council and NHS Tayside. There is a risk that non IJB related expenditure is incorrectly posted to IJB account codes.</p>	<p>Obtain assurances from the auditors of Dundee City Council and NHS Tayside over the accuracy, completeness and appropriate allocation of the IJB ledger entries.</p> <p>Carry out audit testing to confirm the accuracy and correct allocation of IJB transactions, and that they are recorded in the correct financial year.</p>	<p>No significant issues were found in relation to controls in place across the key financial systems.</p> <p>From a review of expenditure transactions during the year, no issues were highlighted in relation to the risk of fraud over expenditure.</p>
<p>4 Accounting for Integration of Health and Social Care guidance</p> <p>In 2017/18, the annual accounts did not initially comply with the accounting requirements for the use of reserves. The annual accounts were subsequently amended to correct this error.</p> <p>LASAAC (The Local Authority (Scotland) Accounts Advisory Committee) plans to issue updated mandatory accounting guidance for IJB 2018/19 annual accounts which will include guidance on the use of reserves. There is a risk that the IJB's accounts do not comply with the mandatory guidance.</p>	<p>Review of the 2018/19 annual accounts against the requirements of the LASAAC guidance.</p>	<p>The use of reserves were properly accounted for in 2018/19 in accordance with the LASAAC mandatory guidance.</p>
<p>5 Hospital acute services (Set Aside)</p>	<p>Engage with officers to ensure that a robust mechanism has been developed to quantify</p>	<p>The 2018/19 set aside figure was calculated in accordance with extant guidance. The Chief</p>

Audit risk	Assurance procedure	Results and conclusions
<p>The “set aside” budget is the IJB’s share of the budget for delegated acute services provided by large hospitals on behalf of the IJB.</p> <p>The budget and actual expenditure reported for the “set aside” were equal in 2017/18. The figure was estimated based on 2016/17 data and activity levels provided by NHS National Services Scotland’s Information Services Division.</p> <p>There is a risk that the income and expenditure of the IJB is misstated in 2018/19 due to the lack of current activity information.</p> <p>There is also a risk that the sum set aside recorded in the annual accounts will not reflect actual hospital use in the 2018/19 accounts.</p>	<p>the IJB’s set aside income and expenditure.</p> <p>Monitor Scottish Government guidance on the treatment of set aside in the 2018/19 financial statements to establish whether the financial statements are compliant.</p>	<p>Finance Officer is working with NHS Tayside to develop a methodology to provide a more robust estimate of set aside.</p>
<p>6 Compliance with the Local Authority Accounts (Scotland) Regulations 2014</p> <p>The IJB must give public notice of the right of interested persons to inspect and object to its accounts no later than 17 June immediately following the financial year to which the accounts relate. For 2017/18, the notice was uploaded to the IJB’s website on 20 June 2018, three days after the latest date allowable under the statutory regulations. There is a risk that the 2018/19 annual accounts will not meet the requirements of the 2014 accounts regulations.</p>	<p>Review of the IJB’s website to ensure the statutory deadline for the public notice of the accounts is met.</p>	<p>Public notice published in line with statutory requirements.</p>

Risks identified from the auditor's wider responsibility under the Code of Audit Practice

<p>7 Financial sustainability</p> <p>The IJB continues to face significant financial pressures with challenging funding levels and increasing costs. The 2018/19 financial monitoring position report (for the period to December 2018) shows a net projected overspend of £0.17 million after applying financial recovery plans which will reduce reserves considerably.</p>	<p>Review ongoing budget monitoring and progress made on meeting savings targets and dealing with cost pressures.</p> <p>Review of the IJB’s recovery plan agreed with Dundee City Council and NHS Tayside.</p> <p>Monitor the progress with the Transformation Programme.</p>	<p>We have monitored the financial position and consider the IJB to be financially sustainable in the short term if it achieves its 2019/20 financial plan. The IJB may not be financially sustainable beyond the short term.</p> <p>Further comments on financial sustainability, including the need to develop medium to long-term financial plans, savings targets</p>
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Audit risk	Assurance procedure	Results and conclusions
<p>Medium to long-term financial plans have yet to be developed to demonstrate how the IJB will secure the financial sustainability of its services in the future.</p> <p>The IJB's Transformation Programme is key to achieving long term affordable and effective service delivery in line with the principles of integration, however internal audit in a report on the transformation programme, has assessed the audit as a category D (there is an increased risk that objectives may not be achieved). There is a risk that the transformation programme does not deliver as intended and that the financial sustainability position does not improve.</p>		<p>and transformation are covered at paragraph 36.</p>
<p>8 Financial Management – budget setting</p> <p>The IJB has not yet received a formal offer from NHS Tayside regarding the 2019/20 budget. For the IJB to progress their budget setting process, indicative figures have been used.</p> <p>There is a risk that these figures will not be finalised before the start of the 2019/20 financial year and the IJB will be operating without a formally agreed budget. Furthermore, if partner contributions are lower than the indicative budget, this will increase the risk of financial sustainability.</p>	<p>Ongoing monitoring of budget setting for 2019/20.</p>	<p>The 2019/20 IJB budget was approved on 25 June 2019 after receipt of NHS Tayside's final budget offer.</p> <p>Further comment is included in appendix 1, item PY2.</p>
<p>9 Financial Management Arrangements</p> <p>In 2017/18, we reported some areas for improvement in the financial management arrangements at the IJB including: improvement in budget monitoring processes to provide explanations for approved budget changes; introducing detailed updates on efficiency savings and the transformation programme and scope to link financial (budget)</p>	<p>Monitor progress to develop improved budget monitoring and performance reporting.</p>	<p>Some developments have been made in the Financial Monitoring reports, including providing some information on savings and transformation plan. We consider that further improvements could be made.</p> <p>Further comment is included in appendix 1, item PY4.</p>

Audit risk	Assurance procedure	Results and conclusions
<p>and performance management information.</p> <p>Whilst noting management's commitment to addressing these issues, change has not been implemented across all areas as originally intended. There is a risk that members may not be sufficiently informed to effectively scrutinise the IJB's performance, including financial performance throughout the year.</p>		
<p>10 EU withdrawal</p> <p>There are considerable uncertainties surrounding the implications of EU withdrawal. Public bodies should assess the potential impact on their operations and identify specific issues and planned responses.</p> <p>There is a risk that the IJB is not prepared for the impact of EU withdrawal on the delivery of services.</p>	<p>Assess how the IJB has prepared for EU withdrawal.</p> <p>Consider how the IJB responds to any emerging issues after EU withdrawal.</p>	<p>No specific action has been taken by the IJB in respect of EU Withdrawal. The IJB does not employ staff or directly commission services so all operational planning is being done by the partner bodies.</p> <p>Further comment is included in appendix 1, item 4.</p>
<p>11 Best Value</p> <p>The statutory duty of Best Value applies to all public bodies in Scotland. There is currently no mechanism in place within the IJB to formally review Best Value.</p> <p>There is a risk that, the IJB is unable to demonstrate that it is meeting its statutory duty to deliver Best Value.</p>	<p>Monitor progress in developing the IJB's Best Value framework.</p> <p>Review the Best Value disclosures in the 2018/19 annual accounts.</p>	<p>The IJB has not progressed developing a Best Value framework and is not able to demonstrate that it is meeting its statutory Best Value duty.</p> <p>Further comment is included in appendix 1, item PY9.</p>
<p>12 Risk management</p> <p>In September 2018 internal audit reported on a Risk Maturity Review of the IJB. Internal audit noted that the IJB is currently developing its Risk Management arrangements. The IJB were commended for the progress made with its arrangements, however a number of recommendations for improvement were also reported and an action plan developed, which is planned to be complete by December 2019.</p> <p>Until risk management arrangements are fully</p>	<p>Monitor progress with the implementation of the action plan.</p>	<p>The risk management action plan was approved by the Performance and Audit Committee in February 2019. The intention is to implement all actions by December 2019.</p> <p>Further comment is included in paragraph 68.</p>

Audit risk	Assurance procedure	Results and conclusions
<p>developed and embedded in the organisation there is a risk that exposure to risks may not be highlighted and mitigated through management controls.</p>		
<p>13 Implementation of improvement actions and audit recommendations</p> <p>The IJB has a significant and wide-ranging improvement programme. This includes a commitment to deliver several improvement action plans. These range from internally identified actions (performance management and risk management), scrutiny bodies' improvement actions (e.g. the Care Inspectorate Joint Inspection of Adult Support and Protection, reported July 2018); and internal and external audit actions and recommendations. The IJB has demonstrated a commitment to deliver on the various improvement actions, however there is evidence of slippage in delivery across all areas of improvement.</p> <p>There is a risk that the commitments set out in the IJB's Strategic Commissioning Plan may not be delivered timeously if improvement actions are not delivered within the agreed timescales.</p>	<p>Monitor development of the overall 'masterplan' and timetable and progress with the implementation of improvement action plans.</p>	<p>From March 2019 the Performance and Audit Committee has considered a Governance Action Plan Progress Report to monitor progress against the implementation of improvement action plans. The Action Plan progress report should be further developed to include all improvement action plans including external audit reports.</p> <p>Further comment is included in appendix 1, item 7.</p>
<p>14 Leadership and governance</p> <p>During 2018/19 there has been significant change in the membership of the Integration Joint Board and the Performance and Audit Committee. Training and support will be critical to provide members with appropriate skills to enable them to maximise their challenge and scrutiny role and their contribution to making integration a success.</p> <p>There is a risk that leadership and governance arrangements are not effective if members are not sufficiently trained and supported.</p>	<p>Monitor progress with the development and uptake of training and development opportunities.</p>	<p>Not actioned but by October 2019 the IJB plans to develop regular Board and Performance and Audit Committee member induction and development processes.</p>

Appendix 3

Summary of national performance reports 2018/19

 2018/19 Reports		
Local government in Scotland: Challenges and performance 2018		Apr
Councils' use of arm's-length organisations		May
Scotland's colleges 2018		Jun
		Jul
Forth Replacement Crossing		Aug
Children and young people's mental health		Sept
NHS in Scotland 2018		Oct
Health and social care integration: update on progress		Nov
		Dec
		Jan
		Feb
		Mar
		Local government in Scotland: Challenges and performance 2019
		Scottish Fire and Rescue Service: an update
		The National Fraud Initiative in Scotland 2016/17
		Major project and procurement lessons
		Superfast broadband for Scotland: further progress update
		Local government in Scotland: Financial overview 2017/18

Reports relevant to Integration Joint Boards

[Local government in Scotland: Challenges and performance 2018](#) – April 2018

[Councils' use of arm's-length organisations](#) – May 2018

[Children and young people's mental health](#) – September 2018

[NHS in Scotland 2018](#) – October 2018

[Health and social care integration: update on progress](#) – November 2018

[Local government in Scotland: Financial overview 2017/18](#) – November 2018

[Local government in Scotland: Challenges and performance 2019](#) – March 2019

Dundee City IJB

2018/19 Proposed Annual Audit Report

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

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

City Chambers
DUNDEE
DD1 3BY

19th September, 2019

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I refer to the agenda of business issued in relation to the meeting of the Performance and Audit Committee to be held on Tuesday, 24th September, 2019 and now enclose the undernoted item of business which was not received at time of issue.

Yours faithfully

DAVID W LYNCH

Chief Officer

AGENDA

- 4 AUDIT SCOTLAND ANNUAL REPORT AND DUNDEE INTEGRATION JOINT BOARD
AUDITED ACCOUNTS 2018/19 (page 1)**

(Report No PAC34-2019 by the Chief Finance Officer, copy attached).



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 24 SEPTEMBER 2019

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC34-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to present the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31 March 2019 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to this report.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee:

- 2.1 Notes the contents of the attached Audit Scotland cover letter (attached as Appendix 1) and the draft external auditor's report (attached as Appendix 2) including the completed action plan outlined on pages 22-26 of the report, and in particular that Audit Scotland have indicated they will issue an unqualified audit opinion on the IJB's 2018/19 Annual Accounts;
- 2.2 Endorses this report as the IJB's formal response to the external auditor's report;
- 2.3 Instructs the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by January 2020;
- 2.4 Approves the attached Audited Annual Accounts (attached as Appendix 2) for signature and instructs the Chief Finance Officer to return these to the external auditor;
- 2.5 Instructs the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 31 October 2019.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no direct financial implications arising from this report.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The IJB's Draft Annual Accounts 2018/19 were presented and approved by the IJB at its meeting on 25 June 2019 (Article XI of minute refers). The IJB is required to prepare financial statements for the financial year ending 31 March 2019 following the Code of Practice on Local Authority Accounting in the United Kingdom ("the Code"). The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core objectives.

- 4.1.2 Audit Scotland's Annual Audit Plan for 2018/19 in relation to Dundee Integration Joint Board was presented to the Performance and Audit Committee meeting of the 25 March 2019 (Article IX of the minute refers). This described how the auditor would deliver their audit to the IJB, outlined their responsibilities and their intended approach.

4.2 External Auditors Report

- 4.2.1 Audit Scotland has now completed their audit work and, in accordance with auditing standards, are required to report the outcome of their work in relation to their review of the financial statements, prior to formally issuing their audit opinion. This requirement has been addressed in the attached External Auditor's Report.
- 4.2.2 The report summarises the findings in relation to the overall audit of the IJB for the year ended 31 March 2019. It describes the scope of audit work undertaken during 2018/19 and the issues arising from that work are divided into four key audit dimensions:
- Financial Sustainability
 - Financial Management
 - Governance and Transparency
 - Value for Money
- 4.2.3 The main elements of Audit Scotland's audit work in 2018/19 have been:
- an audit of the IJB's 2018/19 annual accounts including the issue of an independent auditor's report setting out their opinions.
 - consideration of the four audit dimensions noted in 4.2.2 above
- 4.2.4 In addition to the members of the IJB, the external auditor's report is also addressed to the Controller of Audit of the Accounts Commission for Scotland.
- 4.2.5 In relation to the four key audit dimensions noted above, Audit Scotland has identified no major issues and are of the opinion that the financial statements give a true and fair view of the state of the IJB's affairs and of its net expenditure for the 2018/19 financial year. A number of recommendations have been made which are reflected in the action plan. Audit Scotland has issued an unqualified independent auditor's report on the Dundee Integration Joint Board's Accounts for 2018/19.

4.3 Significant findings from the audit of the financial statements

- 4.3.1 As part of the audit of the 2018/19 annual accounts the following areas were noted:
- *Debtors Balances - Note 6 discloses the correct total debtors balance of £2.786 million. However, the balance related to NHS Tayside was understated by £1.837 million and the balance related to Dundee City Council was overstated by £1.837 million.*

Resolution: The audited accounts have been amended. The error had no impact on the general fund balance.

- *Hospital acute services (set aside) - The "set aside" budget is the IJB's share of the budget for delegated acute services provided by large hospitals, on behalf of the IJB. Included within the total IJB's net expenditure of £263.077 million is the £17.449 million of "set aside" costs. The budget and actual expenditure reported for the "set aside" are equal. The figure is based on 2016/17 activity levels for hospital inpatient and day case activity, provided by NHS National Services Scotland's Information Services Division and adjusted to reflect 2018/19 costs.*

Resolution (for information only): The set aside calculation is a transitional arrangement agreed with the Scottish Government. The Comprehensive Income and Expenditure Statement correctly incorporates set aside costs. The Chief Finance Officer continues to work with NHS Tayside to develop a methodology to measure set aside more accurately. The reliability of this approach will be assessed during 2019/20.

4.4 Key Messages Arising from the External Audit Report

- 4.4.1 Audit Scotland has noted a number of judgements in relation to the audit dimensions as set out in Parts 2 and 3 of their report. Under financial management and sustainability, they have noted elements of uncertainty over the IJB's short term financial sustainability given the impact on reserves of the deficit incurred in 2018/19 leading to a low level of reserve balances and the sale of the projected overspend in 2019/20. In addition, it notes that while projected funding shortfalls have been set out within the Strategic and Commissioning Plan 2019-22, the IJB has yet to develop medium to long term financial plans to demonstrate how it will fund resource shortfalls in the future. In relation to governance, transparency and best value, Audit Scotland has recognised the arrangements in place to support scrutiny and governance by the IJB and the commitment to transparency. It also notes the outcome of the Scottish Ministerial Strategic Group for Health and Community Care self-evaluation which shows that while some progress has been made, the IJB and its partners have a significant amount of work to do to improve and further establish governance arrangements. Audit Scotland also noted the IJB is not currently able to demonstrate that it is meeting its statutory Best Value duty.

4.5 Action Plan

- 4.5.1 Audit Scotland's 2018/19 recommendations for improvement and associated response by the IJB are noted in the Action Plan set out in Appendix 1 of the Audit Scotland Report.

It is recommended that the Chief Finance Officer provides an update on the progress of the agreed actions to meet these recommendations by January 2020 in order to support the 2019/20 audit process.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that failure to progress the Audit Scotland recommendations may weaken the IJB's governance arrangements and result in a negative future years audit opinion
Risk Category	Financial / Governance
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	The development and implementation of the action plan as set out in Appendix 1 to the Audit Scotland Report by the timescales as stated will reduce the risk
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the nature of the risks, these are deemed to be acceptable

7.0 CONSULTATIONS

The Chief Officer, External Auditor and the Clerk have been consulted in the preparation of this Report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 18 September 2019

8 Nelson Mandela Place
Glasgow
G2 1BT

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Dundee City Integration Joint Board Audit of 2018/19 annual accounts

18 September 2019

Independent auditor's report

1. Our audit work on the 2018/19 annual accounts is now substantially complete. Subject to receipt of revised annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 24 September 2019. The proposed report is attached at **Appendix A**.

Annual audit report

2. We also present for your consideration our proposed Annual Audit Report on the 2018/19 audit. International Standard on Auditing (ISA) 260 (Communication with those charged with governance) requires auditors to report specific matters arising from the audit of the annual accounts to those charged with governance, in sufficient time to enable appropriate action. Within the proposed Annual Audit Report, the section headed "Significant findings" sets out the issues which we consider require to be drawn to your attention.
3. The Annual Audit Report will be issued in its final form after the annual accounts have been approved for issue and the independent auditor's report has been signed.
4. In presenting this report to the Joint Board we seek confirmation that we have been informed of:
 - instances of any actual, suspected or alleged fraud;
 - events that have occurred since 31 March 2019 which could have a significant impact on the annual accounts;
 - instances of non-compliance with legislation.
5. The Annual Audit Report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.

Unadjusted misstatements

6. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected. There are no unadjusted misstatements to be corrected.

Representations from management

7. International Standard on Auditing 580 (Management representations) requires auditors to obtain representations on certain matters from management. Accordingly, as part of the audit completion process, we seek written assurances from the Chief Finance Officer, as the "proper officer" appointed by virtue of section 95 of the Local Government (Scotland) Act 1973, on aspects of the annual accounts.
8. A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Section 95 Officer with the signed annual accounts prior to the independent auditor's report being certified.

Concluding remarks

9. I take this opportunity to record my thanks for the patient and courteous assistance extended to the audit team. The Chief Finance Officer provided good support to the audit team which helped to ensure that the audit process ran smoothly.

Fiona Mitchell-Knight FCA
Audit Director
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place

Glasgow, G2 1BT

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2019 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income & Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 (the 2018/19 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2018/19 Code of the state of affairs of the Dundee City Integration Joint Board as at 31 March 2019 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2018/19 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 10th April 2017. The period of total uninterrupted appointment is three years. I am independent of the Dundee City Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Dundee City Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Dundee City Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I have reported in a separate Annual Audit Report, which is available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Finance Officer and Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Dundee City Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Fiona Mitchell-Knight FCA
Audit Director
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place,
Glasgow, G2 1BT

24 September 2019

APPENDIX B: Template Letter of Representation (ISA 580)

Fiona Mitchell-Knight, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear Fiona

Dundee City Integration Joint Board Annual Accounts 2018/19

1. This representation letter is provided in connection with your audit of the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2019 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Board, Dundee City Council and NHS Tayside, the following representations given to you in connection with your audit of Dundee City Integration Joint Board's annual accounts for the year ended 31 March 2019.

Financial Reporting Framework

3. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 (2018/19 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.
4. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board at 31 March 2019 and the transactions for 2018/19.

Accounting Policies & Estimates

5. All material accounting policies applied are as shown in the note to the financial statements. The accounting policies are determined by the 2018/19 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Dundee City Integration Joint Board's circumstances and have been consistently applied.
6. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information

or experience. There are no changes in estimation techniques which should be disclosed due to their having a material impact on the accounting disclosures.

Going Concern Basis of Accounting

7. I have assessed Dundee City Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Dundee City Integration Joint Board's ability to continue as a going concern.

Liabilities

8. All liabilities at 31 March 2019 of which I am aware have been recognised in the annual accounts.

Laws and Regulations

9. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

10. All transactions with related parties have been disclosed in the financial statements. I have made available to you all the relevant information concerning such transactions, and I am not aware of any other matters that require disclosure in order to comply with the requirements of International Accounting Standard 24.

Remuneration Report

11. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

12. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

13. I confirm that the Dundee City Integration Joint Board has undertaken a review of the system of internal control during 2018/19 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.
14. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2019, which require to be reflected.

General

15. I acknowledge my responsibility and that of Dundee City Integration Joint Board for the annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Dundee City Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
16. Disclosure has been made in the financial statements of all matters necessary to give a true and fair view of the financial position of Dundee City Integration Joint Board as at 31 March 2019 and the income and expenditure for the year then ended.
17. The information given in the narrative reports supporting the financial statements, including the Management Commentary, Annual Governance Statement and Remuneration Report, presents a balanced picture of Dundee City Integration Joint Board and is consistent with the financial statements.
18. I have considered the risk that the financial statements may be materially misstated as a result of fraud. I confirm that there are no allegations of fraud or suspected fraud affecting the financial statements. There have been no irregularities involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements.
19. I confirm that I am not aware of any uncorrected misstatements.

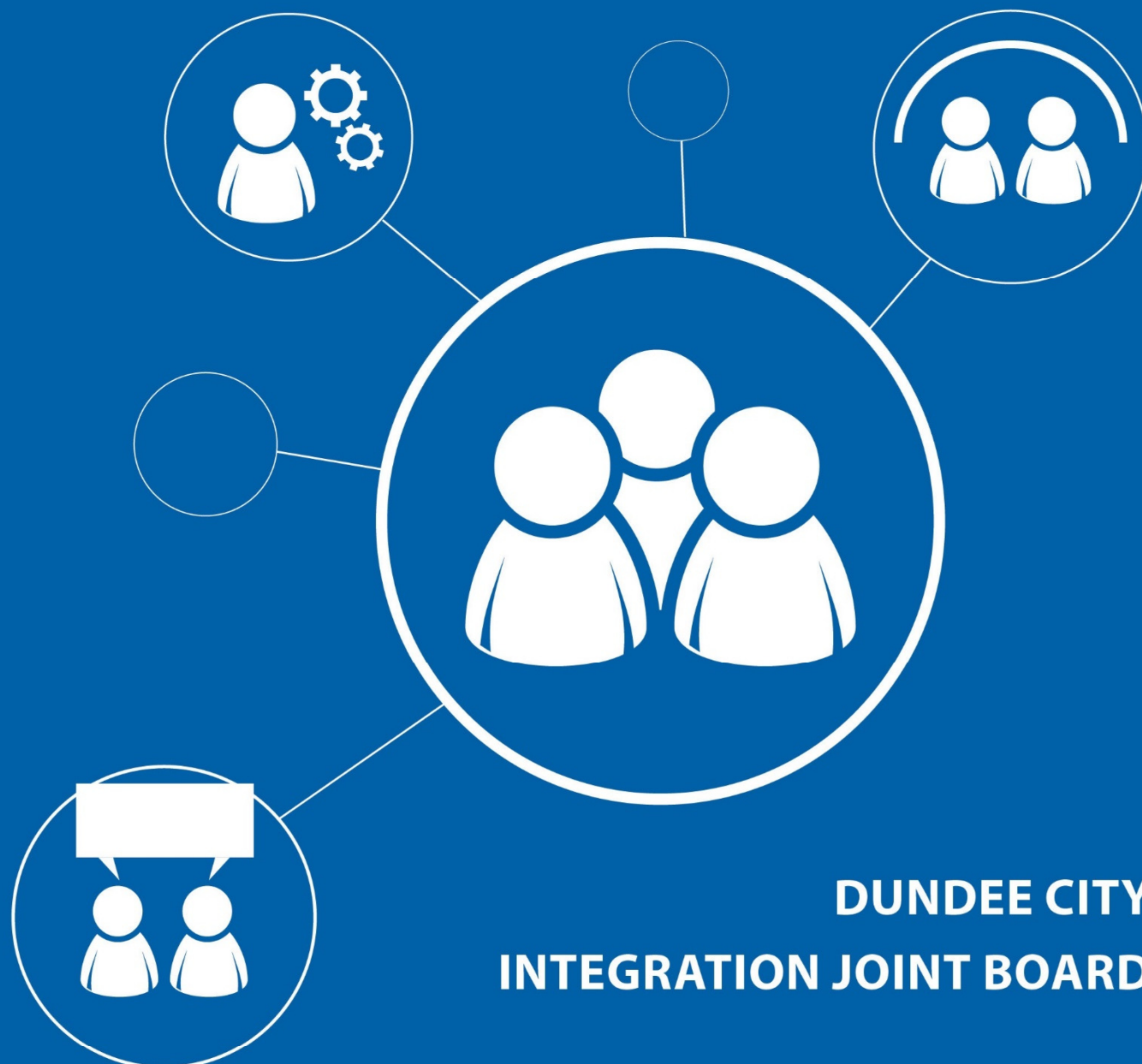
Balance Sheet

20. There have been no material events since the date of the balance sheet which would require the revision of the figures in the financial statements or notes thereto.
21. Since the date of the balance sheet no events or transactions have occurred which, though properly excluded from the accounts, are of such importance that they should be brought to your notice.

Yours sincerely

Chief Finance Officer
Dave Berry, CPFA

24 September 2019



DUNDEE CITY INTEGRATION JOINT BOARD

Commonly known as the Dundee Health and Social Care Partnership

ANNUAL ACCOUNTS

2018-19

Audited

Dundee City Integration Joint Board

Annual Accounts 2018-19

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Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of health and adult social care in Scotland, to be governed by Integration Joint Boards with responsibility for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

Following approval from Dundee City Council and NHS Tayside, the Dundee Integration Scheme, the formal legal partnership agreement between the two parent organisations, was submitted to the Scottish Ministers in August 2015. On 3 October 2015 Scottish Ministers legally established Dundee's Integration Joint Board as a body corporate by virtue of the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Amendment (No 3) Order 2015. The Integration Scheme was subsequently amended and approved by the Scottish Government with effect from 3rd April 2018 to take account of The Carers (Scotland) Act 2016.

Dundee City Integration Joint Board formally became responsible for the operational management and oversight of delegated health and social care functions with effect from 1 April 2016. The services delegated to Dundee City IJB by NHS Tayside and Dundee City Council are listed in the Dundee Integration Scheme, which can be accessed [here](#).

This publication contains the financial statements for Dundee City Integration Joint Board for the year ended 31 March 2019. The Management Commentary highlights the key activities carried out to date and looks forward, outlining the anticipated financial outlook for the future and the challenges and risks facing health and social care services over the medium term.

Role and Remit of Dundee City Integration Joint Board

Dundee City Integration Joint Board (commonly known as Dundee Health and Social Care Partnership) has responsibility for providing defined health care and social care services for the residents of Dundee encompassing an area of 60 square kilometres and a population of 148,000. Like other parts of Scotland, Dundee is expected to see a significant rise in the number of older people with an increase of 45% in those over 75 anticipated over the next 20 years. Deprivation in Dundee is high with just over 29% of the population living in the 15% most deprived areas of Scotland. Overall Dundee is the fifth most deprived local authority area in Scotland, with only Glasgow, Inverclyde, West Dunbartonshire and North Ayrshire having higher deprivation (SIMD, Scottish Government 2016). Dundee males have the second lowest life expectancy in Scotland and Dundee females have the third lowest life expectancy in Scotland, with factors such as prevalence of substance misuse, mental health problems, smoking, and obesity all contributing to the reduced life expectancy. These factors highlight the scale of the challenges Dundee City Integration Joint Board faces over the coming years.

The voting membership of Dundee City Integration Joint Board is drawn from three elected members nominated by the Council and three non-executive members nominated by the Health Board.

The table below notes the membership of Dundee City Integration Joint Board in 2018/19:

Voting Members:

Role	Member
Nominated by Health Board	Trudy McLeay (from 30/10/18)
Nominated by Health Board	Jenny Alexander (from 30/10/18)
Nominated by Health Board	Norman Pratt (from 30/10/18 until 31/03/19)
Nominated by Health Board	Doug Cross (until 25/09/18)
Nominated by Health Board	Judith Golden (until 29/5/18)
Nominated by Health Board	Munwar Hussain (until 28/8/18)
Councillor Nominated by Dundee City Council	Councillor Ken Lynn
Councillor Nominated by Dundee City Council	Bailie Helen Wright
Councillor Nominated by Dundee City Council	Councillor Roisin Smith

Non-voting members:

Role	Member
Chief Social Work Officer	Jane Martin (Dundee City Council) (until 31/07/19)
Chief Officer	David W Lynch
Proper Officer Appointed under section 95 (Chief Finance Officer)	Dave Berry
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	Frank Weber
Registered nurse who is employed by the Health Board	Sarah Dickie (NHS Tayside)
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez (NHS Tayside) (until 31/3/19)
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Raymond Marshall (NHS Tayside Staff Side Representative) Jim McFarlane (Dundee City Council Trade Union Representative)
Director of Public Health	Drew Walker (NHS Tayside)
Third Sector Representative	Christine Lowden (Dundee Voluntary Action)
Service user residing in the area of the local authority	Andrew Jack (Public Partner, NHS Tayside) (until 28/08/18) Linda Gray (from 18/12/18)
Persons providing unpaid care in the area of the local authority	Martyn Sloan (Carer, Dundee Carers Centre)

The Chair of Dundee City Integration Joint Board rotates on a two yearly basis with the Chairs position transferring in October 2018 to Trudy McLeay as a non-executive member of NHS Tayside Board and Councillor Ken Lynn acting as Vice Chair. As noted in the membership table above the Dundee City IJB experienced a higher level of turnover in membership over 2018/19.

The following changes in the membership of Dundee City IJB have taken place after the end of the 2018/18 financial year and up to 24 September 2019 when the audited annual accounts were authorised for issue:

- voting member: Professor Nic Beech (from 01/04/19), Nominated by Health Board.
- non-voting member: Registered medical practitioner, James Cotton (NHS Tayside) (from 01/04/19).
- non-voting member: Chief Social Worker Officer, interim position Diane McCulloch (Dundee City Council) (from 01/08/19)

The Chief Officer provides the strategic leadership and direction to the delegated operational services of the Dundee City Integration Joint Board. The Chief Officer is supported by the Head of Finance and Strategic Planning (as Chief Finance Officer) and the Head of Health and Community Care.

Operations for the Year

2018/19 represents the third full financial year of Dundee City Integration Joint Board (commonly known as Dundee Health and Social Care Partnership) being formally responsible for planning and delivering community based health and social care services. The development and delivery of these services throughout 2018/19 was in line with the Dundee City Integration Joint Board's Strategic and Commissioning Plan which sets out the context within which integrated services in Dundee operate and is shaped around the Health and Social Care Partnership's vision that "Each Citizen of Dundee will have access to the information and support that they need to live a fulfilled life." Dundee City Integration Joint Board's Strategic and Commissioning Plan 2016/2021 was reviewed and replaced during 2018/19 with the new plan for 2019-2022 approved by the Dundee City IJB in March 2019. This can be found at:

https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_plan_2019-2022.pdf.

The vision remains the same however the new Strategic and Commissioning Plan focusses on the four strategic priorities of tackling health inequalities, early intervention and prevention, localities and engaging with communities and developing models of support / pathways of care. The 2016-2021 plan's remaining four stated strategic priorities - carers, building capacity, providing person centred care and support and managing our resources effectively continue to be embedded as approaches to supporting the work of the partnership. The new plan is consistent with the aspirations set out within the City Plan for Dundee 2017-26 and the emerging NHS Tayside Transforming Tayside plan.

The priorities in the 2019-2022 Strategic Commissioning Plan are consistent with and support the Scottish Government nine National Health and Wellbeing Outcomes which apply across all health and social care services. These are:

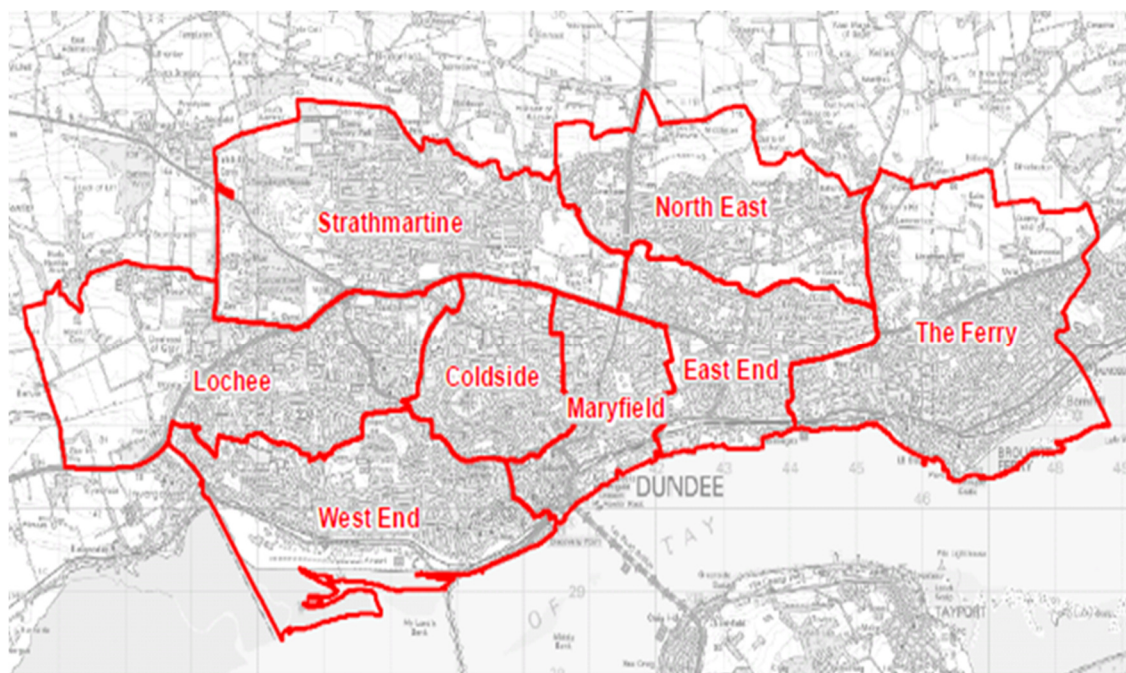
Table 1 National Outcomes

Outcome 1. Healthier Living	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2. Independent Living	People, including those with disabilities, long term, conditions, or who are frail, are able to live as far as reasonably practicable, independently at home or in a homely setting in their community.
Outcome 3. Positive Experiences and Outcomes	People who use health and social care services have positive experiences of those services and have their dignity respected.
Outcome 4. Quality of Life	Health and social care services are centred on helping to maintain or improve the quality of life of service users.
Outcome 5. Reduce Health Inequalities	Health and social care services contribute to reducing health inequalities.
Outcome 6. Carers are Supported	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
Outcome 7. People are Safe	People who use health and social care services are safe from harm.
Outcome 8. Engaged Workforce	People who work in health and social care services feel engaged with the work they do, are supported to continuously improve the information, support, care and treatment they provide
Outcome 9. Resources are used Efficiently and Effectively	Resources are used effectively and efficiently in the provision of health and social care services

Operational Delivery Model

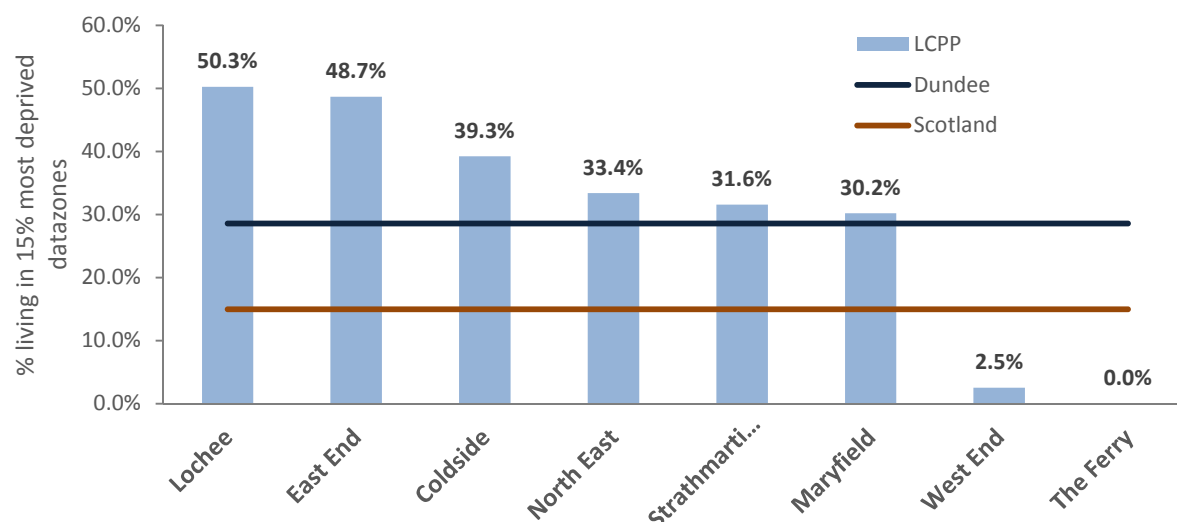
During 2018/19, Dundee Health and Social Care Partnership continued to redesign and develop its operational delivery structure with a view to embedding a full locality based model of integrated health and social care services to support the delivery of the Dundee City Integration Joint Board's strategic priorities. This structure is based around the eight Local Community Planning Partnership (LCPP) areas within the city as noted below.

Map of Eight Local Community Planning Partnership Areas



Locality managers' portfolios currently include a combination of service specific responsibilities which are city wide (e.g. older people care at home, learning disabilities) as well as an overview of the needs of their locality areas as part of the transition to full locality based integrated health and social care services.

One of the key challenges in delivering on the Dundee City Integration Joint Board's Strategic Priorities and National Health and Wellbeing Outcomes is the high levels of inequalities which exist within the city with significant variances across locality areas, driven by high levels of deprivation and resultant impact on higher prevalence levels of health and multiple long term conditions. In addition to the frailty and ill health which is prevalent in the ageing population, many younger adults in Dundee are experiencing health conditions earlier in life as a result of deprivation and associated impact of substance misuse and mental health issues. In Dundee six out of eight Dundee LCPP areas are above the Scottish average of 15% and are also above Dundee's average of 28.6% (Chart 1). The combined effects of these are evidenced by the increased demand and usage of health and social care services in Dundee.

Chart 1 % of LCPP populations in 15% most deprived datazones in Scotland

Source: Scottish Index of Multiple Deprivation 2016, Scottish Government

Scrutiny and Performance

The Integration Joint Board's Performance and Audit Committee (PAC) provides the opportunity for committee members to better understand the needs of communities and to monitor and scrutinise performance of delegated services against delivering the strategic priorities through a range of performance indicators and benchmarking. Throughout 2018/19, the Integration Joint Board's Performance and Audit Committee received regular performance reports which quantified Dundee's health and social care challenges in relation to the baseline data against a range of performance indicators, designed to capture the progress made under integration over time. This includes nationally and locally set indicators, a number of which are reflected at locality level to assist the Dundee City Integration Joint Board in determining the areas of greatest need and to inform the targeting of resources. Dundee's 2018/19 performance against a range of national indicators is noted in Table 2 below. This shows continuing good progress is being made in relation to reducing emergency bed days and delayed discharges from hospital however challenges still remain in relation to emergency admissions to hospital, falls and readmissions. This information has also demonstrated that the performance gap between the most and least deprived LCPPs is narrowing for a number of these indicators. These have been subject to further in-depth scrutiny during 2018/19 through the PAC including a standardised locality performance analysis which reflected underlying performance for each area after taking into consideration the impact of income inequality and other socio economic factors. This highlighted that 3 of the 4 most deprived LCPP areas saw improved performance against the Dundee average after taking these factors into consideration with 2 of the more affluent areas seeing a deterioration in results. One deprived area remained the poorest of any LCPP area. This directs operational managers to further exploration of the underlying reasons behind these different levels of performance which will in turn influence further service development and redesign opportunities. Further information regarding the performance of Dundee Integration Joint Board can be found at the Annual Performance Report: <https://www.dundeehscp.com/publications/dhscp-annual-performance-report-2018-19>

Table 2

National Indicator	Dundee 15/16 (Baseline Year)	Dundee 17/18	Dundee 18/19	Scotland 2018/19
Emergency admissions rate to hospital per 100,000 people aged 18+	12,168*	12,815*	12,610	Not available
Emergency bed days rate per 100,000 people aged 18+	146,192*	135,284*	125,026	Not available
Readmissions to acute hospital within 28 days of discharge rate per 1,000 population	122*	127*	124	Not available
Falls rate per 1,000 population aged 65+	25	29*	31	Not available
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (Delayed Discharge bed days)	832	349*	369	805

Note: figures marked with * have been revised in accordance with data provided from ISD Scotland.

Transforming Services

The Integration Joint Board's Transformation Programme is key to the Dundee City Integration Joint Board continuing to deliver change in the way in which health and social care services are provided and connects the overarching strategic priorities with service redesign opportunities. While an internal audit review undertaken during 2018/19 noted a number of recommendations around improving the governance around the Transformation Programme, the service based redesign programmes such as Reshaping Non-Acute Care have continued to make good progress and will contribute to future efficiencies. An action plan was presented to the Dundee City IJB in May 2019 in response to the issues raised within the internal audit review. The challenge for the Dundee City IJB is to be able to develop and sustain levels of change at scale and pace to meet the growing demographic needs with continuing financial restrictions.

Through delivery of the Dundee City Integration Joint Boards Strategic and Commissioning Plan, Dundee Health and Social Care Partnership continues to reduce the number of hospital beds it directly manages and continues to reduce the number of emergency bed days used by the Dundee population through the acute hospital sector. The bed base is part of the overall description within the legislation around health and social care integration known as the large hospital set aside, with the Dundee City Integration Joint Board being responsible for the planning of acute services that are delegated with NHS Tayside responsible for the operational oversight and management of these services. Further collaborative work will be undertaken

over 2019/20 with NHS Tayside to make continued progress in shifting resources from hospital based to community based care settings.

Further work around transformation of delegated health and social care services from 2019/20 onwards will be undertaken following consideration of the findings and recommendations of the Dundee Drugs Commission Report “Responding to Drug Use with Kindness, Compassion and Hope” and the ongoing Independent Inquiry into Mental Health Services in Tayside.

Dundee City IJB has continued to develop an assessment at home model to enable people to live independently at home or in a homely setting in their community.

Models of Support / Pathways of Care - Independent Living Case study

An elderly man with a history of hospital admissions as a result of Chronic Obstructive Pulmonary Disease and high levels of anxiety.

Through the collaborative work of the Assessment at Home, Occupational Therapy and Community Pharmacy teams, they were able to develop an appropriate care plan that allowed him to continue to live independently at home. The assessment at home enabled professionals to see the specific times when he needed support and so the final package of care was more suitable for his individual needs. This avoided the need to move to a care home and helped to prevent further hospital admissions.

Source: DHSCP Annual Performance Report 2018-19

A summary of the key achievements over 2018/19 is as follows:

- The launch of the Health and Work Support pilot scheme funded by the Scottish Government to support people with a health condition or disability to stay at work or return to work.
- Continued the roll out across the city of the Enhanced Community Support Service providing multi-disciplinary health and care services within a community setting.
- Developed the Integrated Care Home Team, adopting a holistic approach to ensure people living in care homes have the best experience as possible.
- Continued commitment to supporting the health and wellbeing of Health and Social Care Partnership staff through maintaining the Healthy Working Lives Silver Award.
- Worked in partnership with Volunteer Dundee and the independent sector to develop a recruitment and support plan for the involvement of volunteers in care homes with two partnership operated homes becoming the first in Scotland to achieve the Volunteer Friendly award.
- Increased the number of local people affected by cancer accessing the Dundee Macmillan Improving the Cancer Journey project.
- Continued improved performance around delayed discharge.

Analysis of Financial Statements 2018/19

The Annual Accounts report the financial performance of Dundee City Integration Joint Board. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the Dundee City Integration Joint Board for the delivery of its vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code 2018/19). The 2018/19 Accounts have been prepared in accordance with this Code.

Dundee City Integration Joint Boards need to account for their spending and income in a way which complies with our legislative responsibilities and supplementary Local Authority (Scotland) Accounts Advisory Committee (LASAAC) guidance.

The 2018/19 Annual Accounts comprise:-

- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee City Integration Joint Board made an overall deficit of £1,794k in 2018/19 (deficit of £403k in 2017/18). This overall deficit is funded through the Dundee City Integration Joint Board's reserves.
- b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £2,766k (£4,560k in 2017/18). These are held in line with the Dundee City Integration Joint Board's reserves policy.
- c) Balance Sheet – In terms of routine business Dundee City Integration Joint Board does not hold non-current assets.
- d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2018/19 do not include a Cash Flow Statement as Dundee City Integration Joint Board does not hold any cash or cash equivalents.

Financial Position at the End of March 2019

The overall financial performance consists of an underlying deficit of £3,630k in Social Care budgets (deficit of £403k in 2017/18) and an underlying surplus of £1,836k in NHS budgets (deficit of £2,119k in 2017/18) resulting in a net deficit of £1,794k. A deficit in 2018/19 was anticipated and the Integration Joint Board planned to use £2,740k of its reserves including transition funding to support the Reshaping Non-Acute Care Programme in order to fund the deficit. Over and above this, overspends were incurred during the year in relation to staff costs of £460k, including the effect of a higher than budgeted pay award and the non-achievement of savings through the redesign of care at home services. In addition, high demand for community based social care services led to an overspend in services provided by third and independent sector care providers of £319k, with supplies and services overspent by £107k mainly due to the impact of a year-end stock adjustment.

The NHS underspend position is mainly due to underspends in Scottish Government ring-fenced funding such as Primary Care, Mental Health Action 15 and Alcohol and Drug Partnership funding totalling £1,505k. This funding is carried forward in the Dundee City IJB's general fund balances to 2019/20 to be invested in new services and service redesign in line with the Scottish Government's requirements and local plans. A further underspend of £331k was achieved in community based operational services including the net impact of hosted

services recharged from Angus and Perth and Kinross IJB's. This position was achieved as a direct response to a request from NHS Tayside for a financial recovery plan in line with the integration scheme, prompted by the projection of a significant overspend in NHS budgets early on in the 2018/19 financial year. Uncommitted, non-recurring funding was applied by the IJB to support overspending areas of the budget such as GP Prescribing and In-Patient Mental Health Services.

In line with the risk sharing agreement with NHS Tayside and Dundee City Council from 2018/19 onwards whereby any residual overspend arising is met from reserves and consistent with the planned use of reserves as outlined in the Dundee City IJB's Budget setting process and service redesign reports the impact of the overall financial position for integrated services in Dundee for 2018/19 has resulted in the level of reserves held by Dundee City Integration Joint Board decreasing to £2.766m at the year ended 31 March 2019 (as against £4.560m at the year ended 31 March 2018). This is reflected in the Movement in Reserves Statement.

Of the reserves, £2.205m has been committed by the Dundee City Integration Joint Board for integration and transformation purposes. The reserve balance at the year ended 31 March 2019 is £2.766m which is less than the level of reserve of 2% of the Dundee City Integration Joint Board's net expenditure as set out within its reserves policy. The uncommitted balance is £561k which represents 0.2% of net expenditure. Given the commitments noted above, the level of reserves are likely to remain short of the 2% during the 2019/20 financial year.

Achieving long-term financial sustainability and making best use of resources is critical to delivering the Dundee City Integration Joint Board's Strategic and Commissioning Plan's priorities. In response to the growing demand for health and social care and financial constraints, the Dundee City IJB recognises that the way the services are delivered require to change. Many of these initiatives are developed through the Transformation Programme.

The estimated scale of transformation and efficiency savings required is set out as part of the Three Year Financial Framework contained within the Dundee City IJB's Strategic and Commissioning Plan 2019-2022. The framework sets out the estimated resources the Partnership may have over 2019-22, when set against the anticipated increases in expenditure from rising demand and costs of providing services (e.g. pay inflation). The table below describes the projected shortfall between funding and service provision and illustrates how critical rapid service redesign will be in closing these gaps.

	2019/20 (Year 1)	2020/21 (Year 2)	2021/22 (Year 3)
	£000	£000	£000
Base Budget	227,321	235,689	241,516
Estimated Additional Costs	14,317	9,035	10,175
Estimated Budget Requirement	241,638	244,724	251,691
Estimated Funding Provided	235,689	241,516	248,417
Transformation Required	5,949	3,208	3,274

Source: Dundee Health and Social Care Partnership Strategic and Commissioning Plan 2019-2022

Note: Figures were provisional until Dundee City IJB budget for 2019/20 is set. Excludes value of Large Hospital Set Aside. The Strategic Commissioning Plan was approved on 29/3/19, in advanced of the approval of the 2019/20 budget.

Key Risks and Uncertainties

Dundee City IJB has prepared a Three Year Financial Framework to meet the challenges of demographic growth and policy pressures. While service redesign and development will continue to provide opportunities to deliver services more effectively and efficiently with better outcomes for individuals, the continuing funding restrictions and cost pressures facing the Dundee City Integration Joint Board will limit the ability to release and shift resources from traditional models of care (such as the Large Hospital Set Aside) for reinvestment. The impact of a challenging budget settlement from Dundee City Council to Dundee City Integration Joint Board for 2019/20 following a flat cash settlement in 2018/19 and continued cost pressures around the GP Prescribing budget and In-Patient Mental Health services within the NHS delegated budget provide real risks that the Integration Joint Board will be unable to sustain current levels of activity in order to deliver a balanced budget. Additional demand for services through the introduction of Free Personal Care for Under 65's from 1st April 2019 and through year two of the Carers Act are still only estimated and this will be monitored closely during the year.

The Dundee City Integration Joint Board's budget efficiency plans for 2018/19 were reliant on a range of non-recurring interventions such as the use of uncommitted reserves to cover known expenditure pressures. With further cost pressures emerging throughout the 2018/19 financial year there is a risk that the Dundee City Integration Joint Board is unable to drive change at the scale and pace necessary to replace these with sustainable and recurring plans from 2019/20 onwards and to cover additional cost pressures.

New GP Contract arrangements were introduced by the Scottish Government during 2018/19 to develop a sustainable model of general practice. This is supported through Primary Care Improvement funding from the Scottish Government and delegated to Integration Joint Boards. This will see the development of multi-disciplinary, community based support teams working in and around general practices to support areas previously the responsibility of GPs. To deliver this operational change, new competencies and skills of the workforce will be required. However, there are challenges in that Dundee may not be able to recruit or develop the workforce to deliver all the expectations or the risk that establishing new roles and opportunities creates instability across other services as staff move to the new services. There are also financial challenges in meeting the Scottish Government's and GP's expectations with the resources provided with potential funding shortfalls identified in future years.

There is a wider risk around the ability to develop and sustain the required workforce to deliver effective health and social care services given a profile of an ageing workforce, recruitment difficulties for particular professions such as nurses and competing demands within the traditional social care labour market through the projected growth in the hospitality sector in Dundee. The strategy to mitigate these risks will be set out during 2019/20 within the Dundee City IJB's Workforce and Organisational Development Strategy.

There are financial sustainability risks with third and independent sector contractual arrangements with care providers across the country who provide services on our behalf highlighting contractual payment levels which are insufficient for them to meet their running and business costs. These challenges will continue to be monitored and responded to through the contract monitoring process accordingly.

2019/20 will see the findings of a number of high profile service reviews being published which are likely to impact on delegated services to the Dundee City IJB to some extent. The most significant of these are the recently published Dundee Drug Commission Review “Responding to Drug Use with Kindness, Compassion and Hope” and the Independent Inquiry into Mental Health Services in Tayside and these will be presented to the IJB with actions identified to respond to any recommendations arising from these reports, including any resource implications.

Whilst showing an improving position during 2018/19, the impact of NHS Tayside’s financial challenges, in addition to recent leadership changes, has created some uncertainty around the impact this will have on the Integration Joint Board over the coming year and beyond. However this also brings opportunities and the Dundee City IJB will work with NHS Tayside through the delivery of its emerging Transforming Tayside Programme and the Dundee City IJB’s Strategic and Commissioning Plan 2019-22 to ensure services remain fit for the future and improve outcomes for the people of Dundee.

Wider issues that present some degree of uncertainty to the Dundee City IJB include changes to the political environment as well as the impact of Brexit. There is a continuing high degree of uncertainty about future levels of public spending, particularly ahead of the Scottish Government’s 2019-2020 Spending Review. These could affect the long term planning relating to finance and the workforce. However, the Dundee City Integration Joint Board has determined that this uncertainty is not yet sufficient to provide an indication that the assets of the constituent bodies, Dundee City Council and NHS Tayside, might be impaired as a result of a need to close facilities and reduce levels of service provision.

Regular identification and assessment of risk such as those uncertainties noted above is part of the Dundee City IJB’s risk management strategy with appropriate actions to eliminate or reduce the impact of such risks set out in the Dundee City IJB’s risk register when and where necessary. Areas for improvement around risk management following an Internal Audit assessment of Risk Maturity are reported in the governance statement.

Conclusion

We are pleased to present the annual accounts for the year ended 31 March 2019 for Dundee City Integration Joint Board as the third full operational year of the Integration Joint Board. The accounts show that Dundee City Integration Joint Board has delivered its operational services largely in line with financial expectations set out during the year despite a range of financial pressures resulting in the need to implement a financial recovery plan for the first time. The Dundee City IJB has utilised a level of reserves to support its remodelling activities over the short term which has resulted in a decrease in the levels available for future years.

Going forward, Dundee City Integration Joint Board has a significant financial challenge ahead to deliver the Strategic & Commissioning Plan in a climate of growing demand and limited resources. In order to achieve this we must ensure this resource is used effectively, identifying, testing and implementing innovative ways to deliver more personalised and well co-ordinated services, building the resilience of people and their communities and reducing unnecessary hospital admissions and delayed discharges from hospital. This will require the confidence of professionals and the public to further shift resources from intensive, high cost services to a focus on more preventative service provision to ensure best value for public funds.



Signed:

24 September 2019

Dave Berry CPFA
Chief Finance Officer
Dundee City
Integration Joint Board

David W Lynch
Chief Officer
Dundee City
Integration Joint Board

Trudy McLeay
Chair
Dundee City
Integration Joint Board

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Dundee City Integration Joint Board

The Dundee City Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the Board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). For this Board, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Performance and Audit Committee on 24 September 2019.

Signed on behalf of the Dundee City Integration Joint Board

Trudy McLeay

Chair

Dundee City Integration Joint Board

24 September 2019

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of Dundee City Integration Joint Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom ("the Code of Practice").

In preparing the Annual Accounts, the Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that were reasonable and prudent;
- complied with legislation;
- complied with the local authority Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- kept proper accounting records which were up to date;
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board as at 31 March 2019 and the transactions for the year then ended.

Dave Berry CPFA
Chief Finance Officer
Dundee City Integration Joint Board

24 September 2019

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified Integration Joint Board members and staff.

The information in the tables on the following page is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: Integration Joint Board Chair and Vice Chair

The voting members of Dundee City Integration Joint Board are appointed through nomination by Dundee City Council and Tayside NHS Board. Nomination of the Integration Joint Board Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative. The details of the Chair and Vice Chair appointments are shown below:

Name	Post(s) held	Nominated by
K Lynn	Chair From 25 October 2016 to 29 October 2018 Vice Chair From 30 October 2018	Dundee City Council
D Cross	Vice Chair From 25 October 2016 to 25 September 2018	NHS Tayside
T McLeay	Chair From 30 October 2018	NHS Tayside

Dundee City Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Chair and Vice Chair are remunerated by their relevant Integration Joint Board partner organisation. Dundee City Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. No taxable expenses were paid to the Chair or Vice Chair of the Integration Joint Board in 2018/19.

Dundee City Integration Joint Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting Integration Joint Board members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of Dundee City Integration Joint Board

Dundee City Integration Joint Board does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Senior Employees

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the Integration Joint Board has to be appointed and the employing partner has to formally second the officer to the Integration Joint Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation.

REMUNERATION REPORT

The remuneration terms of the Chief Officer's employment are approved by the Dundee City Integration Joint Board. Other non-voting board members who meet the criteria for disclosure are included in the disclosures on the following page. The Chief Officer and Chief Finance Officer are both employed by Dundee City Council.

Total 2017/18 £	Post	Senior Employees	Total Salary, Fees & Allowances 2018/19 £
99,956	Chief Officer	David Lynch	101,558
69,874	Chief Finance Officer	Dave Berry	81,867
169,830		Total	183,425

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the Dundee City Integration Joint Board balance sheet for the Chief Officer or any other officers. The senior officers are members of the Tayside Pension Fund which is a Local Government Pension Scheme (LGPS). The LGPS is a defined benefit statutory scheme, administered in accordance with the Local Government Scheme Regulations 2014. The Chief Officer is also a member of the NHS Pension Scheme (Scotland). The scheme is an unfunded multi-employer defined benefit scheme.

Dundee City Integration Joint Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board. The following table shows the Dundee City Integration Joint Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/18 £	For Year to 31/03/19 £		Difference from 31/03/18 £000	As at 31/03/19 £000
D Lynch	16,993	17,265	Pension	4	41
Chief Officer			Lump sum	4	100
D Berry	11,879	13,917	Pension	7	33
Chief Finance Officer			Lump sum	11	55
Total	28,872	31,182	Pension	11	74
			Lump Sum	15	155

Pay band information is not separately provided as all staff pay information has been disclosed in the information above.

Exit Packages

There were no exit packages payable during the financial year.

Trudy McLeay

Chair

Dundee City Integration Joint Board

24 September 2019

David W Lynch

Chief Officer

Dundee City Integration Joint Board

24 September 2019

Introduction

The Annual Governance Statement explains Dundee City Integration Joint Board's governance arrangements and reports on the effectiveness of the Integration Joint Board's system of internal control.

Scope of Responsibility

Dundee City Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively.

To meet this responsibility, the Integration Joint Board has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the Dundee City Integration Joint Board's policies, aims and objectives. Reliance is also placed on the NHS Tayside and Dundee City Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the Integration Joint Board.

The system can only provide reasonable and not absolute assurance of effectiveness.



The Governance Framework and Internal Control System

Dundee City Integration Joint Board comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Dundee City Integration Joint Board. During 2018/19, the Dundee City Integration Joint Board continued to develop, enhance and review its governance arrangements as it moved through its third year of being responsible for the strategic planning and operational delivery of integrated health and social care services. This included progressing some areas highlighted as developments in the 2017/18 Annual Governance Statement.

The main features of the governance framework in existence during 2018/19 were:

- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for, and delivery of, delegated health and social care services is to be achieved reflecting a range of governance arrangements required to support this arrangement.
- The Health and Social Care Partnership senior leadership team consisting of the Chief Officer, Head of Finance and Strategic Planning (Chief Finance Officer) and Head of Health and Community Care along with a range of professional advisers. The Chief

Finance Officer has overall responsibility for the Dundee City Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.

- Formal monthly meetings of the senior leadership team including professional advisers.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2018/19. Standing Orders including terms of reference for the Performance and Audit Committee were reviewed and updated during the year.
- A scheme of delegation was in place which was reviewed and revised in April 2019.
- The Integration Joint Board met on seven occasions throughout the year to consider its business with a further three development sessions held as part of the 2019/20 budget development process.
- The Integration Joint Board's Performance and Audit Committee met on six occasions throughout the year to enhance scrutiny of the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector. One of these included a development session for new members.
- Internal Audit arrangements for 2018/19 were approved by the Performance and Audit Committee on 31 July 18 including the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2018/19 was approved by the Performance and Audit Committee on 31 July 18, drawing on resources from both organisations.
- The assurances provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- The Clinical, Care and Professional Governance Framework continued to evolve through the introduction of a Chairs Assurance Report from the Clinical, Care and Professional Governance Group.
- The Integrated Strategic Planning Group met on four occasions during the year with a further one development session.
- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2018/19 this included the following:

- A focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee.
- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans.
- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern as requested by the committee, including Falls analysis, Standardisation of Locality Performance Analysis and Readmissions Performance Analysis.
- A process of formal regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2018/19.
- The provision of regular budget development reports for 2019/20 to the Integration Joint Board.

- The provision of an assurance report from the chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- In-year reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the group's Chairs Assurance Report in line with the overarching strategy: Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework with no major issues reported.
- Embedding the issuing of directions to NHS Tayside and Dundee City Council reflected in Integration Joint Board reports during the year.
- Reporting of the implications of national overview reports by scrutiny bodies such as Audit Scotland.
- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and Mental Welfare Commission and supporting subsequent action plans.
- The development of a Governance Action Plan to progress previously recommended areas of improvement as recommended in the 2017/18 Internal Audit Report with a requirement to provide an update at each meeting of the Performance and Audit Committee. The Governance Action Plan was approved by the Performance and Audit Committee on 25 March 19.
- Provision of assurance to the Integration Joint Board that work was being undertaken to develop a range of governance principles to strengthen the governance arrangements associated with health and social care integration across Tayside as set out to the Dundee City IJB at its meeting of the 23 April 2019.
- Assurance provided around the quality of Social Work Services through the Chief Social Work Officer Governance Framework and Chief Social Work Officer's Annual Report.
- Reporting of complaints in relation to delegated Health and Social Care services.
- The approval of the Dundee City IJB's Strategic and Commissioning Plan 2019-2022 in March 2019, setting out the strategic direction of the Integration Joint Board and Health and Social Care Partnership including a 3 year financial framework.
- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council.

Review of Adequacy and Effectiveness

Dundee City Integration Joint Board is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

The review is informed by the work of the Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of Dundee City Integration Joint Board's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes a "Self-assessment Checklist" as evidence of review of key areas of the Integration Joint Board's internal control framework. The Senior Management Team has input to this process through the Chief Finance Officer. There were no significant internal control issues identified by the self-assessment review.

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the

individual bodies' management assurances in relation to the soundness of their systems of internal control.

In preparing the Annual Governance Statement, the Dundee City Integration Joint Board gave consideration to both NHS Tayside and Dundee City Council's Annual Governance Statements. In its governance statement NHS Tayside states that it plans to take further steps to improve the clinical and care governance relationships between the Health and Social Care Partnerships and the Health Board. There were no issues arising which require any further disclosure in the Integration Joint Board's Governance Statement.

Throughout the year, the Performance and Audit Committee has considered a range of issues which cover its core responsibilities in providing the Integration Joint Board with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements. Assurances are provided through the internal audit reviews undertaken throughout the financial year and presented to the Performance and Audit Committee. During 2018/19 the committee received two substantial reports from the Chief Internal Auditor, the findings of which were considered in providing assurances within the Annual Governance Statement. The Risk Maturity assessment report, presented to Dundee City IJB on 25 Sept 2018 noted the progress to date and the priority given to Risk Management by the organisation. The report also noted the need for further work to be undertaken as the organisation matures. A Risk Management action plan was developed and presented to the PAC on 12 February 2019 in response to the outcome of the Internal Audit assessment. The Transformation Programme and Service Redesign report recognised the conscious effort that had been made to bring together the strands of transformational change. It, however, highlighted a number of improvements to enhance the adequacy and effectiveness of the system in place. This led to an assessment that the overall governance processes around the Transformation Programme were inadequate and an action plan was produced to respond to the recommendations. However given the nature of the issues highlighted, it is not deemed by the Chief Officer that these areas for improvement undermine the wider system of governance. The Transformation Programme and Service Redesign report was presented to the PAC on 12 February 2019.

The Chair of the Performance and Audit Committee provides an update to the next available Integration Joint Board meeting on the issues raised and any areas of concern which the Integration Joint Board should be made aware of. Over the course of 2018/19, no significant areas of concern were noted by the Chair of the Performance and Audit Committee.

Dundee City Integration Joint Board complies in full with CIPFA's "The Role of the Head of Internal Audit in Public Organisations" and operates in accordance with CIPFA's "Public Sector Internal Audit Standards". The Head of Internal Audit reports directly to the Performance and Audit Committee with the right of access to the Chief Finance Officer, Chief Officer and Chair of the Performance and Audit Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the Performance & Audit Committee.

The Chief Internal Auditor has carried out his review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2018/19 which was reported to the Integration Joint Board on 25 June 2019. The Annual Internal Audit Report supports the outcome of the Dundee City IJB's self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board's governance arrangements and systems of internal controls for 2018/19. A management response, actions and planned completion dates in relation to these areas for improvement

were approved by the Dundee City IJB on 25 June 2019. Progress with these actions will be monitored through the Performance and Audit Committee.

Continuous Improvement

The following areas for improvement have been identified through the self-assessment process and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2019/20. A number of these are outstanding from previous year's continuous improvement plans and are now included in the Governance Action Plan and updated at each Performance and Audit Committee meeting with revised planned completion dates as appropriate. These have primarily been delayed due to the complexity, sensitivity and difficulty of the issues as well as resource capacity and the impact of other priorities across the wider partnership with NHS Tayside and the other Tayside Integration Joint Boards. The theme of adequacy of management capacity and provision of corporate support has been highlighted within the Internal Auditors Annual Report particularly in relation to driving transformational change while managing "business as usual". The development and implementation of a Workforce Plan as reflected in the areas for improvement section below is fundamental to meeting this challenge. A number of other areas of improvement have also been identified through completed internal audit reports.

In addition, the Integration Joint Board in partnership with Dundee City Council and NHS Tayside completed a self-evaluation in response to the findings of the Ministerial Strategic Group for Health and Community Care (MSG) report on the "Review of Progress with Integration of Health and Social Care" published in February 2019. The MSG report highlighted that many of the governance improvements highlighted in previous Dundee City IJB Internal Auditors Annual Reports are replicated across Scotland. Dundee City IJB submitted its response to the MSG on 15 May 2019 subject to further revisions to take account of further input from NHS Tayside in May 2019. The self-evaluation assessment was approved by Dundee City IJB on 25 June 2019. This assessment covers the key features required to support integration, including collaborative leadership, integrated finances, strategic planning for improvement, governance and accountability arrangements, information sharing and meaningful and sustained engagement. Many areas were assessed as established, with around 40% assessed as 'Partly established' and proposed improvement actions included against all proposals. Dundee City IJB has committed to take a lead role, through the Integrated Strategic Planning Group in working with Dundee City Council and NHS Tayside to identify specific arrangements and resources to support the progression of the MSG areas for improvement. The self – evaluation from the review of progress with integration of Health and Social care can be accessed [here](#).

Area for Improvement	Lead Officer	Planned Completion Date
<i>Previous Year Actions Carried Forward and Included in the Governance Action Plan</i>		
Development of improved Hosted Services arrangements around risk and performance management for hosted services	Chief Officer / Chief Finance Officer	Revised date December 2019
Clarification of deputising arrangements for the Chief Officer to be presented to the Dundee City IJB.	Chief Officer	Revised date October 2019

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Further develop the Integration Joint Board's local Code of Governance	Chief Officer / Chief Finance Officer	Revised date October 2019
Update the Integration Joint Board's Participation and Engagement Strategy	Chief Officer / Chief Finance Officer	Revised Date October 2019
Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards	Chief Officer / Chief Finance Officer	Revised date December 2019
Development of regular IJB and PAC member induction and development process	Chief Officer / Chief Finance Officer	Revised date December 2019
2018/19 Areas for Improvement Identified		
Range of developments following the Internal Audit report on Risk Maturity as reflected in the Risk Management Action Plan, including updating the risk management strategy, streamlining risk registers to prevent duplication and agree reporting arrangements and schedules	Chief Finance Officer	All actions to be completed by December 2019
Strengthen governance arrangements around the Integration Joint Board's Transformation Programme as set out in the Transformation and Service Redesign Internal Audit Report and subsequent action plan	Chief Finance Officer	All actions to be completed by December 2019
Range of actions arising from the Workforce Internal Audit Review including development of the Integrated Workforce and Organisational Development Plan in addition to provision of staff governance reporting	Chief Finance Officer/Chief Officer	All actions to be completed by December 2019
Progress the range of improvement actions as set out in the Ministerial Strategic Group Review of Progress with Integration of Health and Social Care Report Self Evaluation	Head of Finance and Strategic Planning (as Chair of the Integrated Strategic Planning Group)	Progress report to be provided to the IJB by December 2019
Further learning from other IJB's reporting with regards to Best Value to be gained and considered for reflection in the 2019/20 Annual Performance Report	Chief Finance Officer	June 2020
Further development of the IJB and PAC minutes and papers to ensure full transparency and accurate recording of the discussions, questions asked and assurances provided	Chief Officer/ Chief Finance Officer/ Clerk to the Board	September 2019

Implementation of an action points update to each meeting of the IJB and PAC in addition to an annual workplan to be agreed at both meetings	Chief Officer/ Chief Finance Officer/ Clerk to the Board	September 2019
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Conclusion and Opinion on Assurance

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of Dundee City Integration Joint Board's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the Dundee City Integration Joint Board's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Trudy McLeay

Chair

Dundee City Integration Joint Board

24 September 2019

David W Lynch

Chief Officer

Dundee City Integration Joint Board

24 September 2019

THE FINANCIAL STATEMENT 40

COMPREHENSIVE INCOME & EXPENDITURE STATEMENT

The Comprehensive Income and Expenditure Statement shows the cost of providing services which are funded by budget requisitions from the partners for the year according to accepted accounting practices.

2017/18		2018/19
Net Expenditure (Income) £000		Net Expenditure (Income) £000
71,201	Older People Services	71,019
18,996	Mental Health	18,447
31,215	Learning Disability	33,186
8,923	Physical Disability	9,680
3,945	Substance Misuse	4,330
12,412	Community Nurse Services / AHP* / Other Adult Services	13,089
10,151	Community Services (Hosted)***	11,463
5,799	Other Services / Support / Management	7,314
35,818	Prescribing	33,620
24,163	General Medical Services (FHS**)	25,110
17,155	FHS – Cash limited & Non Cash Limited	18,083
239,778	Net Cost of Operational Services during the Year	245,341
267	IJB Operational Costs	287
4,658	Central Support	0
17,452	Large Hospital Set Aside	17,449
262,155	Total Cost of Services	263,077
(261,752)	Taxation and Non- Specific Grant Income (Note 5)	(261,283)
403	(Surplus) or Deficit on Provision of Services	1,794
403	Total Comprehensive Income & Expenditure	1,794

Notes

* AHP – Allied Health Professionals

** FHS – Family Health Services

*** Reflects the impact of hosted services not attributable to specific client groups

Dundee City Integration Joint Board's Comprehensive Income and Expenditure Statement shows the net commissioning expenditure provided to partners to support services. It does not detail income received from service users as this remains the statutory responsibility of the partners.

THE FINANCIAL STATEMENTS

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the Dundee City Integration Joint Board's reserves.

Total Reserves 2017/18 £000	Movements in Reserves	General Fund Balance Total Reserves £000
4,963	Opening Balance at 31 March 2018	4,560
(403)	Total Comprehensive Income and Expenditure	(1,794)
(403)	Increase/(Decrease)	(1,794)
4,560	Closing Balance at 31 March 2019	2,766

THE FINANCIAL STATEMENTS

BALANCE SHEET

The Balance Sheet shows the value as at the Balance Sheet date of the assets and liabilities recognised by Dundee City Integration Joint Board.

31 March 2018 £000		Notes	31 March 2019 £000
4,596	Short Term Debtors	Note 6	2,786
4,596	Current Assets		2,786
(36)	Short Term Creditors	Note 7	(20)
(36)	Current Liabilities		(20)
4,560	Net Assets		2,766
4,560	Usable Reserve: General Fund	Note 8	2,766
4,560	Total Reserves		2,766

The unaudited accounts were issued on 25 June 2019 and the audited accounts were authorised for issue on the 24th September 2019.

Dave Berry, CPFA
Chief Finance Officer
Dundee City Integration Joint Board

24 September 2019

1. Significant Accounting Policies

General Principles

The Financial Statements summarise Dundee City Integration Joint Board's transactions for the 2018/19 financial year and its position at the year-end of 31 March 2019. The Dundee City Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19, supported by International Financial Reporting Standards (IFRS), and statutory guidance issued under Section 12 of the Local Government in Scotland Act 2003.

The accounts are prepared on a going concern basis, which assumes that the Dundee City Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the Dundee City Integration Joint Board.
- Income is recognised when the Dundee City Integration Joint Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

Dundee City Integration Joint Board is primarily funded through funding contributions from the statutory funding partners, Dundee City Council and NHS Tayside. Expenditure is incurred as the Integration Joint Board commission's specified health and social care services from the funding partners for the benefit of service recipients in the Dundee City Integration Joint Board area.

Cash and Cash Equivalents

Dundee City Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of Dundee City Integration Joint Board by the funding partners. Consequently Dundee City Integration Joint Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on Dundee City Integration Joint Board's Balance Sheet.

Employee Benefits

Dundee City Integration Joint Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. Dundee City Integration Joint Board therefore does not present a Pensions Liability on its Balance Sheet. Dundee City Integration Joint Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Reserves

The Dundee City Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2019 shows the extent of resources which the Dundee City IJB can use in later years to support service provision.

Indemnity Insurance

Dundee City Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Tayside and Dundee City Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide. Unlike NHS Boards, Dundee City Integration Joint Board does not have any 'shared risk' exposure from participation in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). Dundee City Integration Joint Board participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the Dundee City Integration Joint Board's Balance Sheet. The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset. The Dundee City IJB currently has no known or potential claims against it.

2. Critical Judgements and Estimation UncertaintyCritical Judgements in Applying Accounting Policies

In applying the accounting policies set out in Note 1, the Dundee City Integration Joint Board has had to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements made in the Annual Accounts are:

The value of the Large Hospital "set aside" expenditure reported within the total Integration Joint Board expenditure of £17.449m. This figure for 2018/19 has been agreed with NHS Tayside and will be included in both the NHS Tayside and Dundee City IJB annual accounts. The figure is based on the most recently available, full year activity levels for hospital inpatient and day case activity (2017/18) as provided by NHS Scotland's Information Services Division and 2016/17 unit costs information uplifted to 2018/19 provided by NHS Tayside. As such, the sum set aside included in the accounts will not reflect actual hospital usage in 2018/19. This is a transitional arrangement for 2018/19 agreed locally between NHS Tayside and the three Tayside Integration Joint Boards and with the Scottish Government. Work is progressing at a

NOTES TO THE FINANCIAL STATEMENTS

national and local level to refine the methodology for calculating and planning the value of this in the future.

On behalf of all IJBs within the NHS Tayside area, Dundee City IJB acts as the lead partner under hosting arrangements for a range of services including Palliative Care, Brain Injury, Dietetics, Sexual and Reproductive Health and Psychology. It commissions services on behalf of the three Tayside IJB's and is responsible for the strategic planning and operational budget of those hosted services. The Dundee City IJB reclaims the cost of these services using an agreed methodology based around population shares from the other IJB's. Dundee City IJB is not responsible for covering the full cost of any overspends in these areas, nor do they retain the benefits of any underspends. The Dundee City IJB will also receive a corresponding charge from the other Tayside IJB's for the services they host on Dundee's behalf. This arrangement is treated as an agency arrangement.

Assumptions Made About the Future and Other Major Sources of Estimation Uncertainty

The Annual Accounts contains estimated figures that are based on assumptions made by the Dundee City Integration Joint Board about the future or that are otherwise uncertain. Estimates are made taking into account historical experience, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates.

3. Events after the Reporting Period

There were no events that occurred between 1 April 2019 and 24 September 2019 that would have an impact on the 2018/19 financial statements.

4. Expenditure and Income Analysis by Nature

2017/18 £000	Description	2018/19 £000
155,535	Services commissioned from NHS Tayside	159,473
106,353	Services commissioned from Dundee City Council	103,317
243	Other IJB Operating Expenditure	262
24	Auditor Fee : External Audit Work	25
(176,871)	Partners Funding Contributions – NHS Tayside	(182,825)
(84,881)	Partners Funding Contributions – Dundee City Council	(78,458)
403	(Surplus) or Deficit on the Provision of Services	1,794

5. Taxation and Non-Specific Grant Income

2017/18 £000	Description	2018/19 £000
(176,871)	Funding Contribution from NHS Tayside	(182,825)
(84,881)	Funding Contribution from Dundee City Council	(78,458)
(261,752)	Taxation and Non-Specific Grant Income	(261,283)

The funding contribution from the NHS Board shown above includes £17.449m in respect of 'set aside' resources relating to acute hospital and other resources (Large Hospital Set Aside). Dundee City Integration Joint Board has responsibility for the strategic planning of the amount set aside based on the local population's consumption of these resources. NHS Tayside has the responsibility to manage the costs of providing these services. The value of the set aside noted above is based on activity information provided by NHS Scotland's Information Services Division, set against direct expenditure figures provided by NHS Tayside. The methodology of calculating future values of the Large Hospital Set Aside is being developed locally and nationally.

6. Debtors

2017/18 £000	Description	2018/19 £000
0	NHS Tayside	1,837
4,596	Dundee City Council	949
4,596	Total Debtors	2,786

Amounts owed by the funding partners are stated on a net basis. Debtor balances relating to income yet to be received by the funding partners but not yet settled are offset against the funds they are holding on behalf of the Dundee City Integration Joint Board.

7. Creditors

2017/18 £000	Description	2018/19 £000
6	NHS Tayside	1
30	Other Bodies	19
36	Total Creditors	20

Amounts owed are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled are offset against the funds they are holding on behalf of the Dundee City Integration Joint Board.

NOTES TO THE FINANCIAL STATEMENTS

8. Usable Reserve: General Fund

Dundee City Integration Joint Board holds a general reserve balance for two main purposes:

- To commit, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the Dundee City Integration Joint Board's risk management framework.

2017/18	Balance at 1 April 2017 £000	Transfers Out 2017/18 £000	Transfers In 2017/2018 £000	Balance at 31 March 2018 £000
Uncommitted	632	(402)	0	230
Committed	4,331	(1)	0	4,330
Total – General Fund Balances	4,963	(403)	0	4,560

2018/19	Balance at 1 April 2018 £000	Transfers Out 2018/19 £000	Transfers In 2018/2019 £000	Balance at 31 March 2019 £000
Uncommitted	230	0	331	561
Committed	4,330	(3,630)	1,505	2,205
Total – General Fund Balances	4,560	(3,630)	1,836	2,766

Committed Balances

The transfers out in 2018/19 mainly reflect the planned draw down of general fund balances to support overall expenditure levels during the year including supporting transformation. The transfers in reflect the impact of Scottish Government funding for specific initiatives carried forward to 2019/20. £2,205m of the reserves are committed for integration and transformation purposes, mainly through the reinvestment of Scottish Government ring fenced funding for Primary Care, Mental Health Action 15 and Alcohol and Drug Partnership funding carried forward from 2018/19 and through transition funding to support the roll out of the enhanced community support acute model of care as set out in the Dundee City IJB's Proposed Model of Care for Older People – Business Case report agreed in October 2017 in addition to a provision made to support organisational change.

9. Related Party Transactions

The Dundee City Integration Joint Board has related party relationships with NHS Tayside and Dundee City Council. In particular the nature of the partnership means that the Dundee City Integration Joint Board may influence, or be influenced by, its partners. The following transactions and balances included in Dundee City Integration Joint Board's accounts are presented to provide additional information on the relationships. Dundee City Integration Joint Board is required to disclose material transactions with related parties – bodies or individuals that have the potential to control or influence Dundee City Integration Joint Board or to be controlled or influenced by Dundee City Integration Joint Board. Related party relationships require to be disclosed where control exists, irrespective of whether there have been transactions between the related parties. Disclosure of these transactions allows readers to assess the extent to which the Dundee City Integration Joint Board may have been constrained in its ability to operate independently or might have secured the ability to limit another party's ability to bargain freely with Dundee City Integration Joint Board.

Dundee City Integration Joint Board Members

Board members of Dundee City Integration Joint Board have direct control over the Board's financial and operating policies. The Dundee City Integration Joint Board membership is detailed on page 4 of these statements. Board members have the responsibility to adhere to a Code of Conduct, which requires them to declare an interest in matters that directly or indirectly may influence, or be thought to influence their judgement or decisions taken during the course of their work. In terms of any relevant parties, board members with declarations of interest did not take part in any discussion or decisions relating to transactions with these parties.

Officers

Senior Officers have control over Dundee City Integration Joint Board's financial and operating policies. The total remuneration paid to senior officers is shown in the Remuneration Report. Officers have the responsibility to adhere to a Code of Conduct, which requires them to declare an interest in matters that directly or indirectly may influence, or be thought to influence their judgement or decisions taken during the course of their work. In terms of any relevant parties, officers with declarations of interest did not take part in any discussion or decisions relating to transactions with these parties.

Key Management Personnel

The Non-Voting Board members employed by Dundee City Council and recharged to the Dundee City Integration Joint Board include the Chief Officer and the Chief Finance Officer. Details of the remuneration for these post-holders is provided in the Remuneration Report.

Transactions with NHS Tayside

2017/18 £000	Description	2018/19 £000
176,871	Funding Contributions received from the NHS Tayside Board	182,825
(155,535)	Net Expenditure on Services Provided by the NHS Tayside Board	(159,473)
21,336	Net Transactions with NHS Tayside	23,352

NOTES TO THE FINANCIAL STATEMENTS

NHS Tayside did not charge for any support services provided in the year ended 31 March 2019 (2018: nil)

Balances with NHS Tayside

2017/18 £000	Description	2018/19 £000
0	Debtor balances: Amounts due from the NHS Board	1,837
6	Creditor balances: Amounts due to the NHS Board	1
6	Net Balance with the NHS Board	1,836

Transactions with Dundee City Council

2017/18 £000	Description	2018/19 £000
84,881	Funding Contributions received from Dundee City Council	78,458
(101,962)	Net Expenditure on Services Provided by Dundee City Council	(103,604)
(4,658)	Support Services from Dundee City Council	0
(21,739)	Net Transactions with Dundee City Council	(25,146)

Dundee City Council did not charge for any support services provided in the year ended 31 March 2019 (2018: £4.658m – this charge was fully funded by Dundee City Council).

Balances with Dundee City Council

2017/18 £000	Description	2018/19 £000
4,596	Debtor balances: Amounts due from Dundee City Council	949
0	Creditor balances: Amounts due to Dundee City Council	0
4,596	Net Balance with Dundee City Council	949

10. Value Added Tax (VAT)

Dundee City IJB is not a taxable person and does not charge or recover VAT on its functions. The VAT treatment of expenditure in the Dundee City IJB's accounts depends on which of the partner agencies is providing the service as these are treated differently for VAT purposes. The services provided to Dundee City IJB by the Chief Officer are outside the scope of VAT as they are undertaken under a special legal regime.

11. Agency Income and Expenditure

On behalf of all Integration Joint Boards within the NHS Tayside area, the Dundee City Integration Joint Board acts as the lead manager for a variety of Community, Older People, Physical Disability, Mental Health and Learning Disability Services. It commissions services on behalf of the other Integration Joint Boards (Perth & Kinross and Angus) and reclaims the costs involved. The payments that are made on behalf of the other Integration Joint Boards, and the consequential reimbursement, are not included in the Comprehensive Income and

NOTES TO THE FINANCIAL STATEMENTS

Expenditure Statement (CIES) since the Dundee City Integration Joint Board is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below.

2017/18 (£000)	Description	2018/19 (£000)
10,870	Expenditure on Agency Services	11,341
(10,870)	Reimbursement for Agency Services	(11,341)
0	Net Agency Expenditure Excluded from CIES	0

12. Provisions

Dundee City Integration Joint Board has currently made no provisions. This does not prohibit Dundee City Integration Joint Board making provisions in the future and will where necessary consider the needs for a provision based on the merits of the incumbent circumstances at a relevant future point.

13. Accounting Standards that have been issued but not adopted

There were no relevant accounting standards that have been issued but are not yet adopted in the 2019/20 Code of Practice on Local Authority Accounts in the United Kingdom.

Independent Auditor's Report

Independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2019 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income & Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 (the 2018/19 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2018/19 Code of the state of affairs of the Dundee City Integration Joint Board as at 31 March 2019 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2018/19 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 10th April 2017. The period of total uninterrupted appointment is three years. I am independent of the Dundee City Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Dundee City Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Dundee City Integration

Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I have reported in a separate Annual Audit Report, which is available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Finance Officer and Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Dundee City Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of

assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Fiona Mitchell-Knight FCA
Assistant Director
Audit Scotland
4th Floor
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

24 September 2019



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

City Chambers
DUNDEE
DD1 3BY

17th September, 2019

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

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held in Committee Room 1 on Tuesday, 24th September, 2019 at 2.00 pm.

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

Yours faithfully

DAVID W LYNCH
Chief Officer

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING - Page 3

The minute of previous meeting of the Committee held on 28th May, 2019 is attached for approval.

4 AUDIT SCOTLAND ANNUAL REPORT AND DUNDEE INTEGRATION JOINT BOARD AUDITED ACCOUNTS 2018/19

(Report No PAC34-2019 by the Chief Finance Officer, to follow).

5 QUARTERLY COMPLAINTS PERFORMANCE – 1ST QUARTER 2019/20 - Page 7

(Report No PAC39-2019 by the Chief Finance Officer, copy attached).

6 CARE INSPECTORATE GRADINGS – REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES) 2018-2019 - Page 15

(Report No PAC25-2019 by the Chief Finance Officer, copy attached).

7 CARE INSPECTORATE GRADINGS – DUNDEE REGISTERED CARE HOMES FOR ADULTS 2018-2019 - Page 39

(Report No PAC26-2019 by the Chief Finance Officer, copy attached).

8 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2018/19 QUARTER 4 - Page 59

(Report No PAC30-2019 by the Chief Finance Officer, copy attached).

9 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SUMMARY PERFORMANCE REPORT – 2019/20 QUARTER 1 - Page 91

(Report No PAC33-2019 by the Chief Finance Officer, copy attached).

10 DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS - Page 101

(Report No PAC37-2019 by the Chief Finance Officer, copy attached).

11 CLINICAL, CARE AND PROFESSIONAL GOVERNANCE REPORT - Page 107

(Report No PAC27-2019 by the Chief Finance Officer, copy attached).

12 DUNDEE CITIZENS SURVEY 2018 – HEALTH AND SOCIAL CARE RESULTS - Page 117

(Report No PAC31-2019 by the Chief Finance Officer, copy attached).

13 GOVERNANCE ACTION PLAN UPDATE - Page 177

(Report No PAC35-2019 by the Chief Finance Officer, copy attached).

14 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN 2019/20 - Page 191

(Report No PAC36-2019 by the Chief Finance Officer, copy attached).

**15 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT
- Page 199**

(Report No PAC38-2019 by the Chief Finance Officer, copy attached).

**16 MEETING OF PERFORMANCE AND AUDIT COMMITTEE 2019 – ATTENDANCES
(PAC40-2019) - Page 203**

A copy of the attendance return for meetings of the Performance and Audit Committee held over 2019 is attached for information.

17 DATE OF NEXT MEETING

The next meeting of the Committee will be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 26th November, 2019 at 2.00 pm.

PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
Elected Member (Chair)	Councillor Ken Lynn *
Elected Member	Bailie Helen Wright *
Non Executive Member	Jenny Alexander *
Non Executive Member	Nic Beech*
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	James Cotton
Chief Social Work Officer	Diane McCulloch
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall
Person providing unpaid care in the area of the local authority	Martyn Sloan

(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 (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Senior Audit Manager)	Bruce Crosbie
Dundee University (PA to Nic Beech)	Lynsey McIrvine



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 28th May, 2019.

Present:-

Members

Role

Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Jenny ALEXANDER	Nominated by Health Board (Non Executive Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
David W LYNCH	Chief Officer
Raymond MARSHALL	Staff Partnership Representative
Jane MARTIN	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Pamela REDPATH	Senior Manager - Internal Auditor, Dundee City Council

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

Derek FARRELL	Neighbourhood Services
Ailsa McALLISTER	Dundee Health and Social Care Partnership
Diane McCULLOCH	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Robin SHIELDS	Neighbourhood Services

Councillor Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Nic BEECH, Nominated by Health Board (Non Executive Member)
James COTTON, Registered Medical Practitioner (not providing primary medical services)

II DECLARATION OF INTEREST

No declarations of interest were made.

III PERFORMANCE AND AUDIT COMMITTEE – MEMBERSHIP

- (a) REGISTERED MEDICAL PRACTITIONER NOT PROVIDING PRIMARY MEDICAL CARE SERVICES

Reference was made to Article V(a) of the minute of the Integration Joint Board held on 29th March, 2019, wherein it was noted that Dr James Cotton had replaced Dr Cesar Rodriguez as a member of the Integration Joint Board. The Committee noted that the Integration Joint Board agreed to appoint Dr James Cotton to the vacant position on the Committee as a result of the change in membership.

(b) VOTING MEMBER

Reference was made to Article V(b) of the minute of meeting of the Integration Joint Board held on 29th March, 2019, wherein it was noted that Professor Nic Beech had replaced Dr Norman Pratt as a voting member on the Integration Joint Board. The Committee noted that the Integration Joint Board agreed to appoint Professor Nic Beech to the vacant position on the Committee as a result of Dr Norman Pratt no longer being a member of the Integration Joint Board as of 31st March, 2019.

(c) CARERS' REPRESENTATIVE APPOINTMENT

Reference was made to Article V(c) of the minute of meeting of the Integration Joint Board held on 29th March, 2019, wherein it was noted that Martyn Sloan, carers' representative on the Integration Joint Board had requested he be appointed to the membership of the Performance and Audit Committee in the capacity of carers' representative. The Committee noted that the Integration Joint Board agreed to the appointment of Martyn Sloan as a member of the Committee in the capacity as carers' representative.

IV MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 25th March, 2019 was submitted and approved.

V DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT ARRANGEMENTS 2019/20

There was submitted Agenda Note PAC24-2019 reporting that Dundee Integration Joint Board's internal audit services for 2018/19 were provided through a partnership approach between FTF Audit and Management Services and Dundee City Council's internal audit service. The Chief Internal Auditor from FTF was appointed to this same role within the IJB. This arrangement was agreed on an annual basis through the IJB and Performance and Audit Committee since the inception of the IJB in 2016/17. In order to support consistency in approach and continue the good partnership working between NHS Tayside's and Dundee City Council's internal audit services, it was recommended that this arrangement was continued for 2019/20.

The Committee approved these arrangements for 2019/20.

VI GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC19-2019 by the Chief Finance Officer providing the Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Committee:

- (i) noted the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 of the report; and
- (ii) agreed that any proposed changes to the planned completion dates for actions would need to be formally agreed by the Performance and Audit Committee.

VII TRANSFORMATION AND SERVICE REDESIGN INTERNAL AUDIT REPORT – ACTION PLAN

On a reference to Article IX of the minute of this Committee of 12th February, 2019, there was submitted Report No PAC20-2019 by the Chief Finance Officer considering an action plan to progress the recommendations set out within the recent Internal Audit Review of the Integration Joint Board's (IJB) Transformation and Service Redesign Programme.

The Committee:-

- (i) approved the Action Plan at Appendix 1 of the report in response to the Internal Audit Assessment of the Integration Joint Board Transformation and Service Redesign

Programme, presented to the Performance and Audit Committee on 12th February, 2019; and

- (ii) instructed the Chief Finance Officer to provide an update on the Action Plan to the meeting of the Committee to be held in September 2019.

VIII PERFORMANCE AGAINST HOUSING CONTRIBUTION STATEMENT 2016-2021

There was submitted Report No PAC21-2019 by the Head of Service, Finance and Strategic Planning providing an update to Committee in relation to the performance that had been achieved to date against the commitments set out in the Housing Contribution Statement 2016-2021.

The Committee:-

- (i) noted the progress that had been made in achieving the priorities and targets set out in the Housing Contribution Statement 2016-2021 (sections 4.4 to 4.9 and Appendix 1 of the report); and
- (ii) noted that the Housing Contribution Statement was currently being reviewed and was scheduled to be submitted to the Integration Joint Board for approval at its meeting to be held on 25th June, 2019.

IX DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC22-2019 by the Chief Finance Officer providing the Committee with a progress update in relation to the current Internal Audit Plan.

The Committee noted the continuing delivery of the 2018/19 plan as outlined in the report.

X MEETING OF PERFORMANCE AND AUDIT COMMITTEE 2019 ATTENDANCES

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

The Committee noted the position as outlined.

XI DATE OF NEXT MEETING

The Committee noted that the next meeting of the Performance and Audit Committee would be held in Committee Room 1, 14 City Square on Tuesday, 30th July, 2019 at 2.00 pm.

Ken LYNN, Chairperson.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2019

REPORT ON: QUARTERLY COMPLAINTS PERFORMANCE – 1st QUARTER 2019/20

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC39-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise the complaints performance for the Health and Social Care Partnership in the first quarter of 2019/20, and to **highlight the proposed changes** to improve complaints reporting for the Performance and Audit Committee. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the complaints handling performance for health and social work complaints set out within this report
- 2.2 Notes the work which has been undertaken to address outstanding complaints within the HSCP
- 2.3 Notes the ongoing work taking place to improve complaints handling, monitoring and reporting within the Health and Social Care Partnership.

3.0 FINANCIAL IMPLICATIONS

None.

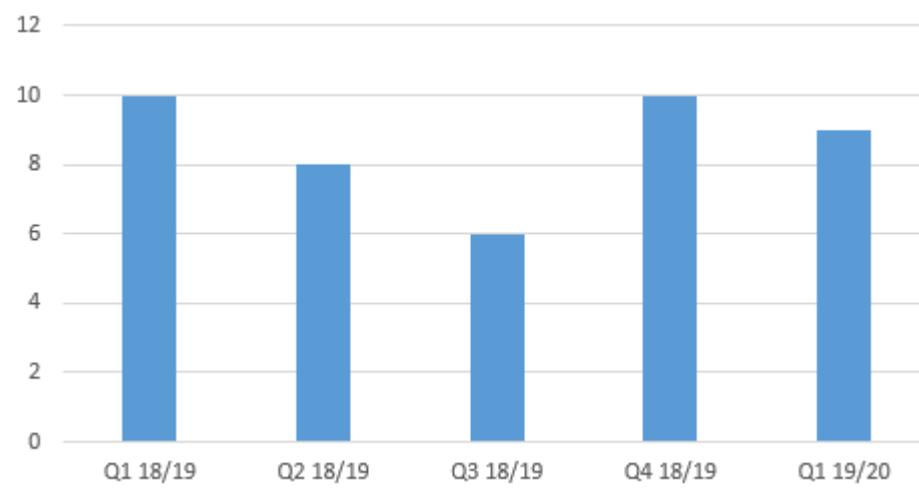
4.0 MAIN TEXT

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

4.3 Social Work Complaints

In the first quarter of 2019/20 a total of 9 complaints were received about social work or social care services in the Dundee Health and Social Care Partnership. This compares to 10 complaints received in the previous quarter.

Graph 1 - Number of Social Work Complaints received quarterly



The graph shows that there is a relatively small number of complaints received each quarter.

4.4 Social Work Complaints by Reason for Concern

Three complaints were received about the attitude, behaviour or treatment by a member of staff. Three complaints were received about a delay in responding to enquiries and requests. These complaints were from a variety of services.

Attitude, behaviour or treatment by a member of staff	3
Delay in responding to enquiries and requests	3
Dissatisfaction with our policy	1
Failure to provide a service	1
Failure to follow the proper administrative process	0
Failure to meet our service standards	1

The numbers of social work complaints are relatively small, however in future complaints will be reported by specific service area if this suggests that there are issues that should be highlighted.

4.5 Social Work Complaints Stages and Outcomes

Four complaints were handled at a frontline resolution stage. Three of these complaints were partially upheld.

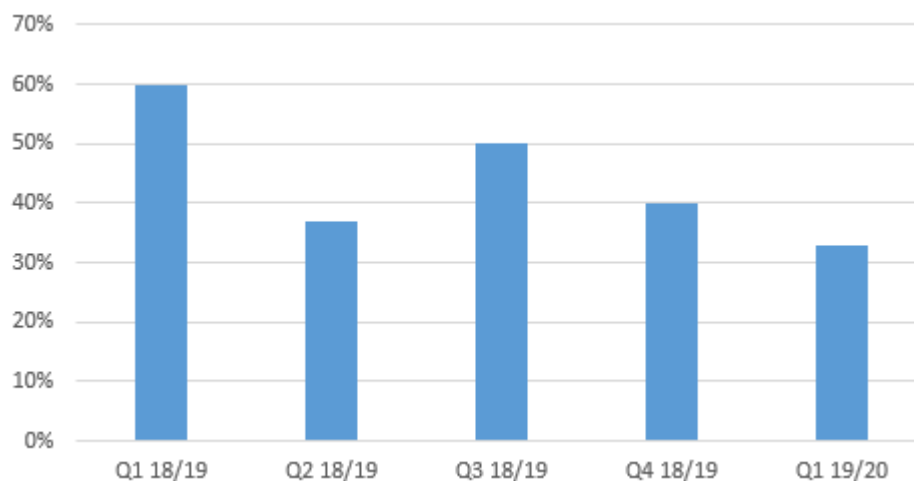
Five complaints were handled as an investigation from the start due to their complexities, none of these complaints were upheld.

Frontline Resolution	4
Investigation (Escalated from Frontline)	0
Investigation	5

4.6 Social Work Complaints Resolved Within Timescales

Four of the Social Work complaints received by the Partnership were able to be resolved within the target dates. The other five missed their target date, the longest delay was 18 days late.

Graph 2 - % of Social Work Complaints resolved within timescales



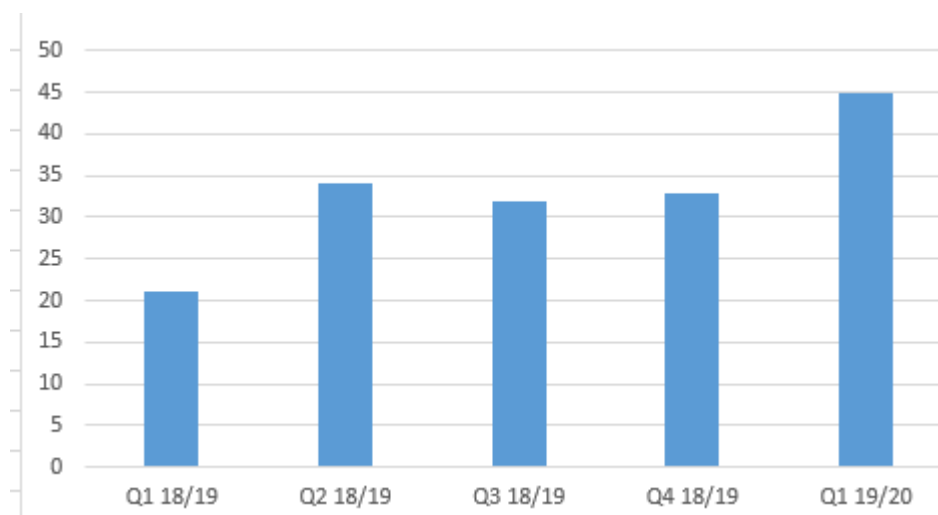
The graph shows that there has been a deterioration in the number of complaints that are resolved within timescales. Investigating Officers are reminded of the importance of ensuring that the complainant is kept updated with the progress of their complaint, and that wherever possible complaints should be resolved within the target date.

4.7 NHS Complaints

In the first quarter of 2019/20 a total of 45 complaints were received about Dundee Health and Social Care Partnership health services. These are complaints which have been coded against DHSCP, although there will be other complaints where DHSCP have contributed to a joint response:

This compares to 33 complaints received in the fourth quarter in 2018-19.

Graph 3 – Number of NHS Complaints received



The graph shows that there has been a gradual increase in the number of complaints received over the past year.

4.8 NHS Complaints by Theme

NHS complaint themes are recorded under categories. In this quarter the top themes were:

- Clinical Treatment;
- Attitude and Behaviour
- Date for Appointment

The top sub themes were:

- staff attitude;
- co-ordination of clinical treatment
- disagreement with treatment/care plan

Future reports will identify where there are complaints from specific service areas.

4.9 NHS Complaints Stages

Eleven complaints were handled at a frontline resolution stage. Seven were handled as Investigation, having been escalated from a frontline resolution, and 27 were handled as an investigation from the start due to their complexities.

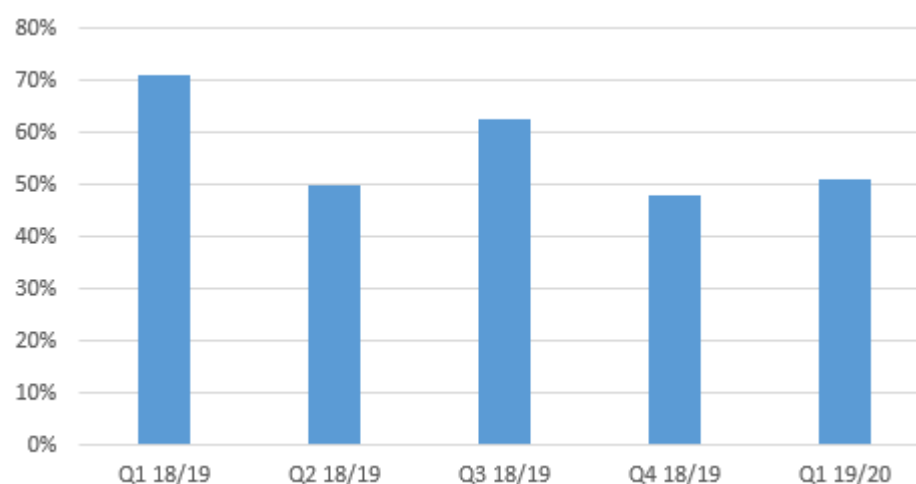
Frontline Resolution	11
Investigation (Escalated from Frontline)	7
Investigation	27

4.10 Closed NHS Complaints Resolved within Timescales

Out of a total of 45 complaints that were closed within the first quarter, 51% (23) were closed within timescales.

For Stage 1, 9 out of 11 complaints were closed within timescales. For Stage 2, 11 out of 27 complaints were closed within timescales. For Stage 2 escalated complaints, 3 out of 7 complaints were closed within timescales.

Graph 4 - % of closed NHS complaints closed within timescales



The graph shows that there has been a deterioration in the number of closed complaints closed within their target date. This has been due to a number of factors including staffing levels in specific service areas which has impacted on service delivery and resulted in more complaints being received. The reduced staffing levels have also meant that there have been a reduction in the number of managers able to handle complaints and an increased time taken to complete complaint investigations.

5.0 Outstanding NHS Complaints

- 5.1 It has been brought to our attention that information on NHS complaints taken from the NHS DATIX system has been based on complaints closed within that reporting quarter. This has meant that complaints that are overdue have not been reported to PAC until they were closed this means that reporting to PAC has been given no information about the status of current or outstanding complaints.

As at 13th September 2019 there are 27 outstanding NHS complaints, 14 of which are over 6 weeks old. The average length of overdue complaint is 111 days. There are different reasons why a complaint may be late in being resolved, including not having received consent from the patient to share information where a complaint is made on their behalf by a third party.

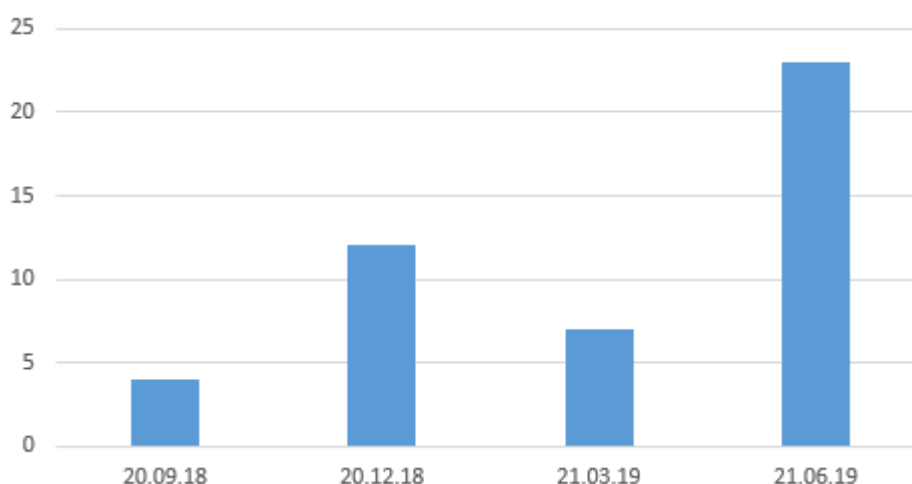
Total number of outstanding complaints	27
Complaints outstanding 0-28 days	9
Complaints outstanding 29-60 days	8
Complaints outstanding 61-120 days	8
Complaints outstanding 121+ days	2

Operationally, live information is used to track and escalate complaints responses.

As the PAC will be aware the Community Mental Health teams for adults has experienced significant operational challenges over a long period with posts vacant and a shortage of community doctors. This is a problem nationally as well as locally. As a result we have been providing a service that is less responsive than we would want it to be. The impact of this has been an increase in complaints and a reduced capacity to respond to them. Through the appointment of manager roles recently there is now capacity to address complaints and this is starting to reduce. The service challenges are ongoing and there is significant work happening to try and improve the situation and detailed action plans in place

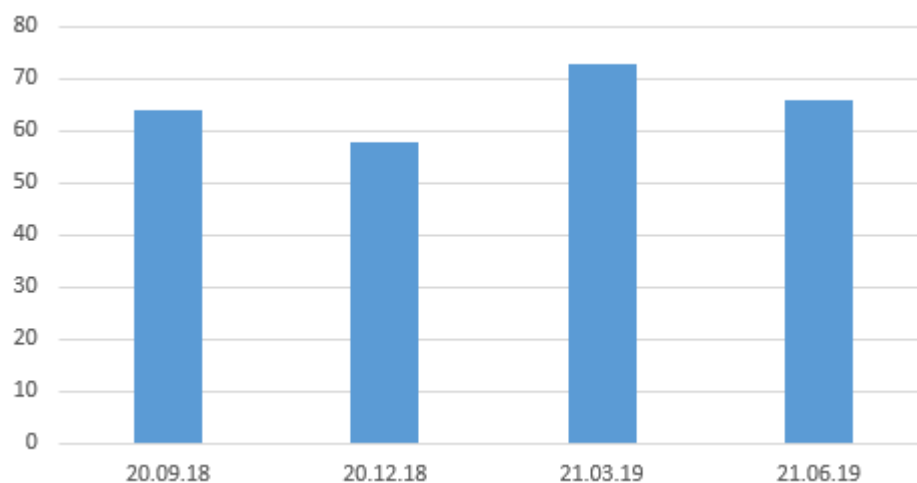
We anticipate that as the number of overdue health complaints are closed we will see a deterioration in the % of closed NHS complaints closed within timescales. However this will be seen in conjunction with a reduction in the number of overdue open complaints.

Graph 5 - Snapshot of number of open overdue NHS complaints at a given date



The above graph shows that there has been a significant increase in the amount of NHS complaints that are overdue in the past year.

Graph 6 - Snapshot of average length in working days of overdue NHS complaints at a given date



The above graph shows that the average length of overdue complaints has remained relatively static over the past year.

5.2 Future Complaints Monitoring and Reporting

Work is ongoing within the Partnership to integrate our complaints administration systems, we are working with colleagues in NHS Tayside to identify areas where we can improve our complaint handling processes.

A number of meetings have been planned to take forward improvement in our complaints monitoring processes, clarifying reporting processes and ongoing monitoring of open complaints. This will form part of our clinical and care governance framework. Reporting to PAC will be considered as part of this work.

These improvements will include:

- Progress with current complaints
- Monitoring complaint response timescales
- Quality control re complaint responses
- Complaint handling training
- Planned service improvements as a result of complaints
- Wider service lessons from complaints
- SPSO feedback

5.3 IJB Complaints

No complaints about the Integration Joint Board have been received.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

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

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 September 2019



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2019

REPORT ON: CARE INSPECTORATE GRADINGS - REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES) 2018-2019

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC25-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to registered care services for adults (excluding care homes), these services having a contractual arrangement with Dundee Health & Social Care Partnership, for the period 1 April 2018 to 31 March 2019.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the gradings awarded as detailed in the attached Performance Report (Appendix A) and highlighted in section 4.2.
- 2.2 Notes the range of continuous improvement activities progressed during 2018-19, as described in section 4.3.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensure that care service providers meet their respective National Care Standards and that in doing so they provide quality care services. The Care Inspectorate use a six point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at www.careinspectorate.com.

4.2 Gradings Awarded

- 4.2.1 Of the 75 registered services listed in the Performance Report, 53 inspections were undertaken.
- 4.2.2 Summary of the gradings awarded to registered care services in Dundee:
 - 42 registered services (56%) were awarded grades 4, 5 or 6 in some or all themes (2 of these services received grade 6 in all themes).

- 11 registered services (15%) were awarded grades which included grade **3** 'adequate' or grade **2** 'weak' (only 1 service received grade 2).
 - 22 registered services (29%) were not inspected during this period.
- 4.2.3 One internally provided Dundee Health and Social Care Partnership services and one externally provided private services were graded **6** 'excellent' in all applicable quality themes. Of the 53 inspections undertaken, there was a 9% improvement in grades for Quality of Care and Support, 13% improvement in Quality of Staffing and 9% improvement in Quality of Management and Leadership.
- 4.2.4 Of the 53 inspections undertaken, 15% were downgraded for Quality of Care and Support, 2% downgraded for Quality of Environment, 9% downgraded for Quality of Staffing and 21% downgraded for Quality of Management and Leadership.
- 4.2.5 Only 3 of the 53 inspections undertaken were graded against Quality of Environment with only one service being downgraded from a grade **6** 'excellent' to a grade **5** 'very good'.
- 4.2.6 One inspection, The Inclusion Group, was graded **2** 'weak' and 3 'adequate' in all themes. The responsible Locality Manager implemented a Co-ordinating Group comprising of representation from across the Partnership, Children and Families Service, Social Care Contracts and The Care Inspectorate and The Inclusion Group. The action notes from each meeting were distributed to all stakeholders and a significant number of actions were agreed and carried out. The co-ordinating group continue to work in partnership to identify, and mitigate, risks and to ensure that all services provided are safe and outcome focussed with a clear emphasis on shared learning to ensure the best outcome for the children and adults supported by The Inclusion Group.
- 4.2.7 Table 1 shows the percentage of grades awarded within each key theme in Dundee in 2018-2019.

Table 1 – Overall Dundee Inspection Gratings 2018-2019

Grade 2018-19	Overall	Quality of Care and Support	Quality of Environment*	Quality of Staffing	Quality of Management and Leadership
6 excellent	15.0%	13%	2%	15%	15%
5 very good	49.0%	55%	2%	51%	43%
4 good	22.0%	21%	0	21%	21%
3 adequate	12.0%	11%	0	9%	15%
2 weak	2.0%	0	0	4%	4%
1 unsatisfactory	0	0	0	0	0

**Environment totals reflect 7 inspections out of 55 as not all services require the environment to be assessed e.g. within a service user's own home in the community*

4.3 Continuous Improvement

4.3.1 Support Services

As part of the homelessness and substance misuse transformation programme, Housing First Dundee is an innovative programme that will work positively and proactively with those that have had difficulty in engaging with traditional housing and support services due to a variety of complex needs. It is being delivered by a consortium of four Third Sector organisations (Transform Community Development, Dundee Survival Group, The Salvation Army and Addaction Scotland) with acknowledged support of Housing First Scotland Fund and The Care Inspectorate.

British Red Cross have continued to test an Assessment at Home model for people who are in a hospital setting and there is uncertainty as to whether the person can return home. Over a maximum 21 day period an assessment is undertaken to identify if the individual can safely remain at home as opposed to being admitted to long term care, which had been the identified pathway for the person when they were in hospital. The test of change was extended during 2018-19 to include the provision of a flexible and responsive care at home service by British Red Cross to people who are identified by Dundee Health & Social Care Partnership's Enhanced Community Support/Dundee Enhanced Community Support Acute Services as requiring support to prevent a hospital admission as part of an ongoing assessment. The two year test of change has now come to an end and an evaluation is being undertaken with a view to procuring an ongoing service from a care at home provider.

4.3.2 Care at Home/Housing Support

Since 2017 the existing arrangements for overnight support provision to adults with either a Learning Disability and/or Autism, or experiencing mental health and wellbeing challenges who are supported by a range of Housing Support/Care at Home providers have been analysed in relation to the impacts of legislative changes and the new opportunities for improving people's independence through the use of technology. Based on the information gathered it was agreed that a Test of Change would be designed and implemented introducing Specialist Overnight Support Service which would either complement existing waking night workers or meet the overnight needs of a number of people in a planned and informed way. In order to inform the design of the service a briefing and Q&A session was held for all providers within the agreed scope of the Test of Change this was followed by gathering views of individuals, families, staff teams and Care Managers to identify existing risks and potential mitigations and actions required prior to the implementation of the Test of Change. Currently consideration is being given to the technology required to meet individual specific needs whilst also enabling and facilitating independent living.

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

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

7.0 CONSULTATIONS

The Chief Officer, the Clerk, Head of Service - Health and Community Care and Chief Social Work Officer were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 September 2019

Rosalind Guild
Social Care Contracts Officer



APPENDIX A

PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

DUNDEE REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES)

1 APRIL 2018 – 31 MARCH 2019

INTRODUCTION

The purpose of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered services for adults within Dundee for the period 1 April 2018 to 31 March 2019.

BACKGROUND

The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. It also works with providers to help them improve their service and make sure everyone gets safe, high quality care that meets their needs. The Care Inspectorate has a critical part to play to make sure that care services in Scotland provide good experiences and outcomes for the people who use them and their carers.

The new Health and Social Care Standards came into effect in April 2018. The new Standards replace the National Care Standards and are now relevant across all health and social care provision. They are no longer just focused on regulated care settings, but for use in social care, early learning and childcare, children's services, social work, health provision and community justice. They seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The Standards are underpinned by five principles; dignity and respect, compassion, be included, responsive care and support and wellbeing.

The headline outcomes are:

- I experience high quality care and support that is right for me
- I am fully involved in all decisions about my care and support
- I have confidence in the people who support and care for me
- I have confidence in the organisation providing my care and support
- I experience a high quality environment if the organisation provides the premises.

The method of inspecting services has also changed. Rather than just checking that a service is complying with basic inputs for all individuals, inspections are to look at what it is like to actually use the service. Inspectors from different scrutiny bodies now also work jointly to look at how individuals experience a range of services within the care system. More integrated standards, which look at how the rights and wellbeing of people who use care are protected and improved, from strategic commissioning to the actual experience of using services, should provide a more effective and relevant model of scrutiny fit for the future.

The Care Inspectorate continue to inspect using a six-point grading scale (see below) against which the following key themes are graded:



Each theme is assessed from 1 to 6 with 1 being 'unsatisfactory' and 6 'excellent'.

- **Quality of Care and Support**
How the service meets the needs of each individual in its care
- **Quality of Environment**
Is the service clean, is it set out appropriately, is there easy access for individuals who use wheelchairs, is it safe, and is there a welcoming, friendly atmosphere?
- **Quality of Staffing**
The quality of the care staff including qualifications and training
- **Quality of Management and Leadership**
How the service is managed and how it develops to meet the needs of people it cares for

The grading scale used is:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

OVERVIEW OF THE SERVICES INSPECTED

This report covers a range of registered care services for adults (see Appendix A attached) that are subject to regulation. These include:

- **Tenancy Support:** a housing support service which provides support, assistance, advice or counselling to enable a person to live in their own home in the community. Housing support may be provided to people living in, for example, sheltered housing, hostels for the homeless, accommodation for the learning disabled, women's refuges or in shared homes
- **Respite:** a service provided to permit a carer temporary relief from caring. It can be provided at home or elsewhere and may extend from a few hours to a few weeks
- **Support Services - not care at home:** a service which provides support in a setting outwith the home similar to a day opportunities service
- **Support Services – with care at home:** a service which provides support and/or personal care in your own home. This service is primarily provided to older people in Dundee within DHSCP Home Care Service and provided by both internal staff and externally commissioned organisations
- **Care at Home/Housing Support (combined):** a 24/7 housing support service combined with a care at home service registration. A housing support service (see tenancy support definition above) and combined care service provided to individuals in their own home. This service is primarily provided to people with a learning disability and/or a mental health difficulty

Of the 75 registrations included in this report (Appendix A), a total of 53 inspections were carried out by the Care Inspectorate during the reporting period 2018-2019 (some services received more than one inspection throughout the year). When there is performance concerns at an inspection resulting in a number of requirements being imposed, a follow up inspection visit is arranged. This can result in further action being taken or grades being amended. Inspection visits can also be carried out if complaints are made against a service.

The following table shows the overall percentage awarded at each grade and also for each key theme.

Who provides care and support services for adults in Dundee?

Table 1 shows which sectors provide care and support services for adults in Dundee:

Table 1

Care Home Service	Data	DHSCP	Private	Voluntary	Total
DUNDEE	No of Services	12	18	45	75
	%	16%	24%	60%	100%

Summary of the Gradings Awarded in Dundee

- 42 registered services (56%) were awarded grades 4, 5 or 6 in some or all themes (2 of these services received grade 6 in all themes)
- 11 registered services (15%) were awarded grades which included grade 3 'adequate' or grade 2 'weak' (only 1 service received grade 2)
- 22 registered services (29%) were not inspected during this period

Table 2 shows the percentage of grades awarded within each key theme in Dundee in 2018-2019.

Table 2 – Overall Dundee Inspection Gradings 2018-2019

Grade 2018-19	Overall	Quality of Care and Support	Quality of Environment*	Quality of Staffing	Quality of Management and Leadership
6 excellent	15.0%	13%	2%	15%	15%
5 very good	49.0%	55%	2%	51%	43%
4 good	22.0%	21%	0	21%	21%
3 adequate	12.0%	11%	0	9%	15%
2 weak	2.0%	0	0	4%	4%
1 unsatisfactory	0	0	0	0	0

**Environment totals reflect 3 inspections out of 53 as not all services require the environment to be assessed eg within a service user's own home in the community*

Only 1 service, The Inclusion Group, received a grade 2 "weak" and there were no services in receipt of a grade 1 "unsatisfactory".

The Locality Manager implemented a Co-ordinating Group comprising of representation from across the Partnership, Children and Families Service, Social Care Contracts and The Care Inspectorate and The Inclusion Group. The action notes from each meeting were distributed to all stakeholders and a significant number of actions were agreed and carried out. The co-ordinating group continue to work in partnership to identify, and mitigate, risks and to ensure that all services provided are safe and outcome focussed with a clear emphasis on shared learning to ensure the best outcome for the children and adults supported by The Inclusion Group.

Table 3 shows the percentage of grades awarded within each service model in Dundee in 2018-2019.

Table 3 – Dundee Inspection gradings by service model

	Overall	6	5	4	3	2	1
Tenancy Support (8 registered services)	7.5%	8%	92%	0	0	0	0
Respite Services (3 registered services)	7.5%	67%	33%	0	0	0	0
Support – not care at home (14 registered services – only 1 service inspected)	2.0%	0	0	100%	0	0	0
Support – with care at home (25 registered services)	39%	1.5%	48%	27%	17.5%	6%	0
Care at Home/Housing Support (25 registered services)	44%	21%	50%	18%	11%	0	0

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

Requirements were placed on 9 of the 75 registered services following inspection during 2018-19 (see Appendix 2).

Complaints

A complaint is an expression of dissatisfaction about a registered care service's action or lack of action, or about the standard of service provided by or on behalf of a registered care service'. Following investigation, a decision will be made by the Care Inspectorate whether the complaint is upheld or not upheld.

During 2018-19 the Care Inspectorate received complaints relating to 11 of the 75 registered services in Dundee. Of these, all were upheld or at least one of the elements upheld.

General health and welfare

- healthcare – medication issues
- healthcare – clinical governance

Staff

- staffing levels

Choice

- care and treatment
- dignity and privacy
- activities

Communication

- between staff and service users/relatives/carers

Record keeping

- personal plans/agreements

Enforcements

Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services.

No enforcement action has been required to be taken in respect of the services reported upon either directly by the Care Inspectorate or by Dundee Health & Social Care Partnership.

CONTINUOUS IMPROVEMENT

Support Services

As part of the homelessness and substance misuse transformation programme, Housing First Dundee is an innovative programme that will work positively and proactively with those that have had difficulty in engaging with traditional housing and support services due to a variety of complex needs. It is an exciting opportunity to give participants hope and end the revolving door of homelessness. It is being delivered by a consortium of four Third Sector organisations (Transform Community Development, Dundee Survival Group, The Salvation Army and Addaction Scotland) with acknowledged support of Housing First Scotland Fund and the Care Inspectorate. Housing First is an internationally evidence-based approach, which uses independent, stable housing as a platform to enable individuals with multiple and complex needs to begin recovery and move away from homelessness.

British Red Cross have continued to test an Assessment at Home model for people who are in a hospital setting and there is uncertainty as to whether the person can return home. The project allows people to go home with a flexible care service delivered by British Red Cross that is appropriate to their needs including the provision of overnight care where this is required. Over a maximum 21 day period an assessment is undertaken to identify if the individual can safely remain at home as opposed to being admitted to long term care, which had been the identified pathway for the person when they were in hospital.

The test of change was extended during 2018-19 to include the provision of a flexible and responsive care at home service by British Red Cross to people who are identified by Dundee Health & Social Care Partnership's Enhanced Community Support/Dundee Enhanced Community Support Acute Services as requiring support to prevent a hospital admission as part of an ongoing assessment. The two year test of change has now come to an end and an evaluation is being undertaken with a view to procuring an ongoing service from a care at home provider.

Care at Home/Housing Support

Since 2017 the existing arrangements for overnight support provision to adults with either a Learning Disability and/or Autism, or experiencing mental health and wellbeing challenges who are supported by a range of Housing Support/Care at Home providers have been analysed in relation to the impacts of legislative changes and the new opportunities for improving people's independence through the use of technology. Based on the information gathered it was agreed that a Test of Change would be designed and implemented, this Test of Change would be the introduction of Specialist Overnight Support Service which would either complement existing waking night workers or meet the overnight needs of a number of people in a planned and informed way. In order to inform the design of the service a briefing and Q&A session was held for all providers within the agreed scope of the Test of Change this was followed by gathering views of individuals, families, staff teams and Care Managers to identify existing risks as part of a risk enablement process, this process also included identifying potential mitigations and actions required prior to the implementation of the Test of Change. These actions have all now been completed and we are now at the stage of considering the technology required to meet individual specific needs whilst also enabling and facilitating independent living.

CONCLUSION

Of the 53 inspections carried out in the 75 registered services listed in the Performance Report, the improvement in grades highlights the importance of the partnership approach between providers, local authority representatives and the Care Inspectorate and consequently leads to better outcomes for service users. There is also evidence in Appendix 1 to support the effort of services who have previously achieved good grades for continuing to maintain their high standard of performance.

Theme (Quality of ...)	Improvement in Grade	Number of Services	Reduction in Grade	Number of Services
Care and Support	9%	5	15%	8
Environment	-	-	2%	1
Staffing	13%	7	9%	5
Management & Leadership	9%	5	21%	11

**Environment is only applicable to 3 of the 53 inspections carried out*

June 2019

**DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP
CARE INSPECTORATE PERFORMANCE GRADINGS 2018-2019
DUNDEE REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES)**

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcements
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TENANCY SUPPORT

Bield Housing Association	Housing Support Dundee	Housing Support	Vol	18.12.18	5	n/a	5	(5)	No	No	No
Caledonia Housing Association Ltd	Caledonia Housing Support	Housing Support	Vol	Last inspected 28.03.17							
Dundee Survival Group		Housing Support	Vol	Last inspected 19.01.18							
Dundee Women's Aid		Housing Support	Vol	21.01.19	5	n/a	5	(6)	No	No	No
Hillcrest Housing Association	Tenancy Support & Warden	Housing Support	Vol	Last inspected 13.01.17							
Positive Steps (East)		Housing Support	Vol	Last inspected 13.12.17							
Salvation Army	Burnside Mill	Housing Support	Vol	24.04.18	5	n/a	5↑	(5)	No	No	No
Salvation Army	Strathmore Lodge	Housing Support	Vol	26.04.18	5	n/a	5	(5)	No	No	No

RESPITE

Dundee City Council	Mackinnon Centre	Respite Unit	DHSCP	01.11.18	5↓	5↓	(6)	(6)	No	Yes	No
Dundee City Council	White Top Centre	Respite Unit	DHSCP	16.10.18	6	(6)	(5)	6	No	No	No
Sense Scotland (Fleuchar Street)	Dundee Respite	Res / Short Breaks	Vol	06.08.18	6	(6)	(6)	5	No	No	No

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcements
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SUPPORT SERVICES – NOT CARE AT HOME

Alzheimer Scotland	Alzheimer Scotland – Action on Dementia	Support services – not care at home	Vol	Last inspected 17.03.16							
Bield Housing Association	Housing Support North & East	Support services – not care at home	Vol	De-registered 30.09.18							
Capability Scotland	Capability Scotland Dundee	Support services – not care at home	Vol	Last inspected 08.10.15							
Dundee City Council	Mackinnon Skills Centre	Support services – not care at home	DHSCP	Last inspected 07.03.16							
Dundee City Council	Oakland Centre	Support services – not care at home	DHSCP	Last inspected 28.09.16							
Dundee City Council	White Top Centre	Support services – not care at home	DHSCP	Last inspected 10.12.15							
Dundee City Council	Wellgate Day Support Service	Support services – not care at home	DHSCP	Last inspected 25.02.16							
Family Friends	Jean Drummond Day Centre	Support Service	Private	14.11.18	4	n/a	4	4↑	No	No	No
Gowrie Care Ltd	Dundee College Support	Support services – not care at home	Vol	Last inspected 12.11.15							

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcements
Jean Drummond Centre	Jean Dummond Day Centre	Support services – not care at home	Vol	Last inspected 19.01.18							
Mid-Lin Day Care Limited	Mid-Lin Day Care	Support services – not care at home	Vol	Last inspected 19.09.17							
Penumbra	Dundee Nova Project	Support services – not care at home	Vol	Last inspected 19.05.16							
Scottish Autism	Autism Outreach Service (Dundee)	Support services – not care at home	Vol	Last inspected 29.12.17							
Sense Scotland	Hillview Resource Centre	Support services – not care at home	Vol	Last inspected 25.04.17							

SUPPORT SERVICES – WITH CARE AT HOME

Acasa Care Ltd		Support services – care at home	Private	20.02.19	5	n/a	5	(5)	No	Yes *15.03.18	No
Nestor Primecare Services Ltd t/a Allied Healthcare	Allied Healthcare (Dundee)	Housing Support – care at home	Private	06.04.18	4	n/a	(5)	3↓	Yes	Yes	No
De-registered 20.12.18											
Allied Health – Services Ltd	Allied Health – Services Dundee	Support services – care at home	Private	New registration 21.12.18							

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcements
Avenue Scotland Ltd	Avenue Care Services Ltd	Housing Support – care at home	Private	De-registered 08.08.18							
Avenue Care Services Ltd	Avenue Care Services – Perth/Dundee	Support services – care at home	Private	New registration – 09.08.18					No	Yes	No
Bield Housing & Care	Dundee Housing with Care	Support services – care at home	Vol	18.12.18	5	n/a	5	(5)	No	No	No
Blackwood Homes and Care	Blackwood Care – Tayside Services Housing Support	Support services – care at home	Vol	29.06.18	3	n/a	4↑	3	Yes	Yes	No
British Red Cross	British Red Cross Support at Home	Housing support service – care at home	Vol	23.05.18	4	n/a	(4)	3	Yes	Yes *20.03.18	No
Caledonia Housing Association Ltd	Caledonia Care at Home Service	Support services – care at home	Vol	07.12.19	3↓	n/a	3	3↓	Yes	No	No
Capability Scotland	Community Living and Family Support Services (Dundee)	Support services – care at home	Vol	23.04.18	5	n/a	(5)	5	No	No	No
Crossroads Caring Scotland	Crossroads Caring Scotland - Dundee	Support services – care at home	Vol	07.02.19	5↑	n/a	4↑	4	No	Yes	No

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcements
Dundee City Council	Homecare Social Care Response Service	Care at Home and Housing Support	DHSCP	19.10.18	5	n/a	(5)	5	No	No	No
Dundee City Council	Care at Home City Wide	Care at Home and Housing Support	DHSCP	17.12.18	5	n/a	5	(5)	No	No	No
Dundee City Council	Home Care Enablement and Support & Community MH Older People Team	Care at Housing and Housing Support	DHSCP	23.01.19	5	n/a	5	(5)	No	No	No
Elite Care (Scotland) Ltd	Housing Support Service	Care at Home and Housing Support	Private	13.07.18	5	n/a	5	(4)	No	Yes	No
Elite Care (Scotland) Ltd	Dundee, Perth and Angus	Housing Support	Private	Additional new registration – 06.11.18 (Dundee service only)					No	Yes	No
Gowrie Care Ltd	Gowrie Homecare	Support service – care at home	Vol	05.11.18	4	n/a	(4)	4	No	No	No
The Inclusion Group (Dundee)	The Inclusion Group	Support Services – care at home	Vol	10.01.19 follow up	(3)	n/a	(2)	(2)	Yes	No	No
				05.07.18	3↓	n/a	2↓	2↓	Yes	No	No
Mochridhe Limited	Mochridhe Dundee and Angus	Care at home/ housing support	Private	22.06.18	4	n/a	4	4	No	No	No

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcements
My Care Tayside		Housing support service – care at home	Private	21.03.19	5	n/a	5	5	No	Yes	No
My Homecare (Dundee) Ltd		Support service	Private	18.05.18	4↑	n/a	3↑	3↑	Yes	No	No
Scottish Association for Mental Health	Dundee Specialist Mental Health Outreach	Care at home/ housing support	Vol	05.11.18	5	n/a	5	(5)	No	No	No
Tus Nua Care Services Ltd		Housing Support service	Private	24.01.19	5↓	n/a	5	(6)	No	No	No
TLA Neighbourhood Service Limited	TLA Neighbourhood Services	Housing Support Service	Private	16.11.18	4	n/a	4	4	No	No	No

CARE AT HOME / HOUSING SUPPORT (COMBINED)

Balfield Properties t/a Westlands	Westlands	Care at Home/ Housing Support	Private	27.04.18	6	n/a	5 ↓	6	No	No	No
Caalcare Limited	Rose Lodge	Care at Home/ Housing Support	Private	23.04.18	6	n/a	(6)	6	No	No	No
Carr Gomm	Support Services 2	Care at Home/ Housing Support	Vol	07.02.19	4↓	n/a	3↓	(4)	Yes	No	No
Cornerstone	Dundee and Angus Services	Care at Home/ Housing Support	Vol	16.01.19	4	n/a	4	3↓	Yes	No	No

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcements
Dudhope Villa	Dudhope Villa and Sister Properties	Care at Home/ Housing Support	Private	01.11.18	4↑	n/a	4↑	4↑	No	No	No
Dundee City Council	Dundee Community Living	Care at Home/ Housing Support	DHSCP	28.09.18	6	n/a	(6)	6	No	No	No
Dundee City Council	Supported Living Team	Care at Home/ Housing Support	DHSCP	19.11.18	5↓	n/a	(6)	5↓	No	No	No
Dundee City Council	Weavers Burn	Care at Home/ Housing Support	DHSCP	11.07.17	5↑	n/a	5↑	5↑	No	Yes	No
Gowrie Care Ltd	Dundee Central	Care at Home/ Housing Support	Vol	Last inspected 16.06.17							
Gowrie Care Ltd	Dundee East	Care at Home/ Housing Support	Vol	19.09.18	6	n/a	(6)	5↓	No	No	No
Gowrie Care Ltd	Dundee North	Care at Home/ Housing Support	Vol	13.09.18	5↓	n/a	(6)	5↓	No	No	No
Gowrie Care Ltd	Dundee West	Care at Home/ Housing Support	Vol	10.05.18	5	n/a	5	(4)	No	No	No

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcements
Gowrie Care Ltd	Tayside South Services (as of Jan 2018 - formerly Homeless Services)	Care at Home/ Housing Support	Vol	12.04.18	5↑	n/a	(5)	5↑	No	No	No
Gowrie Care Ltd	Tayside East Services	Care at Home/ Housing Support	Vol	25.05.18	5	n/a	5↓	(5)	No	No	No
The Jericho Benedictine Society	Jericho Society Dundee	Housing Support	Vol	07.11.18	5	n/a	(5)	5↑	No	No	No
Priority Care Limited	Magdalen House	Care at Home/ Housing Support	Private	07.03.19 follow up	(3)	n/a	(3)	(3)	No	No	No
				24.09.18	3	n/a	3	3	No	No	No
The Richmond Fellowship Scotland Ltd	Dundee Services	Care at Home/ Housing Support	Vol	12.09.18	6	n/a	5	n/a	No	No	No
Sense Scotland	Supported Living: Dundee 1 & surrounding areas	Care at Home/ Housing Support	Vol	06.09.18	5	n/a	5	4	No	No	No
Sense Scotland	Supported Living Dundee 2 & surrounding areas	Care at Home/ Housing Support	Vol	05.09.18	5	n/a	5	5↑	No	No	No
Sense Scotland	Supported Living Dundee 3 & surrounding areas	Care at Home/ Housing Support	Vol	24.08.18	5	n/a	4	5↑	No	No	No

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcements
Scottish Autism	Tayside Housing Support & Outreach Service	Support Services – Care at Home	Vol	03.02.18	5	n/a	5	(5)	No	No	No
Transform Community Development		Housing Support Service	Vol	06.06.18	4↑	n/a	4↑	4↑	No	No	No
Turning Point Scotland	Dundee	Housing Support Service – Care at Home	Vol	03.10.18	5	n/a	(6)	6	No	No	No
Turning Point Scotland	Angus	Housing Support Service – Care at Home	Vol	25.05.18	5	n/a	5	5	No	No	No

KEY:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

- ↑ signifies that the grade has improved since the previous inspection
↓ signifies that the grade has fallen since the previous inspection
no arrow signifies the grade has stayed the same grade
where there is no grade this signifies that the theme was not inspected

Date of Inspection	Name of Org/Service	Service Type	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
06.04.18	Allied Healthcare (Dundee)	Housing support – care at home	4	n/a	5	3↓
Requirements (2) The manager must ensure that support plans are reviewed at least once in every six month period, when there is a significant change in a service users health, welfare or safety needs or when requested by the service user or any representative. The provider must take steps to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, may carry out work in the care service in a post for which such registration is required.						
29.06.18	Blackwood Care – Tayside Services Housing Support	Support services – care at home	3	n/a	4↑	3
Requirements (1) The service should ensure that where a person has a scheduled visit there are effective systems to ensure that this takes place and that if a visit is missed the service knows about it quickly and can take steps to ensure that person is safe and supported.						
23.05.18	British Red Cross Support at Home	Housing support service – care at home	4	n/a	(4)	3
Requirements (1) In order to ensure that all staff who are required to be registered with the Scottish Social Services Council (SSSC) or other regulatory body do so by the defined dates, the provider must ensure that they have a robust system to ensure that they are complying with the law.						
07.02.19	Caledonia Care at Home Service	Support services – care at home	3↓	n/a	3	3↓
Requirements (3) In order to ensure that personal plans contain all the necessary information to guide care and are reviewed regularly the provider must: <ul style="list-style-type: none"> - Put in place a system of regular audit and overview; - Ensure that the above system facilitates the process of identifying and addressing errors and omissions with the plans; - Ensure that the information held within the plans is sufficient to safely guide care; - Ensure that plans are reviewed and updated as people's needs change and/or at least every six months. In order to ensure that all staff are safely recruited the provider must implement their existing recruitment policy, ensuring that both Protecting Vulnerable Groups (PVG) documentation and references are received prior to the commencement of work with vulnerable people. In order to ensure that tenant's human rights are central to the organisation that supports and cares for them the provider must: <ul style="list-style-type: none"> - Compile and implement a policy on the use of restraint, in accordance with the Mental Welfare Commission guidance (Rights, Risk and Limits to Freedom 2013): 						

- Ensure that clear guidance is available in tenant's personal plans where there is need for staff to intervene to protect safety.

05.07.18	The Inclusion Group	Support services – care at home	3↓	n/a	2↓	2↓
<p>Requirements (6)</p> <p>In order to ensure that the service can meet peoples' needs, the provider must ensure that people who use the service have a personal plan within 28 days of the date that the service user first received the service. The plan must describe how the service will meet the persons' health, welfare and safety needs.</p> <p>In order to ensure that people are safe, the provider must further develop service users' risk assessments to ensure appropriate strategies to minimise the likelihood of any identified risk occurring had been put in place.</p> <p>In order to ensure that staff are suitably qualified and receive appropriate training to ensure they can deliver service users' care in a safe, respectful and supportive manner. The provider must:</p> <ul style="list-style-type: none"> - Demonstrate that all staff receive appropriate training to carry out the work they are to perform; - Implement a written action plan to meet the training needs identified - Ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary. <p>(this requirement not met at follow up visit on 19 January 2019)</p> <p>In order to ensure that staff are recruited in a robust manner the provider should ensure recruitment practice reflects current legislation and best practice in Scotland.</p> <p>The provider must take steps to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, may carry out work in the care service in a post for which such registration is required.</p> <p>(this requirement not met at follow up visit on 19 January 2019)</p> <p>In order to ensure ongoing service improvements, the provider must make proper provision for the health and welfare of service users by ensuring that they have appropriate quality assurance systems in place.</p> <p>(this requirement not met at follow up visit on 19 January 2019)</p>						

18.05.18	My Homecare (Dundee) Ltd	Support Service	4↑	n/a	3↑	3↑
<p>Requirements (1)</p> <p>The provider must ensure all staff working in the service receive appropriate training which will equip them with the necessary skills and competencies required to meet the care and support of all service users. The provider must ensure newly recruited staff are given a comprehensive induction and are supported by appropriate and experienced staff until they are deemed competent.</p>						

07.02.19	Carr Gomm	Care at Home/ Housing Support	4↓	n/a	3↓	4
<p>Requirements (2)</p> <p>In order to ensure that people supported are receiving the correct medication to maintain their health and wellbeing by 31 March 2019 the provider must ensure that:</p> <ul style="list-style-type: none"> - Medication administration is prioritised by staff at busy times on shift; - Medication administration sheets (MAR) are appropriate to enable clear and effective recording; - Medication is given correctly and at the correct time, as prescribed; - Staff receive guidance on how to respond to and record medication errors. <p>In order to ensure that people supported are treated with dignity and respect whilst their wellbeing is maintained upon receipt of this report, the provider must ensure that:</p> <ul style="list-style-type: none"> - The service's Adult Support and Protection policy is followed at all times; - Staff are supported to respond to stress and distress using best practice. 						

16.01.19	Cornerstone Dundee and Angus Services	Care at Home/ Housing Support	4	n/a	4↓	3↓
Requirements (1) The provider must take steps to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, may carry out work in the care service in a post for which such registration is required by 19 July 2018.						

Legend:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

() this signifies that the theme was not assessed at this inspection therefore grade brought forward from previous inspection



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2019

REPORT ON: CARE INSPECTORATE GRADINGS DUNDEE REGISTERED CARE HOMES FOR ADULTS – 2018/2019

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC26-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults in Dundee for the period 1 April 2018 to 31 March 2019.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of this report and the gradings awarded as detailed in the attached Performance Report (Appendix A) and highlighted in section 4.2 below.
- 2.2 Notes the range of continuous improvement activities progressed during 2018-19 as described in section 4.3.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensure that care service providers meet the new Health and Social Care Standards which came into effect in April 2018. The Care Inspectorate use a six point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at www.careinspectorate.com.
- 4.1.2 From July 2018 the Care Inspectorate introduced a new framework for inspection of care homes for older people. It has been specifically designed for use in self-evaluation, inspection and improvement support and draws heavily on the new Health and Social Care Standards. It uses a series of key questions and quality indicators to help prompt reflection on how the rights and wellbeing of people who use care are protected and improved, from strategic commissioning to the actual experience of using services.
- 4.1.3 During the earlier part of 2018-2019 there were approximately 1050 residents accommodated in 25 private and voluntary care homes and 96 residents accommodated in four local authority care homes in Dundee. However, in November 2018 the contract for Helenslea Care Home between Dundee City Council and

Bertinaley Care Ltd was terminated reducing the number of private and voluntary care homes to 24.

4.2 Gradings Awarded

4.2.1 Within the 29 registered care homes listed in the Performance Report, 32 inspections were undertaken.

4.2.2 Of the 32 inspections undertaken:

- 29 (90%) received grades **4** 'good', **5** 'very good' or **6** 'excellent' in some or all themes
- 8 (25%) received grade **3** 'adequate' in some or all themes
- 4 (13%) received grade **2** 'weak' in some or all themes
- No care home received a grade **1** 'unsatisfactory' in any theme.

4.2.3 Helenslea Care Home, owned by Bertinaley Care, had over a period of time experienced difficulties sustaining acceptable grades owing particularly to management and leadership and environmental issues. Despite staff from the Care Inspectorate and Dundee Health and Social Care Partnership working very closely with the home's management team, the decision was taken to terminate the contract between Bertinaley Care Ltd and Dundee City Council. All residents funded by the Health and Social Care Partnership chose to move to an alternative provider.

4.2.4 Ballumbie Care Home, owned by HC-One Limited, had a poor inspection outcome in November 2018. A series of contract meetings were held between the management of HC-One and Dundee Health and Social Care Partnership. There was no moratorium placed on admissions to the care home as immediate improvement was evidenced and an action plan was submitted and monitored. At the time of this writing, a further inspection has taken place (31 May 2019) which has reflected considerable improvement in all themes.

4.2.5 Linlathen Neurodisability Centre was purchased by Living Ambitions Ltd (part of the Lifeways Group) in July 2017. Following a change in management personnel in early 2018, there followed a period of transition and temporary management positions. These management and leadership issues resulted in a number of complaints and incidents which led to a Large Scale Investigation in December 2018. As a result there was a moratorium placed on admissions to the Home. Considerable support has been made available by Dundee Health and Social Care staff and Care Inspectorate colleagues. A marked improvement in service provision has been evidenced and the moratorium has since been lifted with a reduced admissions policy being implemented at this time. The LSI process still continues supported by formal contract monitoring to ensure improvement is ongoing and sustained.

4.2.6 Table 1 below shows the overall percentage awarded at grades 1 to 6 and also each key theme in Dundee in 2018-19 and how this compares with Table 2 which is the same data collected from the previous year 2017-18. Table 3 illustrates the same results as Table 1 however collated under the new method of inspection therefore cannot be compared to previous year results.

Table 1 – Former Inspection Method 2018-19

Grade 2018-19	Overall	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
6 excellent	6% ↑	8%	-	8%	8%
5 very good	31% ↓	25%	50%	33%	17%
4 good	52% ↑	59%	42%	42%	67%
3 adequate	11% ↓	8%	8%	17%	8%
2 weak	- ↓	-	-	-	-
1 unsatisfactory	- ↓	-	-	-	-

Table 2 – Former Inspection Method 2017-18

Grade 2017-18	Overall	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
6 excellent	2% ↓	3%	3%	-	-
5 very good	40% ↑	35%	41%	51%	35%
4 good	31% ↑	31%	38%	22%	32%
3 adequate	20% ↓	22%	12%	22%	23%
2 weak	7% ↓	9%	6%	3%	10%
1 unsatisfactory	- ↓	-	-	-	-

Table 3 – New Inspection Method

Grade 2018-19	Overall	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning
6 excellent	-	-	-	-	-	-
5 very good	13%	25%	17%	-	-	5%
4 good	52%	45%	17%	40%	60%	70%
3 adequate	14%	10%	17%	20%	20%	15%
2 weak	21%	20%	49%	40%	20%	10%
1 unsatisfactory	-	-	-	-	-	-

4.3 Continuous Improvement

- 4.3.1 There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves the care home providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring of this until concerns have been adequately addressed.

- 4.3.2 A Social Care Contracts Officer attends Care Inspectorate feedback sessions following care home inspection visits. Residents' care needs are supported, monitored and reviewed by the Care Home Team. The team's focus is to provide a single point of contact to deliver a dedicated service specific to care homes. The Team utilises a holistic care approach to ensure the right discipline at the right time can tailor intervention to individual need. The team continues to work closely with colleagues in primary care in developing advanced clinical skills to support GPs by providing comprehensive nursing assessments to assist with increasing clinical demand.

4.3.3 Care Home Providers Forum

The care home providers forum is a meeting which takes place quarterly. The forum is attended by representatives from care homes across the city as well as members of the integrated care home team and a variety of professionals from Dundee Health & Social Care Partnership. The Care Inspectorate are also in attendance. The forum creates the opportunity for all present to discuss topical issues as well as hearing from a variety of speakers

4.3.4 Care Home Capacity

The number of individuals residing in care homes for older people in Dundee has reduced in previous years. This is in the main due to the closure of 3 residential homes within the past two years. There has also been planned unit closures within local authority owned care homes further resulting in a reduced capacity. This equates to an approximate 10% reduction in the overall capacity across the city which has increased demand for the small number of vacancies which arise. In addition this limits choice for those moving into a care home. This reduction is however mitigated by an increase in housing with care in line with Government policy and shifting the balance of care through the development of a range of community based services and support models.

4.3.5 Challenges in the Care Home Sector

Recruitment and retention, particularly of nursing staff, continues to be an issue in the care home sector both locally and nationally. As the Care Inspectorate no longer issue Staffing Schedules to care homes outlining their minimum staffing levels, care home managers are attempting to alleviate their recruitment issues by re-designing senior care staff roles to undertake some nursing tasks i.e. administering medication.

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

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

7.0 CONSULTATIONS

The Chief Officer, the Clerk, Head of Service - Health and Community Care and Chief Social Work Officer were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 September 2019

Rosalind Guild
Social Care Contracts Officer



APPENDIX A

PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

DUNDEE REGISTERED CARE HOMES FOR ADULTS

1 APRIL 2018 – 31 MARCH 2019

INTRODUCTION

The purpose of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered care home services for adults within Dundee for the period 1 April 2018 to 31 March 2019.

BACKGROUND

The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. It also works with providers to help them improve their service and make sure everyone gets safe, high quality care that meets their needs. The Care Inspectorate has a critical part to play to make sure that care services in Scotland provide good experiences and outcomes for the people who use them and their carers.

The new Health and Social Care Standards came into effect in April 2018. The new Standards replace the National Care Standards and are now relevant across all health and social care provision. They are no longer just focused on regulated care settings, but for use in social care, early learning and childcare, children's services, social work, health provision and community justice. They seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The Standards are underpinned by five principles; dignity and respect, compassion, be included, responsive care and support and wellbeing.

The headline outcomes are:

- I experience high quality care and support that is right for me
- I am fully involved in all decisions about my care and support
- I have confidence in the people who support and care for me
- I have confidence in the organisation providing my care and support
- I experience a high quality environment if the organisation provides the premises.

The method of inspecting services has also changed. Rather than just checking that a service is complying with basic inputs for all individuals, inspections are to look at what it is like to actually use the service. Inspectors from different scrutiny bodies now also work jointly to look at how individuals experience a range of services within the care system. More integrated standards, which look at how the rights and wellbeing of people who use care are protected and improved, from strategic commissioning to the actual experience of using services, should provide a more effective and relevant model of scrutiny fit for the future.

From July 2018 the Care Inspectorate introduced a new framework for inspection of care homes for older people and as you can see from Appendix A a number of care homes have already been inspected using this framework. It has been specifically designed for use in self-evaluation, inspection and improvement support and draws heavily on the new Health and Social Care Standards.

It uses a series of key questions and quality indicators to help prompt reflection on the quality of care provided. It provides illustrations of what the Care Inspectorate believe constitute 'very good' and 'weak' care and support in relation to each quality indicator, relevant to care homes for older people. The framework still evaluates quality using the existing six point scale from unsatisfactory to excellent and reports continue to be published. More details on the framework can be found in '[A quality framework for care homes for older people](#)' published by the Care Inspectorate.

Below is the former and new themes for which care homes have been inspected during 2018-19. The Care Inspectorate continue to inspect using a six-point grading scale (see below) against which the following key themes are graded:

Previous Inspection Method



Each theme is assessed from 1 to 6 with 1 being 'unsatisfactory' and 6 'excellent'.

- **Quality of Care and Support**
How the service meets the needs of each individual in its care
- **Quality of Environment**
Is the service clean, is it set out appropriately, is there easy access for individuals who use wheelchairs, is it safe, and is there a welcoming, friendly atmosphere?
- **Quality of Staffing**
The quality of the care staff including qualifications and training
- **Quality of Management and Leadership**
How the service is managed and how it develops to meet the needs of people it cares for

New Inspection Method



Each theme is assessed from 1 to 6 with 1 being 'unsatisfactory' and 6 'excellent'.

- **How well do we support people's wellbeing?**
- **How good is our leadership?**
- **How good is our staff team?**
- **How good is our setting?**
- **How well is our care and support planned?**

The grading scale used is:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

OVERVIEW OF THE CARE HOMES INSPECTED

There are 29 care homes in Dundee which provide care and support to:

- older people
- people with learning disabilities
- people with physical disabilities
- people with mental health difficulties.

This number reduced to 28 care homes in November 2018 when the contract between Dundee City Council and Bertinaley Care Ltd was withdrawn resulting in the 14 residents who lived in Helenslea Care Home moving to alternative care home placements.

A total of 32 inspections were carried out by the Care Inspectorate during the reporting period 2018-2019.

Where there are performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit is arranged. This can result in further action being taken or grades being amended. Inspection visits can also be carried out if complaints are made against a service.

Who provides care home services for adults in Dundee?

Table 1 shows which sectors provide care home services for adults in Dundee:

Table 1

Care Home Service	Data	Local Authority	Private	Voluntary	Total
DUNDEE	No of Services	4	23	2	29
	%	14%	79%	7%	100%

Summary of the gradings awarded in Dundee

Of the 32 inspections undertaken:

- 29 (90%) received grades **4** 'good', **5** 'very good' or **6** 'excellent' in some or all themes
- 8 (25%) received grade **3** 'adequate' in some or all themes
- 4 (13%) received grade **2** 'weak' in some or all themes
- No care home received a grade **1** 'unsatisfactory' in any theme

Helenslea Care Home, owned by Bertinaley Care, had over a period of time experienced difficulties sustaining acceptable grades owing particularly to management and leadership and environmental issues. Despite staff from the Care Inspectorate and Dundee Health and Social Care Partnership working very closely with the home's management team, the decision was taken to terminate the contract between Bertinaley Care Ltd and Dundee City Council. All residents funded by the Health and Social Care Partnership chose to move to an alternative provider.

Ballumbie Care Home, owned by HC-One Limited, had a poor inspection outcome in November 2018. A series of contract meetings were held between the management of HC-One and Dundee Health and Social Care Partnership. There was no moratorium placed on admissions to the care home as immediate improvement was evidenced and an action plan was submitted and monitored. At the time of this writing, a further inspection has taken place (31 May 2019) which has reflected considerable improvement in all themes.

Linlathen Neurodisability Centre was purchased by Living Ambitions Ltd (part of the Lifeways Group) in July 2017. Following a change in management personnel in early 2018, there followed a period of transition and temporary management positions. These management and leadership issues resulted in a number of complaints and incidents which led to a Large Scale Investigation in December 2018. As a result there was a moratorium placed on admissions to the Home. Considerable support has been made available by Dundee Health and Social Care staff and Care Inspectorate colleagues. A marked improvement in service provision has been evidenced and the moratorium has since been lifted with a reduced admissions policy being implemented at this time. The LSI process still continues supported by formal contract monitoring to ensure improvement is ongoing and sustained.

Table 2 below shows the overall percentage awarded at grades 1 to 6 and also each key theme in Dundee in 2018-19 and how this compares with Table 3 which is the same data collected from the previous year 2017-18. Table 4 illustrates the same results as Table 2 however collated under the new method of inspection therefore cannot be compared to previous year results.

Table 2 – Former Inspection Method 2018-19







Grade 2018-19	Overall	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
6 excellent	6% 	8%	-	8%	8%
5 very good	31% 	25%	50%	33%	17%
4 good	52% 	59%	42%	42%	67%
3 adequate	11% 	8%	8%	17%	8%
2 weak	- 	-	-	-	-
1 unsatisfactory	- 	-	-	-	-

Table 3 – Former Inspection Method 2017-18

Grade 2017-18	Overall	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
6 excellent	2%	3%	3%	-	-
5 very good	40%	35%	41%	51%	35%
4 good	31%	31%	38%	22%	32%
3 adequate	20%	22%	12%	22%	23%
2 weak	7%	9%	6%	3%	10%
1 unsatisfactory	-	-	-	-	-

Table 4 – New Inspection Method 2018-19

Grade 2018-19	Overall	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning
6 excellent	-	-	-	-	-	-
5 very good	13%	25%	17%	-	-	5%
4 good	52%	45%	17%	40%	60%	70%
3 adequate	14%	10%	17%	20%	20%	15%
2 weak	21%	20%	49%	40%	20%	10%
1 unsatisfactory	-	-	-	-	-	-

Table 2 above illustrates improvement in grades **4** 'good', **5** 'very good' and **6** 'excellent' when compared with Table 3 2017-18. The new inspection methodology undertaken in a number of care homes since July 2018 does highlight a considerable increase in grade **2** 'weak' and a reduction in grade **5** 'very good' being awarded. The inspection criteria under the new framework meant only services deemed to be high risk were assessed fully and those who only had up to 2 key questions assessed did not have their previous grades taken into consideration as in previous years. This does not therefore capture all relevant grades.

The following are extracts from questionnaires distributed by the Care Inspectorate and thereafter published in the Inspection Report:

Balcarres (HC-One Limited)

(Grade **6** 'excellent' for key themes inspected - Quality of Care & Support, Quality of Staffing and Quality of Management and Leadership; grade **5** 'very good' for Quality of Environment)

What people told us

- I like living here
- Doesn't feel like a care home, more like a hotel
- Made to feel really welcome
- Plenty of staff
- Never heard a word against the manager
- I am happy in the knowledge that Balcarres staff take great care of my relative
- I have nothing but praise for the overall care at Balcarres
- They do a lot for the relative, which is good
- Excellent care and excellent management structure. Feel all good care is filtered down from top management to all workers

Harestane (Priority Care Group Limited)

(All themes grade **5** 'very good')

What people told us**Residents**

- It is actually like living at home
- The care is good
- The staff are great, I was out in the garden this morning
- The food is good, always a choice of two things at night
- They look after us well, I'm happy
- We are well looked after. If I was going on holiday, I would come here
- I have been in quite a few places, this is the best, very well looked after

Relatives/friends

- Manager shows strong leadership and leads by example
- Staff all appear very capable
- We are very happy with all aspects of Harestane Care Home
- My relative has a named nurse and you couldn't ask for a more caring nurse, nothing is a problem for her, she really cares for her residents
- The staff are always willing to listen and are cheerful and helpful
- I have no complaints about my relatives care

Staff

- Priority are a good company who looks after their staff and the manager is second to none
- I enjoyed working here, all the staff are helpful and the manager of the home will go out of her way to help anybody
- The manager lives and breathes for her clients, could not have a more dedicated member of staff
- I feel very supported in my job role and all my training needs are met. I can identify training that would be beneficial and the training is always scheduled
- I feel very supported and have become more confident over the past two years. I can always go to the managers for any support.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

Requirements were placed on 8 of the 29 services following inspection during 2018-19 (see Appendix 2).

Complaints

A complaint is an expression of dissatisfaction by about a registered care service's action or lack of action, or about the standard of service provided by or on behalf of a registered care service'. Following investigation, a decision will be made by the Care Inspectorate whether the complaint is upheld or not upheld.

During 2018-19 the Care Inspectorate received complaints relating to 9 of the 29 care home services in Dundee. Of these, all were upheld or at least one of the elements upheld. One complaint resulted in the care home having their grade reduced for Quality of Staffing.

General health and welfare

- continence care
- medication issues
- tissue viability
- infection control issues
- protection of people - other

Communication

- between staff and service users/relatives/carers
- information about the service
- privacy and dignity

Policies and Procedures

- complaints procedure

Record keeping

- personal plans/agreements

Staff

- staffing levels

Choice

- care and treatment

Food

- choice

Access

- to other services eg Advocacy/Health

Enforcements

Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services.

No enforcement action has been required to be taken in respect of the services reported upon either directly by the Care Inspectorate or by Dundee Health & Social Care Partnership.

CONTINUOUS IMPROVEMENT

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves the care home providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring of this until concerns have been adequately addressed.

A Social Care Contracts Officer attends Care Inspectorate feedback sessions following care home inspection visits. Residents' care needs are supported, monitored and reviewed by the Care Home Team. The team's focus is to provide a single point of contact to deliver a dedicated service specific to care homes. The Team utilises a holistic care approach to ensure the right discipline at the right time can tailor intervention to individual need. The team continues to work closely with colleagues in primary care in developing advanced clinical skills to support GPs by providing comprehensive nursing assessments to assist with increasing clinical demand.

Care Home Providers Forum

The care home providers forum is a meeting which takes place quarterly. The forum is attended by representatives from care homes across the city as well as members of the integrated care home team and a variety of professionals from Dundee Health & Social Care Partnership. The Care Inspectorate are also in attendance. The forum creates the opportunity for all present to discuss topical issues as well as hearing from a variety of speakers

Care Home Capacity

The number of individuals residing in care homes for older people in Dundee has reduced in previous years. This is in the main due to the closure of 3 residential homes within the past two years. There has also been planned unit closures within local authority owned care homes further resulting in a reduced capacity. This equates to an approximate 10% reduction in the overall capacity across the city which has increased demand for the small number of vacancies which arise. In addition this limits choice for those moving into a care. This reduction is however mitigated by an increase in housing with care in line with Government policy and shifting the balance of care through the development of a range of community based services and support models.

Challenges in the care home sector

Recruitment and retention, particularly of nursing staff, continues to be an issue in the care home sector both locally and nationally. As the Care Inspectorate no longer issue Staffing Schedules to care homes outlining their minimum staffing levels, care home managers are attempting to alleviate their recruitment issues by re-designing senior care staff roles to undertake some nursing tasks ie administering medication.

CONCLUSION

Of the 32 inspections of the 29 care homes listed in the Performance Report, the improvement in grades highlights the importance of the partnership approach between providers, local authority representatives and the Care Inspectorate and consequently leads to better outcomes for service users. Owing to the old and new methodology adopted by the Care Inspectorate during 2018-19 this can only be ascertained for 12 inspections within 11 care homes.

Theme (Quality of ...)	Improvement in Grade	Number of Homes	Reduction in Grade	Number of Homes
Care and Support	50%	6	8%	1%
Environment	25%	3	-	-
Staffing	33%	4	11%	17%
Management & Leadership	25%	3	-	-

June 2019

Summary of Care Inspectorate Gradings for Care Homes in Dundee - 1 April 2018 to 31 March 2019

	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care & Support		Quality of Environment		Quality of Staffing		Quality of Management and Leadership	Requirements	Complaints
Balcarres HC-One Oval Limited	P	19.06.18	6		5		6		6	No	No
Bridge View House Tayside Care Limited	P	13.07.18	4↑		5↑		4↑		4↑	No	Yes
Elder Lea Manor (formerly Bughties) Enhance Healthcare Ltd	P	16.01.19	(4)		(4)		3↓		(4)	No	Yes - Regraded
Elder Lea Manor (formerly Bughties) Enhance Healthcare Ltd	P	09.05.18	4↑		4↑		4↑		4↑	Yes	No
Ellen Mhor Oakview Estates Limited	P	19.10.18	4↓		(5)		4↓		(4)	Yes	No
Harestane Priority Care Group Limited	P	15.05.18	5		(5)		(5)		5	No	No
Helenslea Bertinaley Care Limited	P	03.07.18	3↑		3↑		3↑		3↑	Yes	Yes
Orchar Nursing Home Orchar Care Ltd	P	02.05.18	5		(5)		5		(5)	No	No
Pitkerro Care Centre Hudson Healthcare Ltd	P	03.07.18	4↑		4		4↑		4	No	Yes
Redwood House Kennedy Care Group	P	10.04.18	5↑		(4)		(5)		4	No	No
Riverside View HC-One Limited	P	18.07.18	4↑		(5)		5		(4)	No	Yes
Thistle Care Home Oakview Estates Limited	P	02.07.18	4		(4)		(4)		(4)	No	Yes

	Category LA/ Private/ Vol	Inspection Date	People's Wellbeing		Leadership		Staff Team		Setting		Care & Support Planning	Requirements	Complaints
Balhousie Clement Park Balhousie Care Limited	P	01.10.18	4		n/a		n/a		n/a		4	No	No
Balhousie St Ronan's Balhousie Care Limited	P	24.10.18	4		n/a		n/a		n/a		4	No	No
Ballumbie Court HC-One Limited	P	30.11.18	2		2		3		4		2	Yes	Yes
Benvie Duncare Ltd	P	21.01.19	5		n/a		n/a		n/a		4	No	No
Carmichael House Kennedy Care Group	P	29.01.19	4		n/a		n/a		n/a		4	No	No
Craigie House Dundee City Council	LA	22.11.18	5		n/a		n/a		n/a		4	No	No
Ferry House Residential Home Ferry House Cttee of Management	V	20.04.18	5		n/a		n/a		n/a		4	No	No
Forebank Forebank Ltd	P	11.12.18	4		n/a		n/a		n/a		4	No	No
Helenslea Bertinaley Care Ltd	P	23.08.18	2		2		2		n/a		2	Yes	No
	Contract Terminated November 2018												
Janet Brougham House Dundee City Council	LA	19.09.18	5		n/a		n/a		n/a		4	No	No

Legend:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory



signifies that the grade has improved since the previous inspection



signifies that the grade has fallen since the previous inspection

no arrow signifies the grade has stayed the same grade

() signifies theme was not assessed at this inspection therefore the grade is brought forward from previous inspection

Linlathen Neurodisability Centre Living Ambitions Ltd	P	18.10.18	2		2		2		2		3	Yes	Yes
Lochleven Care Home Thistle Healthcare Limited	P	25.10.18	5		n/a		n/a		n/a		5	No	Yes
Menzieshill House Dundee City Council	LA	07.03.19	(3)		n/a		n/a		n/a		(4)	No	No
Menzieshill House Dundee City Council	LA	26.09.18	3		n/a		n/a		n/a		4	No	No
McGonagall House Rosebank (Dundee) Limited	P	24.01.19	2		3		4		4		3	Yes	No
Moyness Nursing Home Balhousie Care Limited	P	16.11.18	4		n/a		n/a		n/a		4	No	No
Rose House Kennedy Care Group	P	30.07.18	4		5		n/a		n/a		4	No	No
St Columba's Care Home Priority Care Group Limited	P	18.10.18	4		n/a		n/a		4		4	No	No
St Margaret's Home – Dundee Trustees of St Margaret's Home	V	09.10.18	4		4		4		3		3	Yes	No
Turriff House Dundee City Council	LA	11.12.18	4		n/a		n/a		n/a		4	No	No

Legend:

6	excellent
5	very good
4	good
3	adequate
2	weak
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signifies that the grade has improved since the previous inspection



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no arrow signifies the grade has stayed the same grade

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Appendix 2

Date of Inspection	Name of Org/Service	Service Type	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
09.05.18	Elder Lea Manor (formerly The Bughties)	Care Home – Private	4↑	4↑	4↑	4↑
Requirements (1) The service must make proper provision for the health, welfare and safety of service users. The service should meet the conditions of registration to carry out improvements as agreed with the care inspectorate.						
19.10.18	Ellen Mhor	Care Home – Private	4↓	(5)	4↓	(4)
Requirements (2) The service should ensure that the recording and administration of medication is monitored and audited to minimise errors and ensure that records are accurate and complete. Staff should have practice observed, at regular intervals, to assist in this process. A robust medication management process should be in place by 31 December 2018. The service should ensure that it notifies the Care Inspectorate, and other agencies as necessary, when incidents and occurrences demand it.						
03.07.18	Helenslea	Care Home – Private	3↑	3↑	3↑	3↑
Requirements (2) In order to ensure that people have sufficient meaningful activities the provider must by 30 October 2018 put in place arrangements which ensure that care and support is consistent with the Health and Social Care Standard which states that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'. In order to ensure that people are supported well the provider must ensure by 30 September that having regard to the size and nature of the care service the number and needs of service users, ensure that at all times by suitably qualified and competent persons are working in the service in numbers appropriate to the health, safety and welfare of service users.						

Date of Inspection	Name of Org/ Service	Service Type	People's Wellbeing	Leadership	Staff Team	Setting	Care & Support Planning
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30.11.18	Ballumbie Court	Care Home – Private	2	2	3	4	2
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Requirements (4)

The provider must ensure all activities support plans are meaningful and person-centred and are used to inform and guide staff practice. This means the service should undertake a quality review of all support plans to ensure the planned support delivered by staff meets the assessed need.

The provider must ensure adequate care and support in relation to wound care. In order to achieve this the provider must:

- Ensure wounds are photographed in order to assess healing
- Ensure the wound is subject to initial and ongoing assessment at each dressing change
- Ensure that a wound treatment plan is prepared and continuously reviewed
- Ensure where appropriate, other healthcare professionals are involved in wound assessment and treatment planning
- Ensure dressing are regularly changed in accordance with the wound treatment plan.

The provider must make proper provision for the health, welfare and safety of people using the service. In order to achieve this the provider must:

- Ensure that people using the service are fully supported with their nutritional and hydration needs. Including assessment of the support required with meals and how the support should be provided.
- Ensure that individual care plans fully detail the needs of people using the service and how these needs should be met
- Ensure that supplementary documentation fully supports the guidance provided in the care plan. This includes oral and personal care charts, and daily records to ensure that basic care and support needs are met.

The provider must ensure all staff who complete records used to evaluate service users' health can do so accurately. This means the service should ensure all staff revisit essential training in how to complete:

- Malnutrition Universal Screening Tool (MUST)
- Food and fluid charts, including daily target to be achieved for adequate intake and actions noted if targets are not achieved
- Appropriate and meaningful evaluations, all staff should complete competency in completing records should be assessed on a regular basis.

23.08.18	Helenslea	Care Home – Private	2	2	2	n/a	2
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Requirements (8)

In order to ensure that people have sufficient meaningful activities the provider must by 30 October 2018 put in place arrangements which ensure that care and support is consistent with the Health and Social Care Standard which states that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'.

In order to ensure that treatment is safe and effective the provider must by 30 October 2018 put in place a safe system to ensure people receive their medication as prescribed at all times.

In order to ensure that people's health is assessed and treatment is safe and effective the provider must by 30 September 2018 put in place a safe system to ensure that instruction from visiting health professionals is followed.

In order to ensure that people's health and wellbeing is monitored well, the provider must by 30 October 2018 ensure that all accident and incident reports are completed fully, reviewed and any agreed actions taken. This

must include the use of 24 hour observation monitoring records.

In order to ensure that the quality of the service is monitored and areas for improvement are identified and actioned the provider must by 30 November 2018 ensure that robust quality assurance systems are implemented.

In order to ensure that people are supported well the provider must by 30 September 2018 that having regard to the size and nature of the care service, the numbers and needs of service users, ensure that at all times by suitably qualified and competent persons are working in the service in numbers appropriate to the health, safety and welfare of service users.

In order to ensure people are supported safely the provider must by 30 November 2018 ensure staff have the correct training, skills and knowledge to carry out their role.

In order to support people's health and wellbeing needs, the provider must by 30 September 2018 ensure that all care plans and protocols are in place, up-to-date, accurate and provide adequate guidance to staff about how to support people safety.

18.10.18	Linlathen Neurodisability Centre	Care Home – Private	2	2	2	2	3
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Requirements (3)

In order to ensure that people's concerns are responded to appropriately the provider must by 14 December 2018, ensure that staff including agency staff, have the necessary qualifications, skills and expertise to ensure people receive quality care and support.

The service and provider are required to undertake a review of all staff and implement the necessary actions, regularly reviewing skills, practice and competencies. The service must develop an action plan.

In order to ensure that people's concerns are responded to appropriately the provider must by 14 December 2018, ensure that staff including agency staff have the necessary qualifications, skills and experience to ensure people receive quality care and support.

In order to ensure that the concerns about the environment are responded to appropriately the provider must by 14 January 2019 ensure that the environment is user friendly, homely in appearance and decorated and maintained to a standard appropriate for the care service. The provider must implement a detailed plan of works to improve the standard of the environment.

24.01.19	McGonagall House	Care Home – Private	2	3	4	4	3
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Requirements (2)

In order to ensure that people get the medication they need, the provider must ensure that:

- All medication is administered as prescribed
- That staff understand their role in, and accountability for monitoring medication and ensuring there is sufficient stock
- That the services policies and procedures reflect up-to-date best practice in Scotland
- That staff understand their responsibility to keep accurate and current records of medicines (including quantity) for the use of service users which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service
- Ensure there is a system in place for regular reviews of MAR charts to remove items no longer prescribed, used or needed
- That if a regular medication is not given or taken that staff record the reason why along with any further action that was taken including the outcomes of the action.

The provider must ensure that there are robust quality assurance arrangements in place that evidence improving outcomes for service users by 28 February 2019.

09.10.18	St Margaret's Home-Dundee	Care Home - Voluntary	4	4	4	3	3
Requirements (1) In order to ensure that the environment meets with the Health and Social Care Standards set by the Scottish Government, the provider must put in place an improvement plan by 14 December 2018. This plan should detail both short and medium term environmental changes and improvements which are realistic, measurable and achievable.							

Legend:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

() signifies that the theme was not assessed at this inspection therefore the grade is brought forward from previous inspection



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2019

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC30-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on 2018/19 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report.
- 2.2 Notes the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 and section 6.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 (table 2) and section 6.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

- 4.1 In February 2019 the Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided in Quarters 1 and 3 of each financial year and full reports in Quarters 2 and 4 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers).
- 4.2 The Quarter 4 Performance Report covers local performance against National Health and Wellbeing Indicators 1-23. Appendix 1 provides a summary of performance and Appendix 2 sets out analysis of what the data is telling us and a summary of improvement actions. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see section 4.2). The Scottish Government and NSS ISD are working on the development of definitions and datasets to calculate these indicators nationally.

- 4.3 The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. Full details have been provided previously in 2018/19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers). A summary of the published results from the 2017/18 survey is provided in Appendix 1 (table 1).
- 4.4 Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee PAC held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Detail is provided in Appendix 2. Please note that we are currently unable to provide analysis for balance of care and end of life as data is not provided by NSS ISD for these service areas.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

- 5.1 National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+. (Please refer to Appendix 1, Table 2.)
- 5.2 It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. (Please refer to Appendix 1, Tables 3 and 4.)
- 5.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time NSS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution.
- 5.4 Recent guidance from NSS ISD has meant that other Partnerships can no longer be identified when benchmarking, until SMR submissions rates are acceptable and data has been formally published.

6.0 QUARTER 4 PERFORMANCE 2018/19

- 6.1 Rolling data from April 2018 to March 2019 demonstrates that performance exceeded 'Measuring Performance Under Integration' targets for emergency admissions, emergency bed days, accident and emergency attendances and delayed discharges. The target for emergency admissions as a rate per 1,000 of all accident and emergency attendances was not met. Please refer to Table 2 in Appendix 1.
- 6.2 For each of the six high level service delivery areas from the National Health and Wellbeing Indicators and MPUI for which data is currently available performance has been assessed against the:

a) 2015/16 pre-integration baseline

- b) 2018/19 Measuring Performance under Integration (MPUI) target for Dundee
- c) 2017/18 performance
- d) previous quarter (Q3)
- d) performance of other Partnerships and family group Partnerships in particular.

From this analysis areas of improving/good performance, of mixed performance and of declining/poor performance have been identified. Appendix 2 provides details of planned improvement actions.

6.2.1 *Areas of improving / good performance*

Emergency Bed Days (Appendix 1:Tables 2-4 and Appendix 2:Charts 6-9 and Table 6)

- Both Emergency Bed Day Rate per 100,000 population (chart 1) and Emergency Bed Day Numbers (chart 2) have exceeded the 2018/19 target for acute specialties.
- Both the rate and numbers of emergency bed days have fallen by around 15% (table 2) for acute specialties and 9% (table 3) for all specialties compared to the pre-integration position.
- Improved rates for all specialties between 2018/19 Quarters 3 and 4 across five LCPPs. (table 5 & chart 5)
- Emergency Bed Day Rate for Dundee City is higher than the Scottish average – the eleventh highest in Scotland. However, the Dundee City rate was the third lowest of the 8 family group partnerships. (chart 4)

6.2.2 *Areas of mixed performance*

Delayed Discharges (Appendix 1:Tables 2-4 and Appendix 2:Charts 15-20 and Tables 9-11)

- Number of bed days lost (all reasons 18+) exceeded the 2018/19 target and is significantly better than MPUI projected position. (table 2, charts 15&16)
- Number of bed days lost per 1,000 population (all reasons 75+) is better than Scottish average and Dundee is performing better than all but two family group partnerships. (chart 17)
- Improvements of 47.3% (standard 75+) and 68.7% (Code 9 75+) from pre-integration position. (table 3)
- Over the last year there has been an improvement in the Dundee rate by 32.8% for Code 9 (75+) delays (table 10) but a deterioration of 30% for standard delays (75+). (table 9)
- Improvements from 2017/18 position in **all but one** LCPP for Code 9 delays (75+). (table 10)
- Improvement from 2017/18 position in **only one** LCPP for standard delays (75+). (table 9)
- No. of bed days lost (code 9, all ages) improved by 26.6% from pre-integration position.

Accident & Emergency Attendances (Appendix 1:Table 2 and Appendix 2:Chart 10)

- Exceeded the 2018/19 target. (table 2)
- Over the last year the number of attendances has been increasing, which is a deterioration in performance. (chart 10)

6.2.3 *Areas of declining / poor performance*

Emergency Admissions (Appendix 1:Tables 2-4 and Appendix 2:Charts 1-5 and Table 5)

- Emergency Admission Rate per 100,000 population and Emergency Admission Numbers both exceeded 2018/19 integration target. (table 2, charts 1&2)
- From the 2015/16 baseline, there has been an increase in the Dundee rate by 6.1%, which is a deterioration, and in all LCPPs except one (table 3). However, Dundee showed a small improvement compared to 2018/19 Quarter 3. (table 5)
- The rate of Emergency Admissions for Dundee City was higher than the Scottish average – the twelfth most poorly performing partnership in Scotland. However, Dundee City performed the best out of the eight family group partnerships. (chart 4)
- Emergency Admissions as a Rate per 1,000 of all A&E Attendances was significantly higher than MPUI projected position and the 2018/19 target was not met. (table 2 & chart 3)

Readmissions within 28 days of discharge (Appendix 1:Tables 3-4 and Appendix 2:Charts 11-12 and Table 7)

- 5.36% increase in rate per 1,000 admissions on pre-integration position, four LCPPs showing an improvement in performance and four a deterioration. (table 3)
- Six LCPPs showed a decreased rate per 1,000 admissions between 2018/19 Quarters 3 and 4, which is an improvement. (table 7)
- In 2018/19 Quarter 4 LCPP rates per 1,000 admissions vary significantly from 99 in The Ferry to 139 in Coldside. (table 7)
- The rate per 1,000 discharges for Dundee City is well above the Scottish average and poorest performing partnership in Scotland. (chart 11)

Falls Admissions (Appendix 1:Tables 3-4 and Appendix 2:Charts 13-14 and Table 8)

- 21.3% worse than pre-integration position and year on year deterioration in rate since 2015/16. (table 3)
- Using 2018 calendar year data, the rate for Dundee City is well above the Scottish average and poorest performing partnership in Scotland. (chart 13)
- Improvements from 2018/19 Quarter 3 in three LCPPs. (table 8)
- In 2018/19 Quarter 4 LCPP rates vary from 19.0 falls related admissions per 1,000 in North East to 37.4 in Coldside. (table 8)

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers, spend associated with poor performance and the reputation if the Partnership's performance is not good.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk (L=3 (possible), I=5 (extreme))
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	9 – High Risk (L=3(possible), I=3 (moderate))
Planned Risk Level	6 – Moderate Risk (L=2(unlikely), I=3(moderate))
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 September 2019

Lynsey Webster
Senior Officer, Strategy and Performance

Kathryn Sharp
Senior Manager

DUNDEE LCPP PERFORMANCE REPORT 2018/19 QUARTER 4 – EXECUTIVE SUMMARY

- The Quarter 4 performance report assesses performance against the National Health and Wellbeing Indicators. 5 of the 23 indicators are health and wellbeing national performance indicators which are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). Benchmarking analysis against other Partnerships, including those that are part of Dundee's Family Group, is also highlighted. Details are provided in Appendix 2.
- In order for quarterly data to be compared with financial years rolling quarterly data is presented for each quarter. This means that data for Quarter 4 shows the previous 12 months of data including the current quarter. Therefore, Quarter 4 data includes data from 1 April 2018 to 31 March 2019.
- Quarter 4 data regarding the 5 national health and wellbeing performance indicators was provided by the NHS Tayside Business Unit. Data provided by NHS Tayside differs from data provided by NSS ISD; the main difference being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time NSS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution.
- This report should be assessed with regard to the demographic and socio economic context of Dundee; high rates of deprivation, an ageing population, frailty and age associated conditions being diagnosed earlier in life than in more affluent Partnerships and deprivation associated mental health illnesses and substance misuse problems.

Performance:

- Between the baseline year 2015/16 and 2018/19 there was an improvement in the Emergency Bed Day Rate per 100,000 population (aged 18+) of 15.2% for acute (table 2) and 8.8% for all specialties (table 3). All LCPPs showed an improvement for all specialties except for Lochee which showed a deterioration of 5%. The biggest improvement was in East End (19.4%). (table 3)
- Between the baseline year 2015/16 and 2018/19 there were improvements in the rate of bed days lost to delayed discharges per 1,000 population (aged 75+) of 47.3% for Standard and 68.7% for Code 9 delays. (table 3)
- Between the baseline year 2015/16 and 2018/19 all LCPPs recorded improved rates in standard bed days lost to delayed discharges per 1,000 population (aged 75+) and these ranged from 22% in Strathmartine to 62% in Coldside. (table 3)
- Between the baseline year 2015/16 and 2018/19 improved rates of Code 9 bed days lost to delayed discharges per 1,000 population (aged 75+) ranged from 11.6% in Lochee to 100% in Maryfield. The only deterioration in rate noted was in The Ferry (2.4%). (table 3)
- Emergency admission rate per 100,000 population has increased by 6.1% in Dundee since 2015/16. A deterioration in rate was recorded in all LCPP areas except The Ferry which showed an improvement of 2.1%. The biggest deterioration was in West End (13.3%). (table 3)
- The rate of readmissions in Dundee per 1,000 Admissions has increased by 5.4% since 2015/16, which is a deterioration. The rate has increased in four LCPPs. The biggest increase was in Coldside (21.9%) and the biggest improvement was in Strathmartine (5.2%). (table 3)
- The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 21.3% since 2015/16, which is a deterioration. The rate increased in seven LCPPs, the only

improvement being recorded in North East (7.3%). The biggest increases were in The Ferry (44.3%) and West End (30.8%) (table 3).

APPENDIX 1 – Performance Summary

Table 1: National Health & Wellbeing Indicators 1 to 9

National Health & Well Being Indicator	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	Dunbartonshire	East Ayrshire	Western Isles
1 % of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2 % of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3 % of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5 % of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6 % of people with positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7 % of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8 % of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9 % of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

Key points of note:

Best performing partnership in family is highlighted in green for each indicator

2017/18 results:

- a All indicators show Dundee to be same or higher than Scottish average
- b For indicators 2, 4 & 7 Dundee fared better than all other family members
- c Dundee is in top 3 for all indicators except indicators 6 & 8
- d Indicator 8 returned a poor result for all family members

Compared to Scottish Health & Care Experience Survey 2015/16:

- a All indicators showed a deterioration across Scotland as a whole
- b Improvements for Dundee in indicators 4 & 9
- c No change in indicator 1 for Dundee
- d Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8.

Table 2 : Measuring Performance under Integration Summary

Integration Indicator (Annual 18+)	Target 18/19	Expected % Difference from 15/16 Baseline	Actual % Difference from 15/16 Baseline		Actual % Difference from 18/19 Target		Direction of Travel from Previous Quarter
			Q3	Q4	Q3	Q4	
Emergency Admission Rate per 100,000 Dundee Population	12,710	↑9.16	↑4.71	↑4.40	↓4.08	↓4.37	↓
Emergency Admission Numbers	15,464	↑9.46	↑5.20	↑4.89	↓3.89	↓4.18	↓
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	281	↑1.44	↑8.30	↑8.67	↑6.76	↑7.12	↑
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	88,875	↓11.38	↓13.40	↓15.21	↓2.28	↓4.33	↓
Emergency Bed Days Numbers for Acute Specialties	108,129	↓11.14	↓12.99	↓14.82	↓2.08	↓4.14	↓
Accident & Emergency Attendances	26,562	↑13.33	↑4.80	↑5.48	↓7.50	↓6.93	↑
Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons)	97	↓21.77	↓40.32	↓37.90	↓23.71	↓20.62	↑
Number of Bed Days Lost to Delayed Discharges (All Reasons)	11,856	↓21.22	↓40.40	↓37.70	↓24.34	↓20.92	↑

Source ISD: ISD MSG Indicators

Key Points of Note:

- Emergency Admissions Rate per 1,000 of all A&E Attendances is the only indicator that has not met the 2018/19 trajectory. There was a slight improvement between Q2 2017/18 and Q2 2018/19 but the last 2 quarters (quarters 3 and 4) have both shown an increase in the rate which is a deterioration in performance.
- Emergency Admissions and Emergency Bed Days are both currently showing a decreasing trend.
- Accident & Emergency Attendances, although meeting the 2018/19 trajectory, have been showing a steady increase.
- Number of Bed Days Lost to Delayed Discharges (All Reasons) have been decreasing steadily since the 2015/16 baseline.
- Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data.
- Be aware – some of the differences show an increase which is positive and some show a decrease which is also positive

Table 3: Performance in Dundee's LCPPs - % change in 2018/19 Q4 against baseline year 2015/16



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+6.1	+8.9	+5.8	+8.4	+9.1	+2.0	+7.2	+13.3	-2.1
Emer Bed Days rate per 100,000 18+	-8.8	+5.0	-19.4	-10.6	-17.3	-1.3	-3.2	-16.9	-9.6
Readmissions rate per 1,000 Admissions All	+5.4	+20.2	-4.8	+21.9	-0.9	-5.2	-4.1	+19.4	+1.0
Falls rate per 1,000 65+	+21.3	+2.3	+27.4	+25.1	-7.3	+12.3	+15.9	+30.8	+44.3
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-47.3	-26.0	-52.7	-62.0	-46.7	-22.0	-56.0	-51.5	-34.5
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-68.7	-11.6	-83.7	-51.7	-88.6	-78.4	-100.0	-97.7	+2.4

Table 4: Performance in Dundee's LCPPs - LCPP Performance in 2018/19 Q4 compared to Dundee



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,665	14,980	16,735	14,866	12,693	13,357	10,626	9,063	10,714
Emer Bed days rate per 100,000 18+	121,246	170,215	146,865	145,778	93,202	122,255	103,247	81,529	114,138
Readmissions rate per 1,000 Admissions All	118	125	118	139	109	110	117	123	99
Falls rate per 1,000 65+	30.2	27.2	34.9	37.4	19.0	28.3	26.9	36.1	29.3
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	277	450	308	210	252	225	262	330	205
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	92	145	85	214	87	90	0	15	42

Source: NHS Tayside data

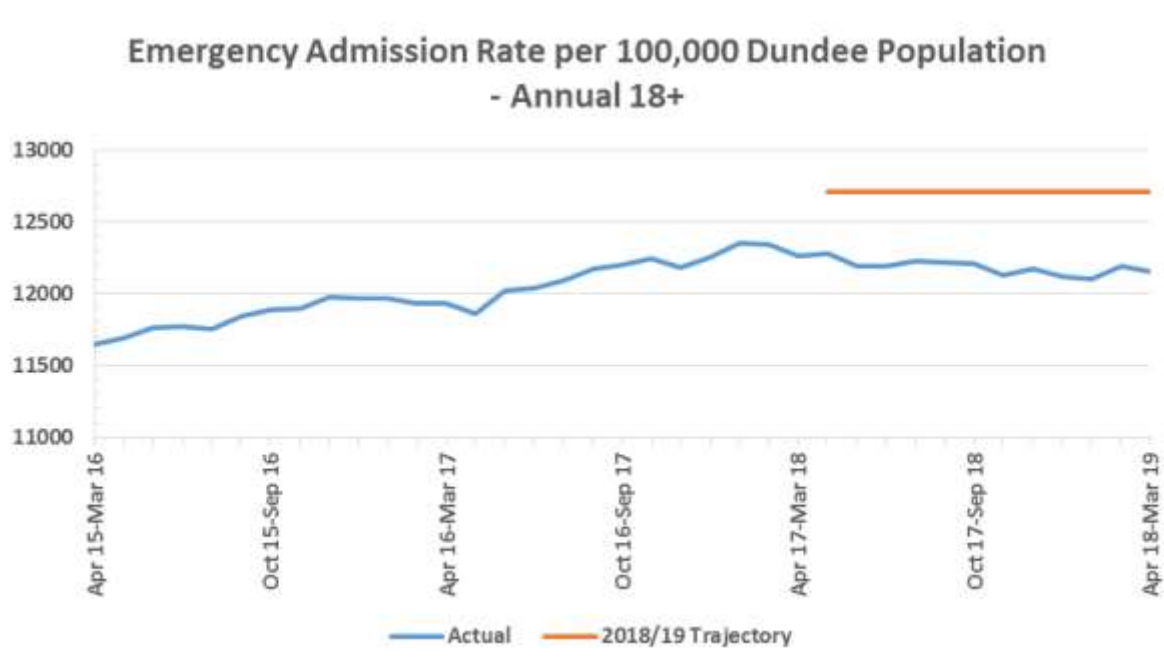
Key: Improved/Better Stayed the same Declined/Worse

APPENDIX 2 - Detailed Performance by Service Delivery Area

Service Delivery Area : Emergency Admissions

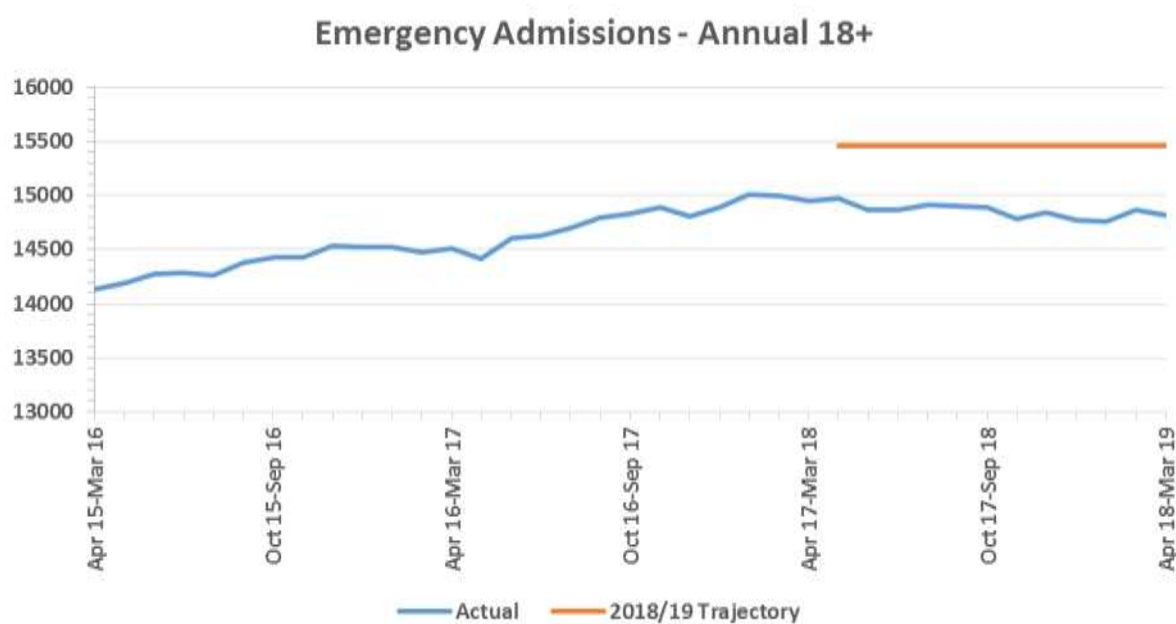
Measuring Performance Under Integration

Chart 1: Emergency Admission Rate per 100,000 Dundee Population – Performance Against MPUI Target Trajectory



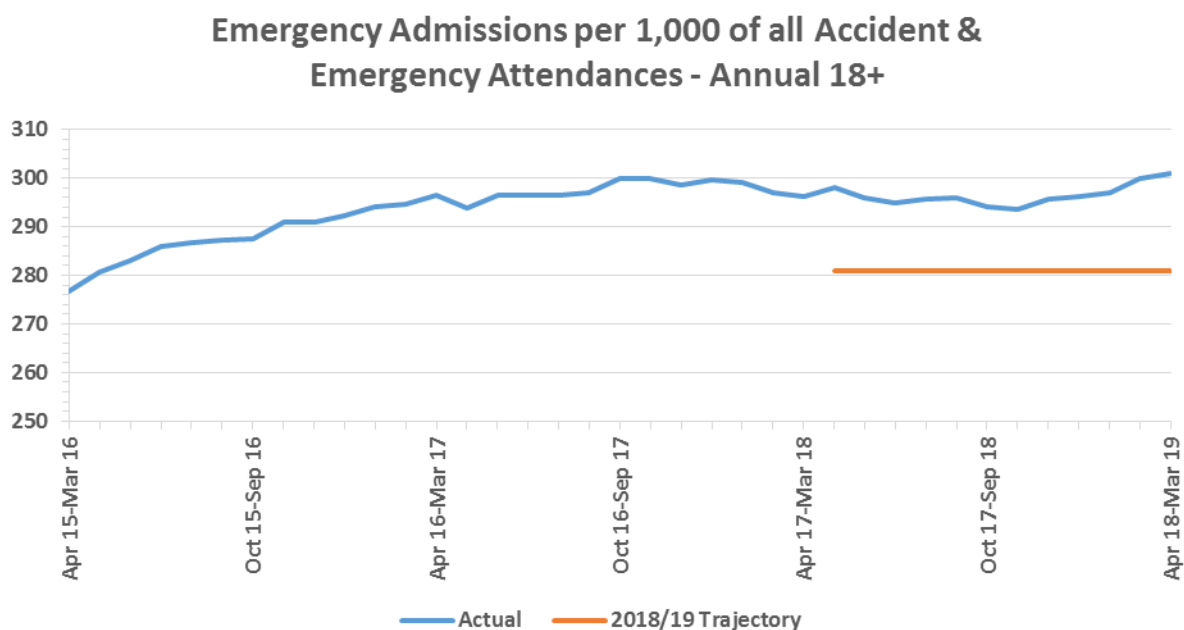
Source ISD: ISD MSG Indicators

Chart 2: Emergency Admission Numbers - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

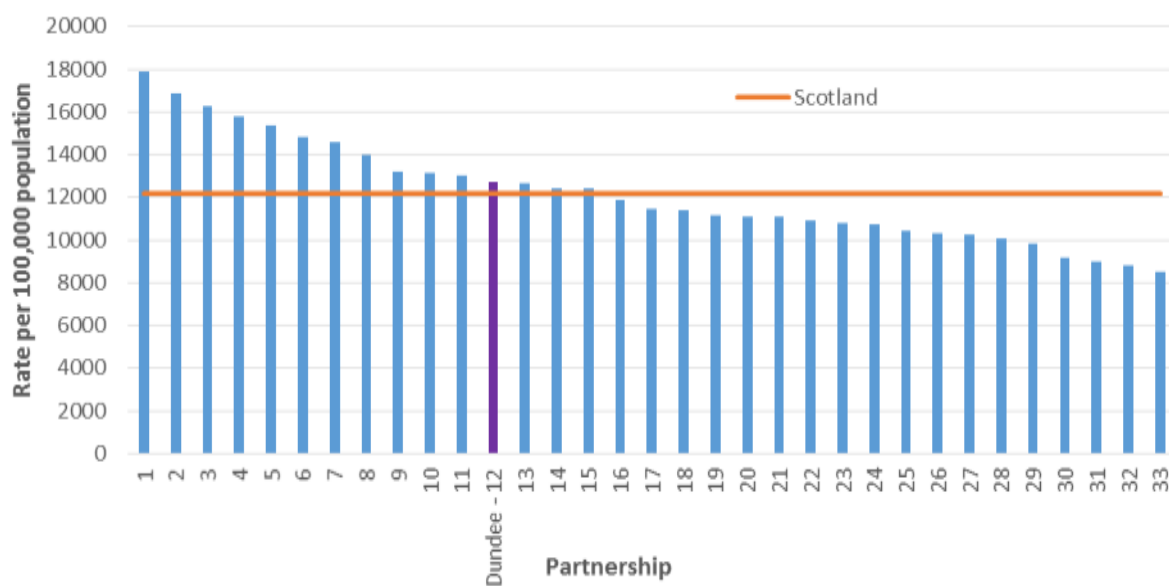
Chart 3: Emergency Admissions Rate per 1,000 of all Accident & Emergency Attendances - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 12 – Emergency Admissions

Chart 4: Emergency Admission Rate 18+ Benchmarking 2018/19

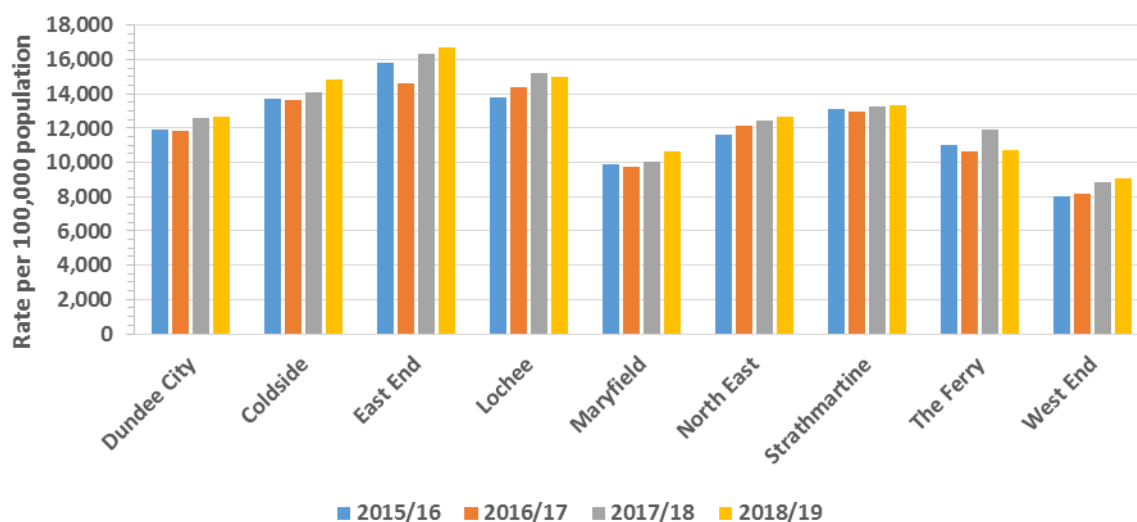


Source ISD: ISD Core Suite of Integration Indicators

Table 5: 2018/19 Rate of Emergency Admissions per 100,000 Population – 18+ by LCPP

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	18/19Q4
Dundee City	11,937	11,873	12,578	12,587	12,592	12,677	12,665
Coldside	13,713	13,682	14,099	14,232	14,365	14,758	14,866
East End	15,822	14,618	16,335	16,147	16,310	16,531	16,735
Lochee	13,760	14,407	15,200	15,135	14,993	14,941	14,980
Maryfield	9,914	9,753	10,037	10,235	10,180	10,514	10,626
North East	11,632	12,129	12,444	12,776	12,552	12,403	12,693
Strathmartine	13,091	12,989	13,252	13,442	13,449	13,475	13,357
The Ferry	11,022	10,620	11,957	11,330	11,258	10,905	10,714
West End	7,999	8,188	8,866	9,008	9,195	9,425	9,063

Source: NHS Tayside BSU

Chart 5: 2018/19 Rate of Emergency Admissions per 100,000 Population – 18+ by LCPP

Source: NHS Tayside BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The rate of emergency admissions was higher in Dundee (12,703) than the Scottish rate (12,195). (chart 4)
- 2018/19 Dundee performance (12,703) was slightly better than 2017/18 (12,825)
- Dundee performed better than all other family group Partnerships.

Difference from 2015/16 Baseline to 2018/19 - NHS Tayside BSU data

- 6.1% increase in Dundee rate. All LCPPs have shown an increase, which is a deterioration in performance, except for The Ferry which has shown an improvement of 2.1%. (table 3)
- The rate for Dundee increased from 11,937 per 100,000 in 2015/16 to 12,578 per 100,000 in 2017/18, improved slightly at the start of 18/19, then finished the year with a rate of 12,665 per 100,000 Dundee population aged 18+. (table 5)

Performance Trend between 2018/19 Q3 and 2018/19 Q4 - NHS Tayside BSU data (table 5)

- Overall improvement in Dundee rate (0.1%) with improved rates in Strathmartine (0.9%), West End (3.8%) and The Ferry (1.8%).
- Declining rates in Coldside (0.7%), East End (1.2%), Lochee (0.3%), Maryfield (1.1%) and North East (2.3%).

Variation across LCPPs in 2018/19 Q4 - NHS Tayside BSU data (table 5)

- West End had the lowest rate with 9,063 emergency admissions per 100,000 people in 2018/19 Q4, followed by Maryfield and The Ferry.
- East End had the highest rate with a rate of 16,735 which is 84.7% higher than the West End rate.

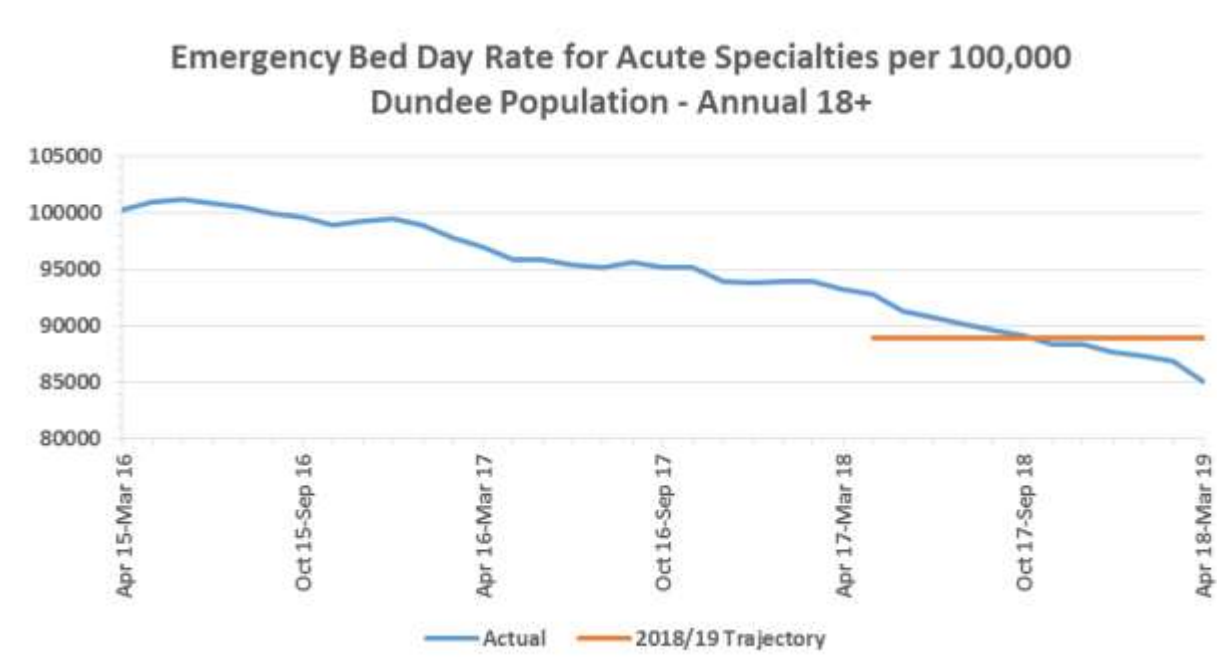
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Continue to develop Enhanced Community Support (ECS) / Dundee Enhanced Community Support Acute (DESCA)	Mike Andrews	March 2020
Continue to develop Intermediate care options	Jenny Hill	September 2019
Continue to develop care home team model	Jenny Hill	March 2021
Implement urgent care actions in Primary Care Improvement Plan	Jenny Hill	March 2021
Continue to develop respite options	Jenny Hill	September 2019
Undertake care home quality improvement work as part of the Unsheduled Care Board workstream	Jenny Hill	April 2021
Test a rehabilitation facility for younger people with complex needs	Jenny Hill	April 2020
Implement the three ward model outlined in Reshaping Non Acute Care for older people with mental health needs	Jenny Hill	Complete
Development/extension of models for people under 65 with complex needs	Beth Hamilton/Naeema Pervaze	March 2020
Review pathways across the system	Jenny Hill/Beth Hamilton	March 2020

Service Delivery Area: Emergency Bed Days

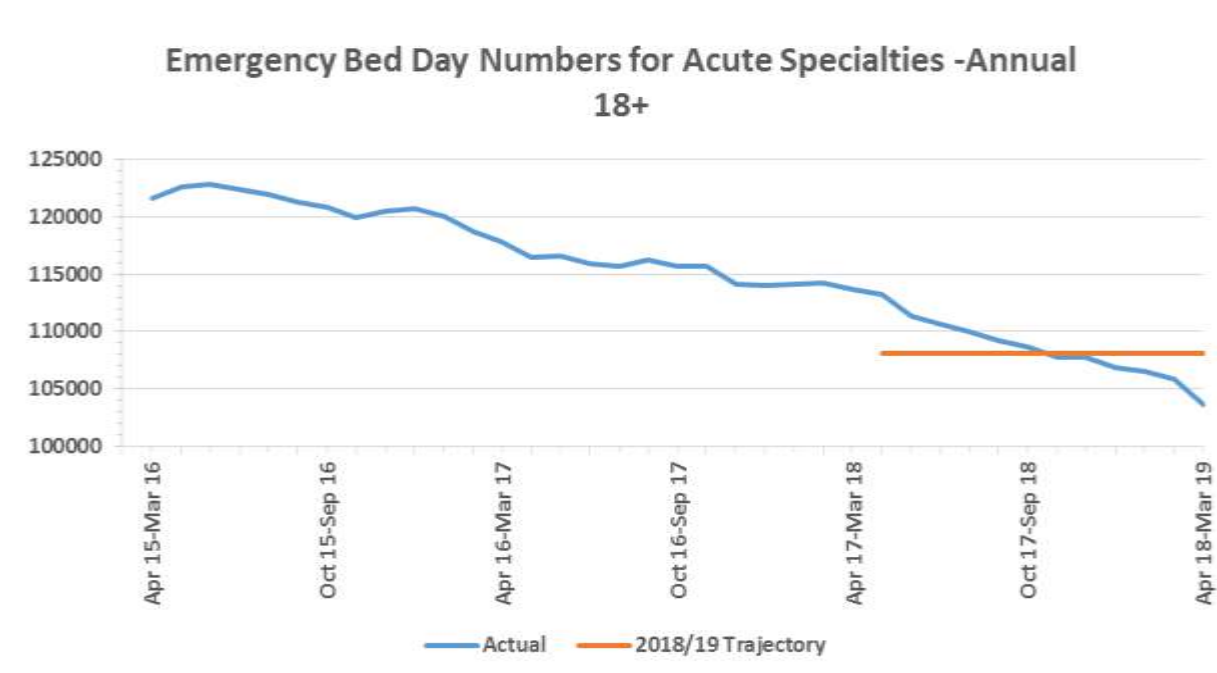
Measuring Performance Under Integration

Chart 6 : Emergency Bed Day Rate per 100,000 Dundee Population - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

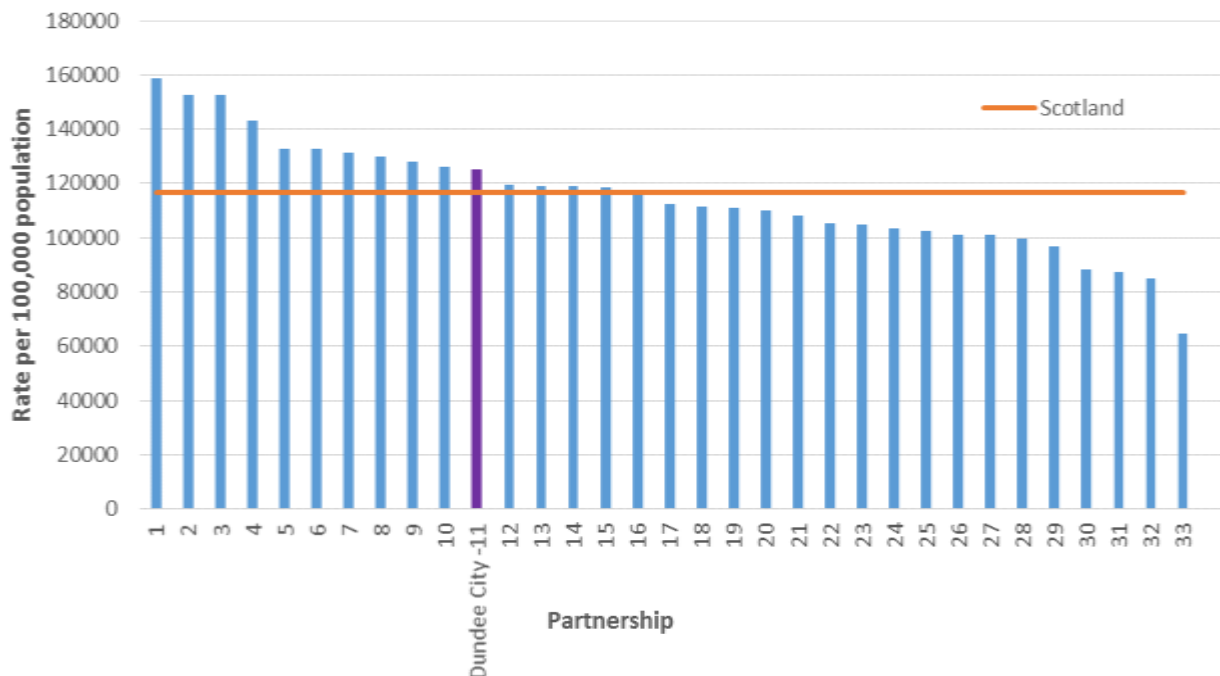
Chart 7: Emergency Bed Day Numbers - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 13 – Emergency Bed Days

Chart 8: Rate of Emergency Bed Days 18+ Benchmarking 2018/19
(Emergency Bed Days include Acute, Geriatric Long Stay and Mental Health specialties)



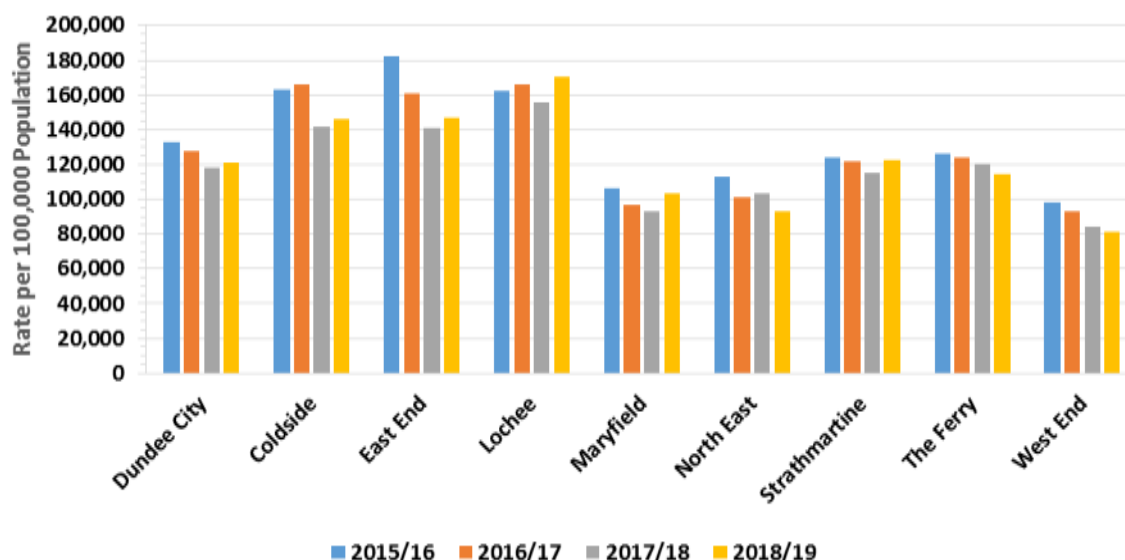
Source : ISD Core Suite of Integration Indicators

Table 6: 2018/19 Rate of Emergency Bed Days per 100,000 Population - 18+ by LCPP

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	18/19Q4
Dundee City	132,959	127,834	118,254	120,628	120,176	120,881	121,246
Coldside	162,998	165,823	141,442	139,977	144,370	143,800	145,778
East End	182,267	160,621	141,233	139,559	143,527	149,371	146,865
Lochee	162,113	165,775	155,378	164,487	170,267	171,964	170,215
Maryfield	106,639	97,080	93,247	95,254	93,643	97,162	103,247
North East	112,671	101,067	103,739	105,662	101,443	93,865	93,202
Strathmartine	123,877	122,113	114,824	120,461	117,927	120,238	122,255
The Ferry	126,326	124,067	120,221	120,490	114,700	114,819	114,138
West End	98,143	93,207	84,149	86,682	83,957	83,656	81,529

Source: NHS Tayside BSU

Note: Emergency Bed Days for 2018/19Q1 & Q2 has been updated to include Mental Health Beds.

Chart 9: 2018/19 Rate of Emergency Bed Days per 100,000 Population - 18+ by LCPP

Source: NHS Tayside BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The emergency bed day rate was higher in Dundee (125,377) than the Scottish rate (116,485). (chart 8)
- There was an improvement in the Dundee rate between 2017-18 (130,196) and 2018-19 (125,377).
- Dundee's rate was 11th highest in Scotland and was the 3rd best performing family group partnership.

Difference from 2015/16 Baseline to 2018/19 Q4 - NHS Tayside BSU data

- The rate for Dundee decreased by 8.8% (from 132,959 per 100,000 in 2015/16 to 121,246 per 100,000 in 2018/09 Q4), thus showing an improvement in performance. (table 3)
- The only LCPP to show a deterioration in performance was Lochee (5%). (table 3)

Performance Trend between 18/19 Q3 and 18/19 Q4 - NHS Tayside BSU data

- Deterioration in overall Dundee rate by 0.3%. (table 6)
- Improved rates between 2018/19 Q3 and Q4 across 5 LCPPs. (table 6)
- Deterioration in rates in Coldside (1.4%), Maryfield (6.3%) and Strathmartine (1.7%). (table 6)
- The LCPP showing the biggest improvement was West End (2.5%). (table 6)

Variation across LCPPs in 2018/19 Q4 - NHS Tayside BSU data

- Lochee (170,215), East End (146,865) and Coldside (145,778) had the highest emergency bed day rates. (table 6)
- West End (81,529) and North East (93,202) had the lowest emergency bed day rates. (table 6)

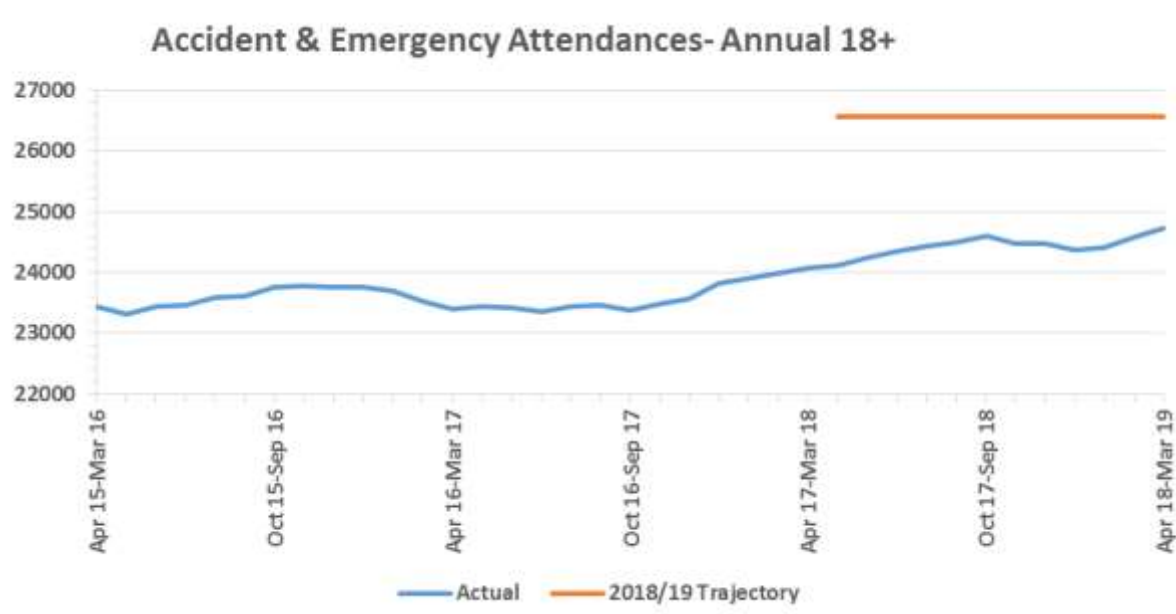
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Develop Multi-disciplinary Locality Teams (MDT) - MDTs have been created in Community Mental Health Teams with senior practitioner role being trialled to support this	Mike Andrews/Jan Laing	March 2020
Reconfiguration of Medicine for the Elderly (MFE) rehab and assessment wards	Krista Reynolds	Complete
Review the way Stroke rehab is provided and develop Early Supported Discharge Service (ESDS) - two neuro Allied Health Professional (AHP) posts appointed to and initial discussions have taken place regarding how to join this up	Matt Lambert	March 2020
Develop ortho inreach	Jenny Hill	Complete
Develop Medicine For the Elderly (MFE) surgery interface	Jenny Hill	March 2020
Develop Emergency Department / Medicine for Elderly interface	Jenny Hill	March 2020
Develop care and treatment centres	Gail Andrews	March 2020

Service Delivery Area: Accident & Emergency

Measuring Performance Under Integration

Chart 10: Accident & Emergency Attendances - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

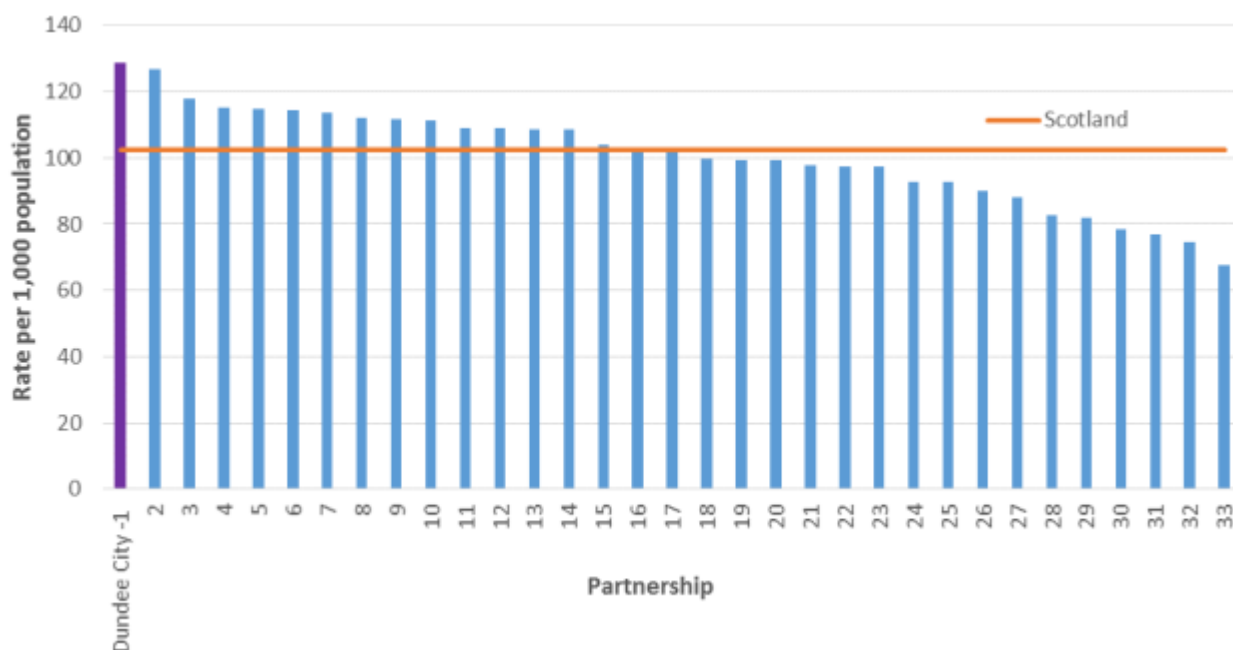
Analysis

- 2018/19 data shows performance is significantly below the target set for 2018/19. However, the number of A&E attendances has been increasing over the last year.

Service Delivery Area: Readmissions

National Health and Wellbeing Indicator 14 – Readmissions

Chart 11: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) Benchmarking 2018/19



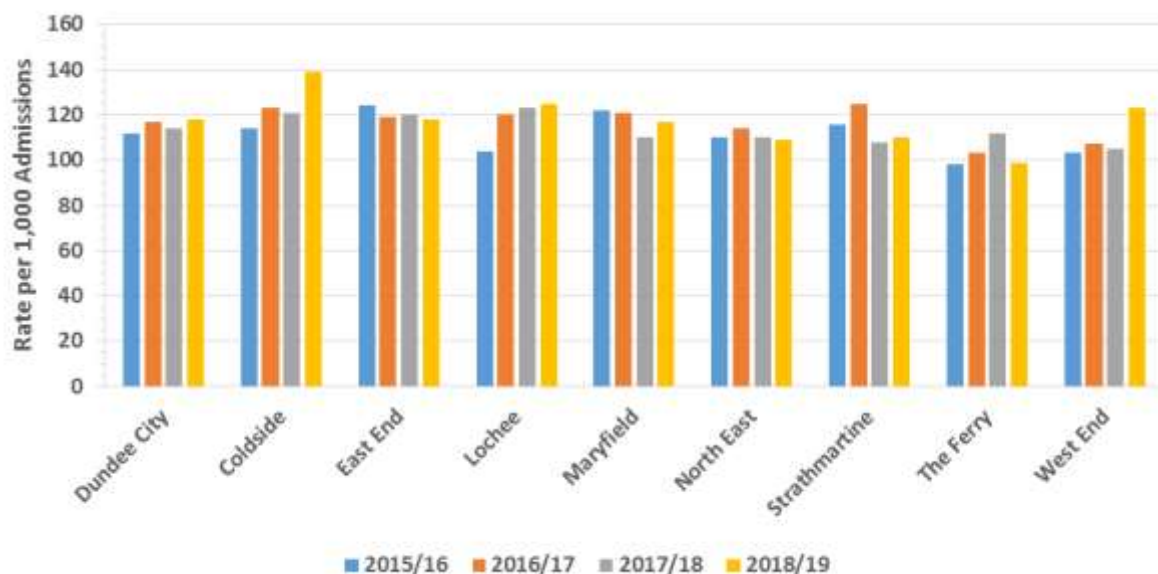
Source: Core Suite of Integration Indicators based on Discharges

Table 7: 2018/19 (Financial Year) Rate of Readmissions within 28 days of discharge per 1,000 admissions - All Ages by LCPP

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	18/19Q4
Dundee City	112	117	114	116	127	121	118
Coldside	114	123	121	129	143	139	139
East End	124	119	120	121	131	127	118
Lochee	104	120	123	124	131	120	125
Maryfield	122	121	110	109	126	124	117
North East	110	114	110	113	120	107	109
Strathmartine	116	125	108	112	121	116	110
The Ferry	98	103	112	101	108	104	99
West End	103	107	105	118	132	131	123

Source: NHS Tayside BSU data based on Admissions

Chart 12: 2018/19 (Financial Year) Rate of Readmissions within 28 days of discharge per 1,000 admissions - All Ages by LCPP



Source: NHS Tayside BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The rate of readmissions per 1,000 discharges was higher in Dundee (129) than the Scottish rate (103). (chart 11)
- Dundee was the poorest performing Partnership in Scotland. (chart 11)
- Dundee's rate deteriorated slightly from 2017/18 (127) to 2018/19 (129).

Difference from 2015/16 Baseline to 2018/19 - NHS Tayside BSU data

- 5.36% increase in Dundee rate per 1,000 admissions, which is a deterioration in performance. (table 3)
- Three LCPs have shown a large increase in readmission rates – Coldside (21.9%), Lochee (20.2%) and West End (19.4%). The other LCPs have not shown any great change. (table 3)

Performance trend between 18/19 Q3 and 18/19 Q4 - NHS Tayside BSU data

- Increased Rates of Readmission per 1,000 admissions between 2018/19 Q3 and Q4 in Lochee (4.2%) and North East (1.9%), which is a deterioration in performance. (table 7)
- No change in Coldside rate. (table 7)
- The LCP showing the greatest improvement was East End (7.1%). (table 7)

Variation across LCPs in 2018/19 Q4 - NHS Tayside BSU data

- The highest readmission rate per 1,000 admissions was in Coldside (139). (table 7)
- The lowest readmission rate per 1,000 admissions was in The Ferry (99). (table 7)

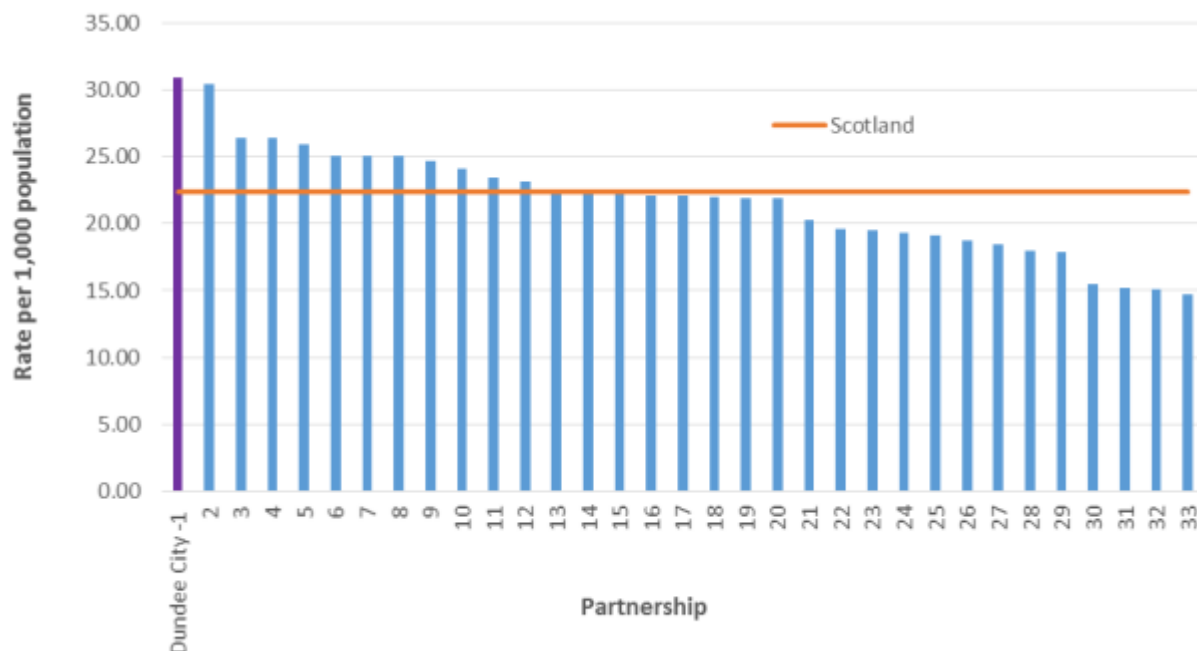
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Development of locality teams	Jenny Hill / Beth Hamilton	March 2020
Continue to develop moving assessment to community	Jenny Hill	March 2021
Assessment / review process to ensure appropriate package of support	Beth Hamilton	March 2020

Service Delivery Area: Falls

National Health and Wellbeing Indicator 14 – Falls

Chart 13: Falls Admissions Rate 65+ Benchmarking 2018/19

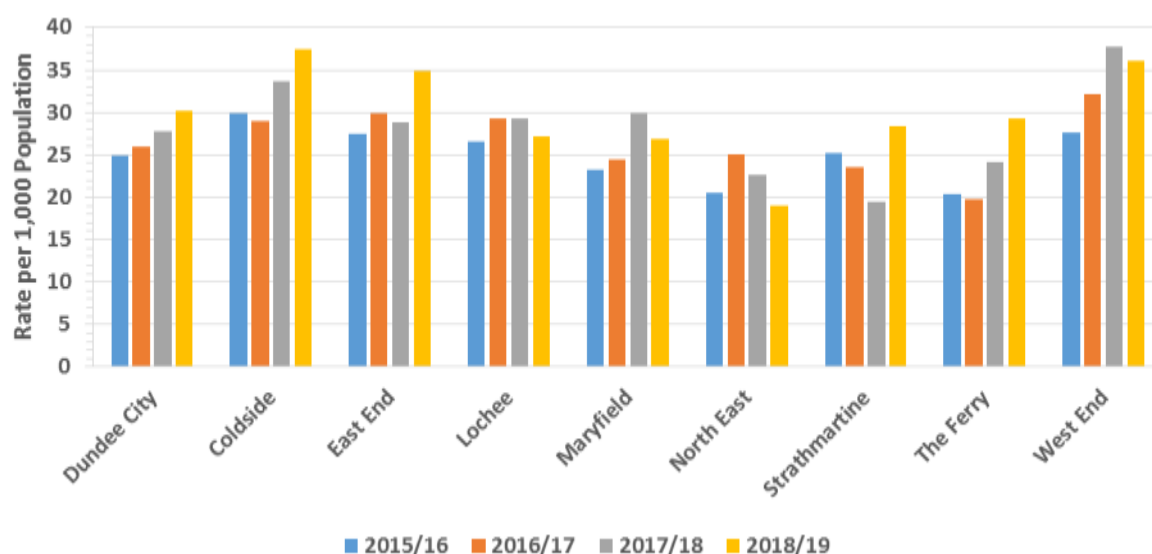


Source: Core Suite of Integration Indicators (NSS ISD)

Table 8: 2018/19 Rate of Falls Admissions per 1,000 Population – 65+ by LCPP

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	18/19Q4
Dundee City	24.9	26.0	27.8	29.2	29.3	29.5	30.2
Coldside	29.9	28.9	33.6	36.0	34.4	36.3	37.4
East End	27.4	29.8	28.8	29.1	32.2	30.8	34.9
Lochee	26.6	29.2	29.2	29.8	30.9	30.4	27.2
Maryfield	23.2	24.4	29.9	32.4	29.4	29.4	26.9
North East	20.5	25.1	22.7	25.1	22.3	19.0	19.0
Strathmartine	25.2	23.5	19.5	20.4	20.4	22.6	28.3
The Ferry	20.3	19.7	24.2	25.9	28.1	27.8	29.3
West End	27.6	32.1	37.7	38.9	37.7	37.7	36.1

Source: NHS Tayside BSU

Chart 14: 2018/19 Rate of Falls Admissions per 1,000 Population – 65+ by LCPP

Source: NHS TAYSIDE BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The rate of hospital admissions due to a fall in Dundee (31) was higher than the Scottish rate (22). (chart 13)
- Dundee was the poorest performing partnership in Scotland. (chart 13)
- The Dundee 2018/19 rate (31) was a deterioration from the 2017/18 rate (29).

Difference from 2015/16 Baseline to 2018/19 Q4 - NHS Tayside BSU data

- 21.3% increase in Dundee rate, which is a deterioration in performance. (table 3)
- The Dundee rate has shown an increase year on year since the 2015/16 baseline. (table 8)
- Increases were shown in all LCPPs except North East. The biggest increase was in The Ferry (44.3%). (table 3)

Performance trend between 2018/19 Q3 and 2018/19 Q4 - NHS Tayside BSU data

- 2.4% increase in Dundee rate, which is a deterioration in performance. (table 8 & chart 14)
- Improved rates in Lochee (10.5%), Maryfield (8.5%) & West End (4.2%). (table 8 & chart 14)
- No change in North East. (table 8 & chart 14)
- Worsening rates in Coldside (3.0%), East End (13.3%), Strathmartine (25.2%) & The Ferry (5.4%). (table 8 & chart 14)

Variation across LCPPs in 2018/19 Q4 - NHS Tayside BSU data

- Coldside had the highest rate of falls in Dundee with 37.4 falls related hospital admissions per 1,000 population. (table 8)
- For the second quarter running, North East had the lowest rate with 19.0 falls related hospital admissions per 1,000 population. (table 8)

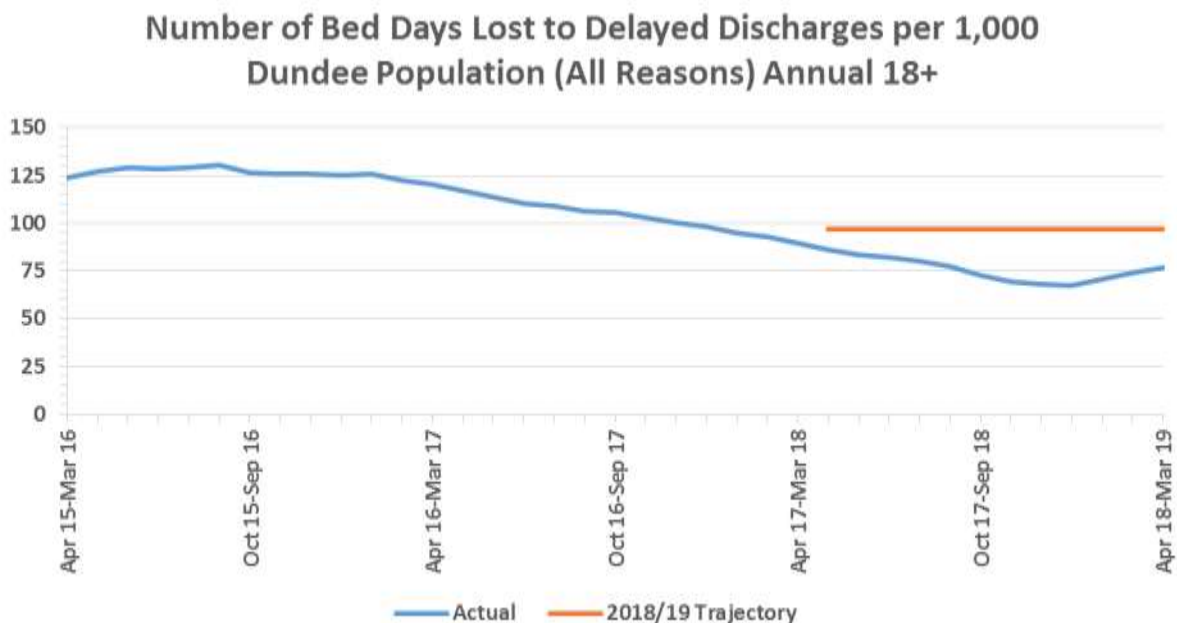
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Supporting the Scottish Ambulance Service Falls and Frailty Pathways in developing non-conveyance to hospital options, supporting patients remaining in their own homes. Pilots across other areas of the UK have proved positive and we are exploring the feasibility of commencing similar projects in Dundee.	Matthew Kendall	March 2020
The early identification of people at high risk of falls through having a level 1 conversation and/or completion of a level 1 falls referral tool continues to be delivered by an increasing number of partner agencies, and this will be further consolidated across Dundee to support identification of those at risk of falls and appropriate onward signposting to relevant services / activities.	Matthew Kendall	December 2019
Opportunities are created for individuals to participate in regular and life-long exercise programmes that include strength and balance to minimise falls risk and prevent further falls and frailty. In developing appropriate programmes, links with local leisure services, volunteer services, walking groups and local exercise groups will be considered as well as training volunteers and staff working with older people including care at home, care homes, day care and sheltered housing.	Matthew Kendall	March 2020
Review of data available to support targeted approach of falls prevention work (NHS, Council, Scottish Ambulance Service (SAS), Fire & Rescue). Explore neighbourhood level data to direct resources to areas most in need. A Tayside Falls Data Group has been established to share good practice and further understand the data and the links between the data and clinical and care delivery.	Matthew Kendall	December 2019

Service Delivery Area : Delayed Discharges

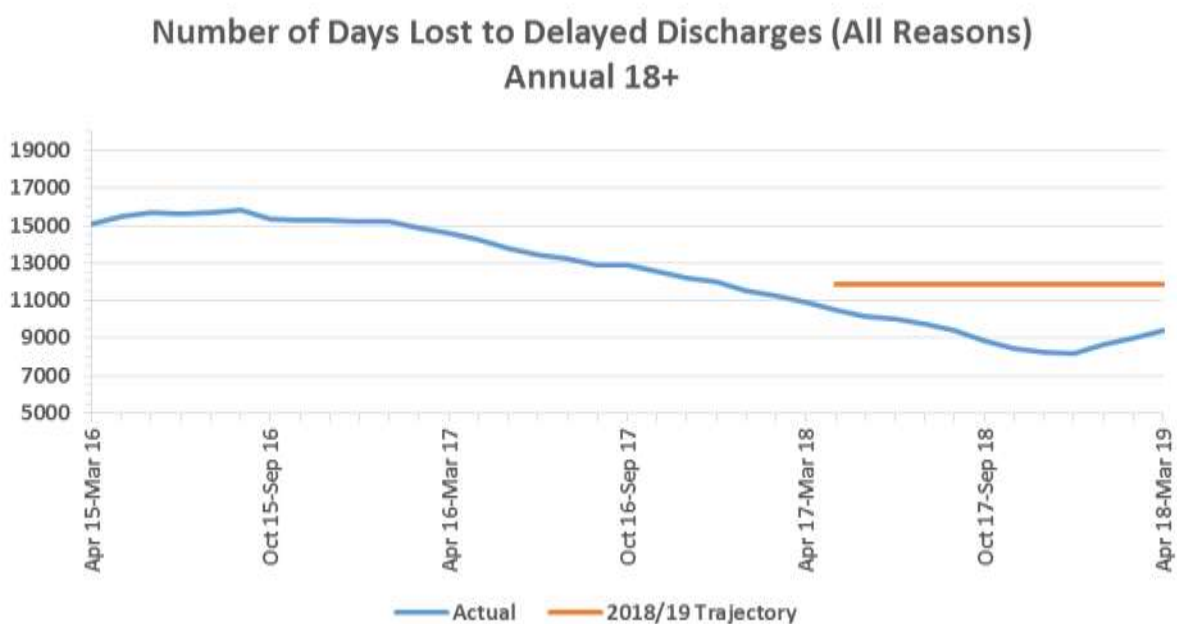
Measuring Performance Under Integration

Chart 15: Bed Days Lost to Delayed Discharges (All Reasons) per 1,000 Dundee Population – Performance against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

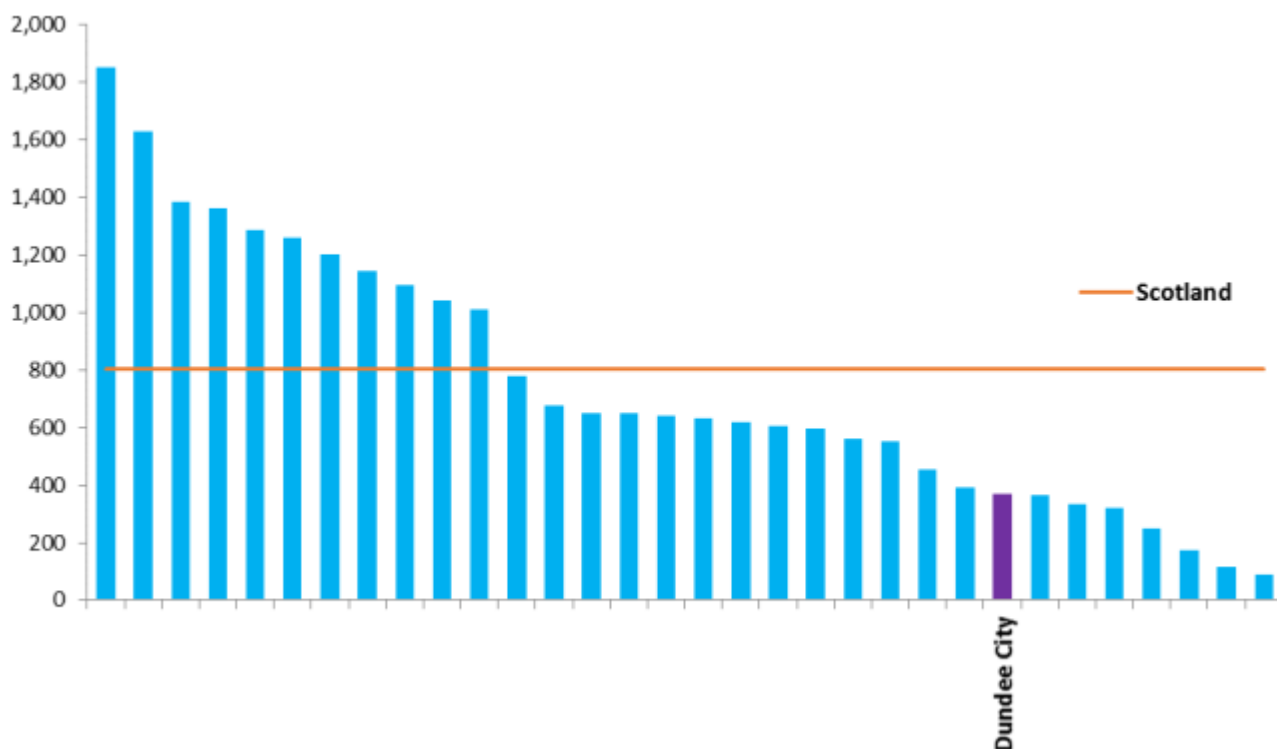
Chart 16: Bed Days Lost to Delayed Discharges (All Reasons) – Performance against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 19 – Bed Days Lost

Chart 17: Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population Benchmarking 2018/19



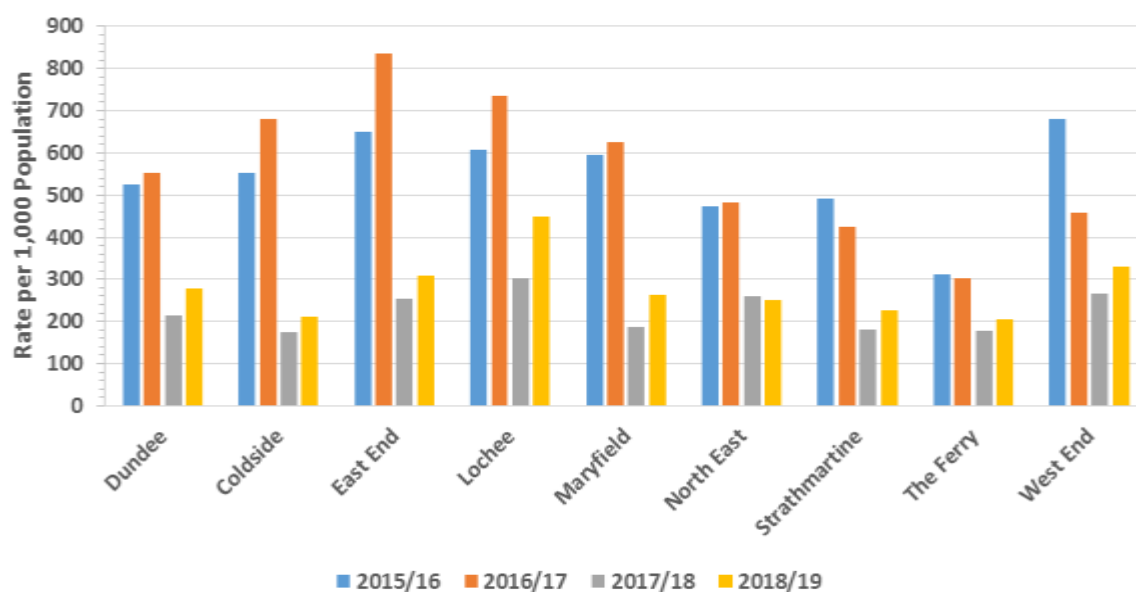
Source: ISD Core Suite of Integration Indicators

Table 9: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Standard Delays by LCPP

	2015/16	2016/17	2017/18	2018/19
Dundee	526	551	213	277
Coldside	553	681	174	210
East End	651	836	253	308
Lochee	608	736	304	450
Maryfield	596	626	186	262
North East	473	482	260	252
Strathmartine	491	425	182	225
The Ferry	313	303	177	205
West End	681	457	266	330

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Chart 18: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Standard Delays by LCPP



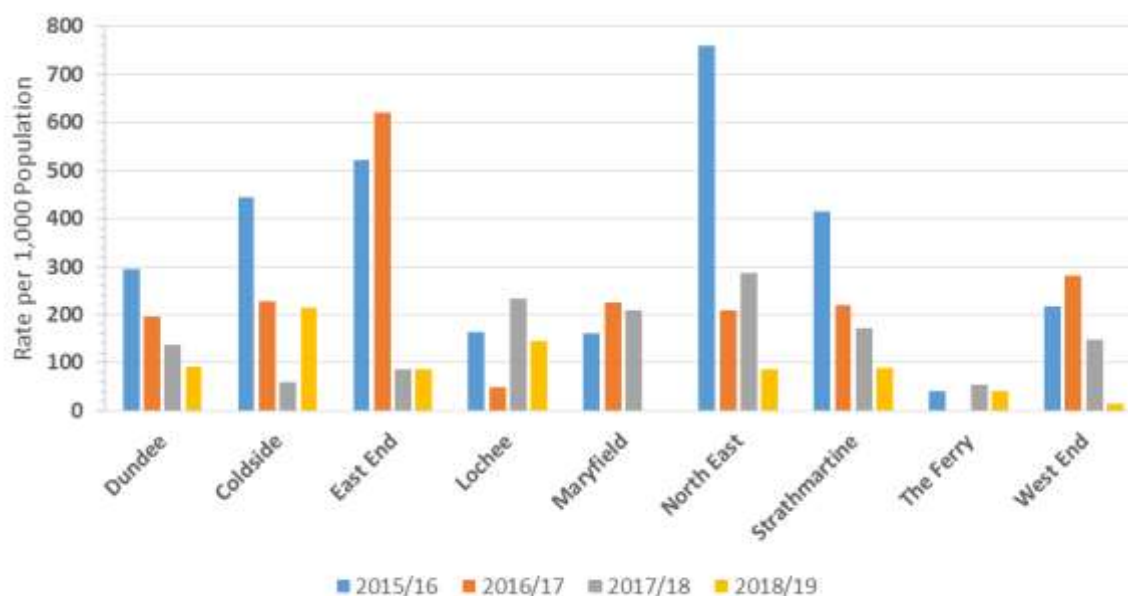
Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Table 10: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Code 9 Delays by LCPP

	2015/16	2016/17	2017/18	2018/19
Dundee	294	197	137	92
Colonside	443	229	60	214
East End	523	620	86	85
Lochee	164	49	232	145
Maryfield	162	226	209	0
North East	760	209	287	87
Strathmartine	416	221	173	90
The Ferry	41	0	53	42
West End	217	282	147	15

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Chart 19: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Code 9 Delays by LCPP



Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Analysis – All, Standard and Code 9 Delays age 75+

Benchmarking (All delays 75+) – ISD Core Suite of Integration Indicators

- The rate of bed days lost due to a delayed discharge in Dundee (369) was considerably lower than the Scottish rate (805). (chart 17)
- Dundee rate deteriorated between 2017/18 (349) and 2018/19 (369).
- Dundee is 8th best performing partnership in Scotland. (chart 17)
- At the end of 2018/19, 2 of the family partnerships performed better than Dundee. (chart 17)

Difference from 2015/16 Baseline to 2018/19

- For All Reasons, the Dundee rate per 1,000 population aged 75+ has fallen by 37.9%, which is a significant improvement.
- All LCPPs have shown a decrease in the rate of bed days lost per 1,000 population to both Standard and Code 9 Delays for those aged 75+ apart from The Ferry which showed a small increase from 41 to 42 per 1,000 in Code 9 delays. (table 3)

Performance Trend between 2017/18 and 2018/19

- Overall deterioration in Dundee rate by 30% for Standard Delays (table 9) but an improvement of 32.8% for Code 9 Delays (table 10) for those aged 75+.
- Improved rate for Standard Delays in North East (3.1%) but a deterioration in rates for Coldside (20.7%), East End (21.7%), Lochee (48.0%), Maryfield (40.9%), Strathmartine (23.6%), The Ferry (15.8%) and West End (24.1%) for those aged 75+. (table 9)
- Improved rates for Code 9 Delays in East End (1.2%), Lochee (37.5%), Maryfield (100%), North East (69.7%), Strathmartine (48%), West End (89.8%) and The Ferry (20.8%) but a deterioration in Coldside (256%) for those aged 75+. (table 10)

Variation across LCPPs in 2018/19

- Lochee (450) had the highest rate of Standard Delays for those aged 75+. The Ferry (205) and Coldside (210) have the lowest rates. (table 9)
- Coldside (214) had the highest rates of Code 9 Delays for those aged 75+. Maryfield has the lowest rate at 0, followed by West End at 15. (table 10)

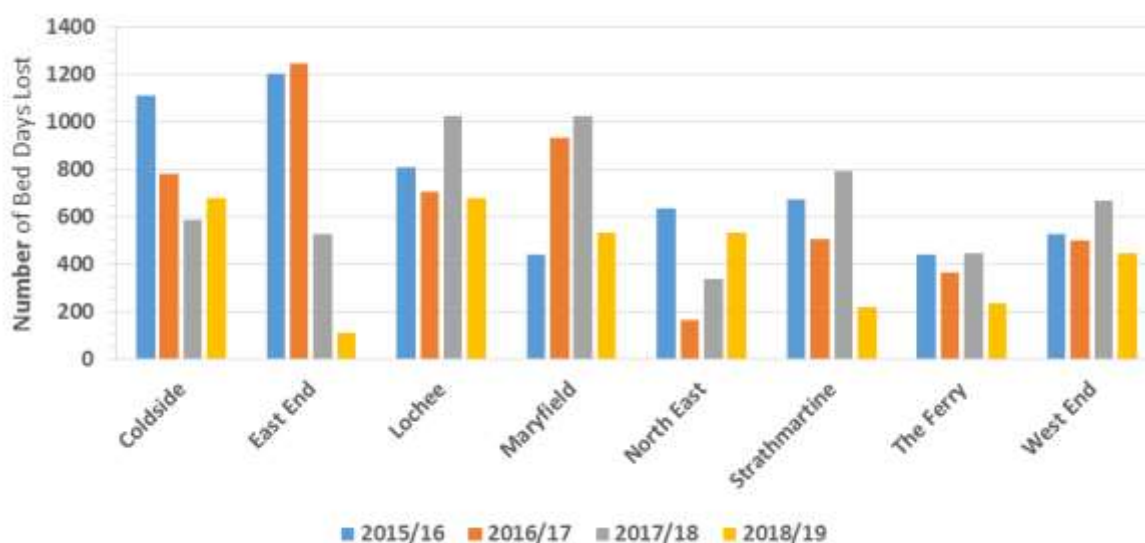
- Overall, Lochee (595) had the highest rate of delays for All Reasons for those aged 75+. The Ferry has the lowest rate at 248 followed by Maryfield at 262.

Table 11: Number of Bed Days Lost to Code 9 Delayed Discharges - All Ages by LCPP

	2015/16	2016/17	2017/18	2018/19
Dundee	6573	5971	7027	4825
Coldside	1112	780	584	676
East End	1204	1246	525	111
Lochee	809	708	1025	676
Maryfield	438	933	1025	532
North East	638	164	339	533
Strathmartine	675	507	792	216
The Ferry	440	365	447	235
West End	529	500	666	444

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Chart 20: Number of Bed Days Lost to Code 9 Delayed Discharges - All Ages by LCPP



Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Analysis – Code 9 (Complex) Delays All Ages

Difference from 2015/16 baseline to 2018/19

- 26.6% improvement in bed days lost in Dundee 2018/19 from 2015/16 baseline. (table 11)
- All LCPPs have shown an improvement except for Maryfield who showed a deterioration of 21.5%. (table 11, chart 20)

Performance trend between 2017/18 and 2018/19

- The number of bed days lost to complex delayed discharges for people all ages in Dundee dropped 31.3% over the last year which is an improvement. (table 11)
- There were fewer complex days lost in 2018/19 in East End (78.9%), Lochee (34%), Maryfield (48.1%), Strathmartine (72.7%) The Ferry (47.4%) and West End (33.3%). (table 11)
- There were more days lost in 2018/19 in Coldside (15.8%) and North East (57.2%). (table 11)

Variation across LCPs in 2018/19

- Lochee and Coldside both had the highest number of complex bed days lost for people all ages in Dundee at 676. (table 11)
- East End had the lowest number at 111. (table 11)

Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Develop intermediate care for older people with mental health difficulties	Angie Smith	September 2019
Continue to develop Enhanced Community Support (ECS) / Dundee Enhanced Community Support Acute (DECSA)	Mike Andrews/Louise Burton	March 2020
Develop locality teams	Jenny Hill / Beth Hamilton	March 2021
Assessment in the community	Beth Hamilton / Jacqueline Thomson	March 2020
Implementation of Eligibility Criteria	Jenny Hill /Beth Hamilton	March 2020
Develop community rehab model	Jenny Hill/Beth Hamilton	July 2020
Continue to develop Discharge to Assess Model through ongoing development of social care and step down resources	Lynne Morman	March 2020



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 24 SEPTEMBER 2019

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC33-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on 2019/20 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 3 and 4) and section 6.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 (table 2).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

- 4.1 In February 2019 the Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided in Quarters 1 and 3 of each financial year and full reports in Quarters 2 and 4 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers).
- 4.2 The Quarter 1 Performance Report covers local performance against National Health and Wellbeing Indicators 1-23. Appendix 1 provides a summary of performance. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see table 1). The Scottish Government and National Services Scotland, Information Services Division (NSS ISD) are working on the development of definitions and datasets to calculate these indicators nationally.

- 4.3 The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. A summary of the published results from the 2017/18 survey is provided in Appendix 1 (table 1). Full details have been provided previously in 2018/19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers).
- 4.4 Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee PAC held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Please note that we are currently unable to provide analysis for balance of care and end of life as data is not provided by NSS ISD for these service areas.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

- 5.1 National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+. (Please refer to Table 2.)
- 5.2 It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit have provided Locality based data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. (Please refer to Tables 3 and 4.)
- 5.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time NSS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution as the methodology used to calculate emergency bed days does not use the record linkage methodology incorporated at NSS. Please note, however, the local trends do match the national trends for emergency bed days analysis

6.0 QUARTER 1 PERFORMANCE 2019/20

- 6.1 Rolling data from July 2018 to June 2019 demonstrates that performance exceeded 'Measuring Performance Under Integration' targets for rate of emergency admissions, number of emergency bed days for mental health specialties and number of accident and emergency attendances. The targets for number of emergency admissions from accident and emergency, emergency admissions as a rate of all accident and emergency attendances, rate of emergency bed days for acute specialties and rate of delayed discharges (all reasons and complex / code 9 reasons) were not met.
- 6.2 Tables 3 and 4 in Appendix 1 summarise performance against the National Health and Wellbeing Indicators at both Dundee and LCPD level using rolling data from July 2018 to June 2019.

Between the baseline year (2015/16) and 2019/20 Quarter 1 there has been improved performance in:

- Rate of bed days lost to delayed discharge for people aged 75+ (for both Standard and Complex delays)
- Emergency bed day rate for people aged 18+.

In the same period there has been a deterioration in performance in:

- Emergency admission rate for people aged 18+;
- Readmissions rate for people of all ages; and,
- The rate of hospital admissions as a result of a fall for people aged 65+.

This is the same pattern of performance as reported in 2018/19 Quarter 4 (report PAC30-2019 refers) and there are therefore no exceptions to report to PAC.

- 6.3 Although the rate of standard bed days lost to delayed discharges for people aged 75+ has decreased by 38.6% in Dundee since 2015/16, since 2017/18 there have been increases in all LCPPs except for North East (19.2% reduction). The greatest increase was seen in Coldside (61.6%) and the lowest increase was seen in Maryfield (39.6%). Report PAC37-2019 provides an in a full analysis of discharge management performance report and associated improvement actions.

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 September
2019

Lynsey Webster
Senior Officer

DUNDEE LCPP PERFORMANCE REPORT 2019/20 QUARTER 1 – EXECUTIVE SUMMARY

- The Quarter 1 performance report assesses performance against the National Health and Wellbeing Indicators. 5 of the 23 indicators are health and wellbeing national performance indicators which are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost).
- In order for quarterly data to be compared with financial years rolling quarterly data is presented for each quarter. This means that data for Quarter 1 shows the previous 12 months of data including the current quarter. Therefore, Quarter 1 includes data from 1 July 2018 to 30 June 2019.
- Quarter 1 data regarding the 5 national health and wellbeing performance indicators was provided by the NHS Tayside Business Unit – 1 July 2018 to 30 June 2019. Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time NSS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution as the methodology used to calculate emergency bed days does not use the record linkage methodology incorporated at NSS. Please note, however, that local trends do match the national trends for emergency bed days analysis.
- This report should be assessed with regard to the demographic and socio economic context of Dundee; high rates of deprivation, an ageing population, frailty and age associated conditions being diagnosed earlier in life than in more affluent Partnerships and deprivation associated mental health illnesses and substance misuse problems.
- Between the baseline year 2015/16 and 2019/20 Quarter 1 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ (for both Standard and Complex delays) across all LCPPS except for The Ferry. In The Ferry there was an increase in complex delays by 29.2%, which is a deterioration. There was also an improvement in the emergency bed day rate for people aged 18+ across all LCPPs in Dundee, except for a slight rise in emergency bed day rate in Lochee.
- Emergency bed day rates since 2015/16 have decreased by 9.9% for Dundee, which is an improvement. Every LCPP, except Lochee, showed an improvement in 2018/19 Quarter 1 compared with 2015/16 and the biggest improvements were seen in East End, North East and West End, all of which showed a greater than 10% decrease in bed day rates.
- The rate of standard bed days lost to delayed discharges for people aged 75+ has decreased by 38.6% in Dundee since 2015/16, which is an improvement. In 2018/19 Quarter 1 there were decreases across all LCPP areas and the decrease in the rate ranged from 25.8% in Lochee to 56.5% in Maryfield. Despite improved performance when assessing against the 2015/16 baseline, there have been increases in all LCPPs except for North East (19.2% reduction), since 2017/18. The greatest increase was seen in Coldside (61.6%) and the lowest increase was seen in Maryfield (39.6%).
- The rate of complex bed days lost to delayed discharges for people aged 75+ has decreased by 72.5% in Dundee since 2015/16, which is an improvement. In 2018/19 Quarter 1 there were decreases across all LCPP areas, except for The Ferry (29.2% increase) and the decrease in rates ranged from 8.8% in Lochee to 97.4% in West End.
- Emergency admission rates have increased by 4.2% for Dundee since 2015/16 and there were increases in all LCPP areas with the exception of The Ferry (3.4% improvement in the rate) and Strathmartine (0.9% improvement in the rate).

- The rate of readmissions in Dundee has increased by 2.7% since 2015/16. The rate increased in 5 LCPPs (Coldside – 15.8% increase, West End – 13.6% increase, Lochee – 13.5% increase and Maryfield – 2.5% increase). The rate decreased in 4 LCPP areas (North East – 11.8% decrease, Strathmartine – 8.6% decrease, The Ferry - !% decrease and East End – 0.8% decrease).
- The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 17.7% since 2015/16, which is a deterioration. The rate increased in all but one LCPP area, The biggest increases were in The Ferry (49.8%) and Coldside (22.4%).

Table 1: National Health and Wellbeing Indicators 1 to 9

National Health & Well Being Indicator	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	Dunbartonshire	East Ayrshire	Western Isles
1 % of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2 % of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3 % of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5 % of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6 % of people with positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7 % of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8 % of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9 % of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

Key points of note:

Best performing partnership in family is highlighted in green for each indicator

2017/18 results:

- a All indicators show Dundee to be same or higher than Scottish average
- b For indicators 2, 4 & 7 Dundee fared better than all other family members
- c Dundee is in top 3 for all indicators except indicators 6 & 8
- d Indicator 8 returned a poor result for all family members

Compared to Scottish Health & Care Experience Survey 2015/16:

- a All indicators showed a deterioration across Scotland as a whole
- b Improvements for Dundee in indicators 4 & 9
- c No change in indicator 1 for Dundee
- d Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8.

Table 2: Measuring Performance under Integration Summary

Integration Indicator (Annual 18+)	Target 19/20	Expected % Difference from 15/16 Baseline	Actual % Difference from 15/16 Baseline		Actual % Difference from 19/20 Target		Direction of Travel from Previous Quarter
			2018/19 Q4	2019/20 Q1	2019/20 Q1	2019/20 Q2	
Emergency Admission Rate per 100,000 Dundee Population	12,489	↑7.27	↑4.40	↑3.92	↓3.12		↓
Emergency Admission Numbers	15,225	↑7.78	↑4.89	↑4.41	↓3.12		↓
Emergency Admissions Numbers from A&E	7,440	↑14.76	↑14.84	↑25.00	↑8.84		↑
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	301	↑8.66	↑8.67	↑18.77	↑9.30		↑
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	79,301	↓20.92	↓15.21	↓17.02	↑9.30		↓
Emergency Bed Days Numbers for Acute Specialties	96,674	↓20.55	↓14.82	↓16.62	↑4.95		↓
Emergency Bed Days Numbers for Mental Health Specialties	42,595	↓4.39	↓2.81	↓6.34	↓2.04		↓
Accident & Emergency Attendances	24,680	↑5.30	↑5.48	↑5.14	↓0.16		↓
Number of Bed Days Lost to Delayed Discharges per 1,000 Population(All Reasons)	50	↓59.68	↓37.90	↓33.06	↑66.00		↑
Number of Bed Days Lost to Delayed Discharges (All Reasons)	6,105	↓59.44	↓37.70	↓82.80	↑65.68		↑
Number of Bed Days Lost to Delayed Discharges (Code 9)	3,785	↓43.24	↓27.64	↓27.23	↑28.19		↑

Source: ISD MSG Data

Key: Improved/Better than previous quarter Declined/Worse than previous quarter

Key Points:

- a. Based on current performance, Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances , Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population, Number of Bed Days Lost to Delayed Discharges per 1,000 Population(All Reasons) are not on track to meet the 2019/20 trajectories.
- b. The Q1 1920 Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population is worse than the Q1 1920 trajectory, however the rate is better than it was in Q4 1819.
- c. Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data. Note late submissions of data may result in % differences reported varying from one quarter to another.
- d. Be aware – some of the differences show an increase which is positive and some show a decrease which is also positive.

Table 3: Performance in Dundee's LCPPs - % change in 2019/20 Q1 against baseline year 2015/16

	<div> <div>Most Deprived</div> <div>Least Deprived</div> </div>								
National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+4.2	+6.1	+6.4	+6.2	+5.5	-0.9	+8.2	+11.0	-3.4
Emer Bed Days rate per 100,000 18+	-9.9	+1.0	-17.5	-9.0	-26.2	-3.0	-2.8	-20.3	-7.0
Readmissions rate per 1,000 All Ages	+2.7	+13.5	-0.8	+15.8	-11.8	-8.6	+2.5	+13.6	-1.0
Falls rate per 1,000 65+	+17.7	+1.5	+13.9	+22.4	-0.5	+5.6	+6.9	+20.7	+49.8
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-38.6	-25.8	-43.3	-49.0	-55.6	-35.6	-56.5	-40.2	-28.1
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Complex)	-72.4	-8.5	-86.2	-69.3	-90.7	-92.8	-58.0	-97.2	+29.3

Table 4: Performance in Dundee's LCPPs - LCPP Performance in 2019/20 Q1 compared to the Dundee average

	<div> <div>Most Deprived</div> <div>Least Deprived</div> </div>								
National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,437	14,598	16,833	14,562	12,270	12,971	10,725	8,882	10,642
Emer Bed days rate per 100,000 18+	119,859	163,749	150,351	148,345	83,154	120,212	103,606	78,173	117,449
Readmissions rate per 1,000 All Ages	115	118	123	132	97	106	125	117	97
Falls rate per 1,000 65+	29	27	31	37	20	27	25	33	30
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	323	451	369	282	210	316	259	407	225
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	81	150	72	36	71	30	68	6	53

Source: NHS Tayside data

Key: Improved/Better Stayed the same Declined/Worse



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 24 SEPTEMBER 2019

REPORT ON: DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC37-2019

1.0 PURPOSE OF REPORT

- 1.1 To provide an update to the Performance and Audit Committee on Discharge Management performance in Dundee in relation to delays.

2.0 RECOMMENDATIONS

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

- 2.1 Note the current position in relation to complex delays as outlined in section 5, and in relation to standard delays as outlined in section 6.
- 2.2 Note the improvement actions planned to respond to areas of pressure as outlined in section 7.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background to Discharge Management

- 4.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date (Information Services Division Delayed Discharges Definitions and Data Recording Manual).
- 4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and associated indicators. There are two indicators that relate directly to effective discharge management:
- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged; and,
 - National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.
- 4.1.3 Within Dundee a Home and Hospital Transitions Group, chaired by the Head of Health and Community Care, oversees performance and improvement actions in relation to Discharge Management. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

- 4.1.4 Further improvement actions are discussed and agreed through the Tayside Unscheduled Care Board, chaired jointly by the Head of Health and Community Care for Dundee Health and Social Care Partnership and the Associate Medical Director for Medicine for the Elderly.
- 4.1.5 On a weekly basis, an update is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

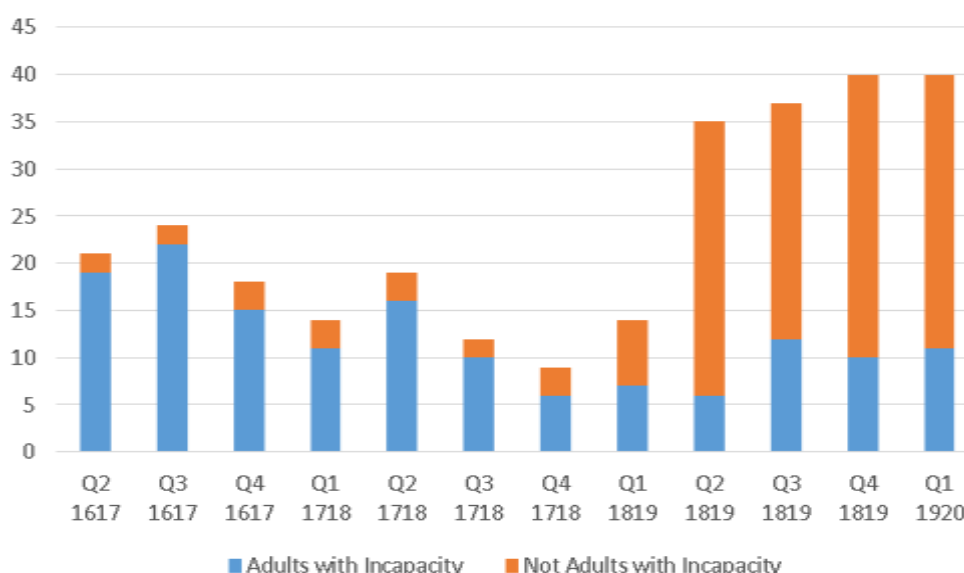
5.0 CURRENT PERFORMANCE IN RELATION TO COMPLEX DELAYS

5.1 Complex Delays - Current Situation

- 5.2 Complex delays can be split into 2 main age groupings, and specific approaches to improvement have been adopted for each.

The position in relation to the 75+ group is detailed in Table 1 below:

Table 1 Number of Complex Delayed Discharges Split by Reason for Delay Age 75+



Source: NSS ISD Delayed Discharge Census

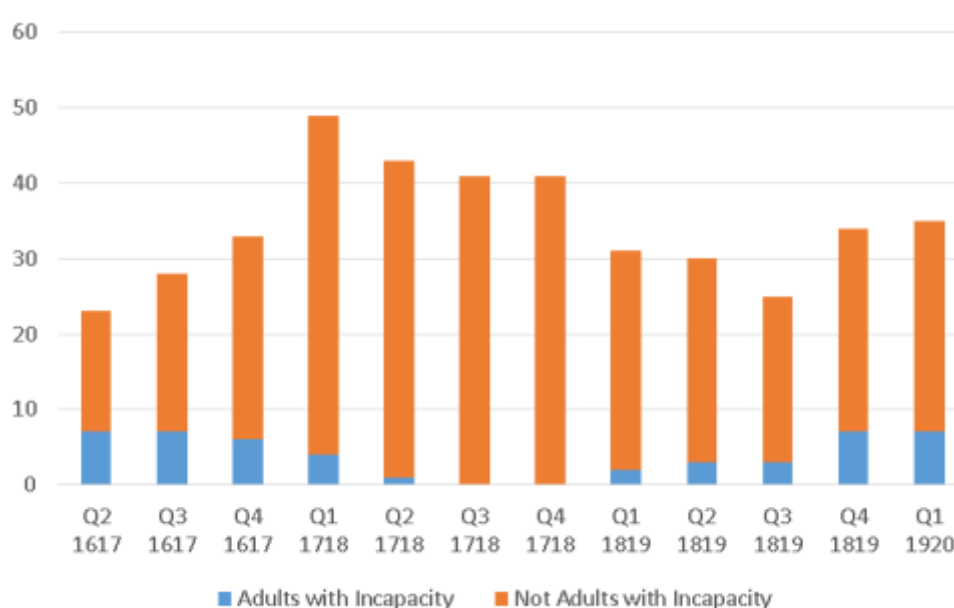
This highlights the improvement in performance which has taken place in relation to code 9 complex delays for the 75+ group over 2016/17 and 2017/18. In part, this can be attributed to the 'Discharge to Assess' model which promotes discharge prior to major assessment decisions being made. The aim of this is to reduce the numbers of patients moving to care home from hospital, and therefore reduces the demand for guardianship applications under the Adults with Incapacity legislation.

In addition, there has been investment in an additional Mental Health Officer post established within the Integrated Discharge Hub specifically focussed on increasing clinicians' awareness of and confidence in the legislation, as well as driving the Adults with Incapacity process when necessary to reduce the bed days lost for each individual. This post has been vacant for a few months during which there has been an increase in delays as a result of Adults with Incapacity processes. This demonstrates the impact being made by the inclusion of this post in the Discharge Hub.

During 2018/19 there has been an increase in code 9 complex delays where the reason for delay was not due to Adults with Incapacity. This can be attributed to a growing number of older adults whose needs cannot be accommodated within the current local care home resource and for whom more complex discharge planning is required. This is being addressed through the remodelling of the local authority care home resource which will ensure those older people with the most complex needs receive appropriate care and support.

- 5.3 Table 2 below outlines the position for the 18-74 age group. This demonstrates the impact of the long term improvement work being undertaken between the Partnership and Neighbourhood Services in terms of identifying appropriate accommodation and support services for this group. Further housing stock is scheduled to become available throughout the second half of 2019 which will reduce these delays further.

Table 2 Number of Complex Delayed Discharges Split by Reason for Delay Age 18-74

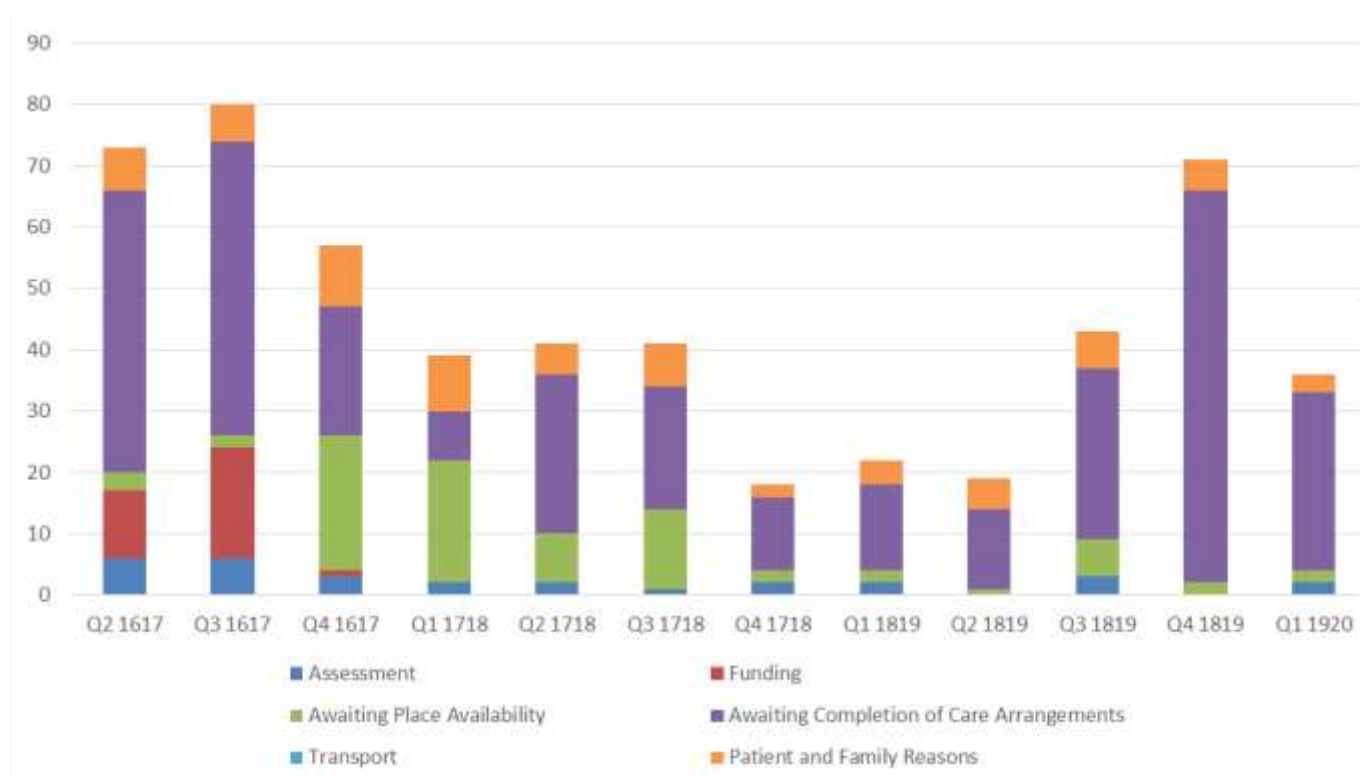


Source: NSS ISD Delayed Discharge Census

6.0 CURRENT PERFORMANCE IN RELATION TO STANDARD DELAYS

- 6.1 Although Dundee continues to perform well in relation to the 2015/16 benchmark, there is a deteriorating picture regarding standard delays. During 2017/18, the introduction of the 'Discharge to Assess' model enabled the majority of patients to be discharged on their Planned Date of Discharge as the assessment of their needs could be undertaken in a community setting.
- 6.2 The greater accuracy of this assessment has enabled more patients to remain in their own homes on a long term basis and demonstrated a reduction in the need for care home placements. However this has also resulted in an increased requirement for social care.
- 6.3 Table 3 below shows the deteriorating position in relation to standard delays. Table 3 also demonstrates that standard delays are now almost exclusively attributable to the non-availability of social care.

Table 3 Standard Delayed Discharges by Principal Reason for Delay



Source: NSS ISD Delayed Discharge Census

7.0 IMPROVEMENT ACTIONS IDENTIFIED TO ADDRESS INCREASE IN STANDARD DELAYS

- Implementation of eligibility criteria which will ensure services are only provided in response to a critical or substantial level of need, in order to ensure people receive the right support at the right time in the right place;
- Development of a rehabilitation focussed social care pathway, linking community rehabilitation services with the enablement service to ensure the focus is on promoting independence;
- Test of change using ring fenced Red Cross 'discharge to assess' service to target same day discharge in the Acute Medicine for the Elderly Unit;
- Continue to promote the 'discharge to assess' model;
- Continued locality modelling in relation to workforce planning to ensure the statutory social care review function is maintained adequately;
- Ongoing development of community based models such as Enhanced Community Support and Dundee Enhanced Community Support Acute to prevent admission to hospital;
- Development of 8 bedded step down unit within Turriff House as a community alternative for older adults experiencing mental health issues;
- Continued exploration of the current step down model to create efficiencies which will support earlier discharge;
- Recruitment to Advanced Nurse Practitioner posts across the existing community services to build more robust support in community teams;

- Consideration of the use of frailty scoring tools by third sector domiciliary care providers as a means of targeting review activity more accurately; and,
- Promote the use of technology to support assessment whenever possible and appropriate.

8.0 SUMMARY

- 8.1 Progress has been made in Dundee in relation to enabling people to be discharged when they are ready but we also recognise that further realignment is now required within social care and rehabilitation services to support the increased demand in community settings. The proposed actions above are targeted at ensuring the whole system is better equipped to manage the increasing demand for community based support.

9.0 POLICY IMPLICATIONS

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

10.0 RISK ASSESSMENT

Risk 1 Description	Every unnecessary day in hospital increases the risk of an adverse outcome for the individual, drives up the demand for institutional care and reduces the level of investment that is available for community support.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly review of all delays. - Action plan and monitoring at the Home and Hospital Transition Group. - Range of improvement actions underway to reduce risk of delays.
Residual Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Planned Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

11.0 CONSULTATIONS

The Chief Officer, Head of Health and Community Care and the Clerk were consulted in the preparation of this report.

12.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 September 2019

Lynne Morman
Integrated Manager

Lynsey Webster
Senior Officer



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2019

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP (DHSCP) CLINICAL, CARE AND PROFESSIONAL GOVERNANCE (CCPG)

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC27-2019

1.0 PURPOSE OF REPORT

To provide an update to the Performance and Audit Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group. In order to meet the requirements of the Clinical Quality Forum (CQF) and the Dundee Health and Social Care Partnership Performance and Audit Committee (PAC), this report is presented as an SBAR (Situation, Background, Assessment and Recommendations).

2.0 RECOMMENDATIONS

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

- 2.1 Note the exception report for the Dundee HSCP Clinical, Care and Professional Governance CCPGG.
- 2.2 Note that the Dundee Health and Social Care Partnership have received a report from the Drugs Commission (Published 16th June) and will provide a comprehensive response to the recommendations at a future Performance and Audit Committee meeting.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Clinical, Care and Professional Governance (CCPG) is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation, built upon partnership and collaboration within teams and between health and social care professionals and managers.
- 4.2 The Framework for CCPG within integrated services in Tayside is set out in the agreed framework - Getting It Right for Everyone: Clinical, Care and Professional Governance Framework. CCPG relies on all of these elements being brought together through robust reporting and escalation processes using a risk management approach to ensure person centred, safe and effective patient care.
- 4.3 In Dundee HSCP key elements of CCPG are monitored through the following forums:
 - CCPG Leadership Huddle (the Huddle) which meets on a weekly basis
 - CCPG Forum (CCPGF) which meets on a 2 monthly basis
 - CCPG Group (CCPGG) which meets on a 2 monthly basis
 - Primary CCPG Groups sit at a service level and meet regularly in accordance with service need

These groups provide the forums to monitor, review, discuss and disseminate CCPG issues, identify any risks and mitigate/escalate these as required.

- 4.4 The CCPGF and CCPGG review all action plans in relation to the implementation of the CCPG framework, and implement the subsequent dissemination of learning that arise from all Local Adverse Event Reports (LEARS); Organisational Adverse Events Reports (OARS); Significant Case Reviews (SCR); Case Reviews; Scottish Public Sector Ombudsman (SPSO) reports and review all risks recorded on the DHSCP (DATIX) risk register on a 2 monthly basis. In addition, the Forum and Group review all action plans and implement the dissemination of learning that arise from all inspection reports and standards, guidelines, and relevant legislation.
- 4.5 The Huddle review all adverse events reported on DATIX and ensure that themes and learning are identified and discussed at the CCPGF and CCPGG.
- 4.6 The following table sets out the reporting arrangements for the Dundee Health and Social Care Partnership (DH&SCP).

	CCPGF	CCPGG	CQF
Scorecard	Full	Exceptions (from scorecard)	Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
DATIX Themes / Action Taken	Full All Reported and Themed	Exceptions (Individual / Themes)	Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
Red Events	All	All	Overview – Themes / Numbers
LAER/OAER/SCR	All reported and learning shared	High Level Summary	Exceptions Organisational learning Organisational risk
Complaints (and SPSO)	All – Learning shared	Quality report (Sample) Upheld Status Report SPSO + Exception	SPSO Numbers Organisational learning
Risks	All (Detailed in scorecard)	High level report with assurance statement. Persistent long term risks. Transient Risks	Overview Report. Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
Inspection Reports	Action Plan Produced Per Team (where applicable)	Action Plan Produced Per Team (where applicable)	Overview Statement
Standards / Legislation / Guidelines	New Standards Reported	Agenda items ad hoc	Organisational Impact

4.7 Assessment

- 4.7.1 The DH&SCP Clinical Director is required to provide information to both DH&SCP and the CQF in order that both organisations can achieve assurance as to the matters of CCPG within the partnership. Agreement was reached that exception reports would be provided to the PAC and that regular reports would be provided to the CQF. The exception report covering the period up to 30th June 2019 is attached at Appendix 1.

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

This report has not been subject to a risk assessment as it is for information and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 September
2019

Diane McCulloch
Head of Health and Social Care

David Shaw
Clinical Director



DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE EXCEPTION REPORT

PERIOD COVERING FEBRUARY - JUNE 2019

1 Clinical, Care and Professional Governance Assurance Processes

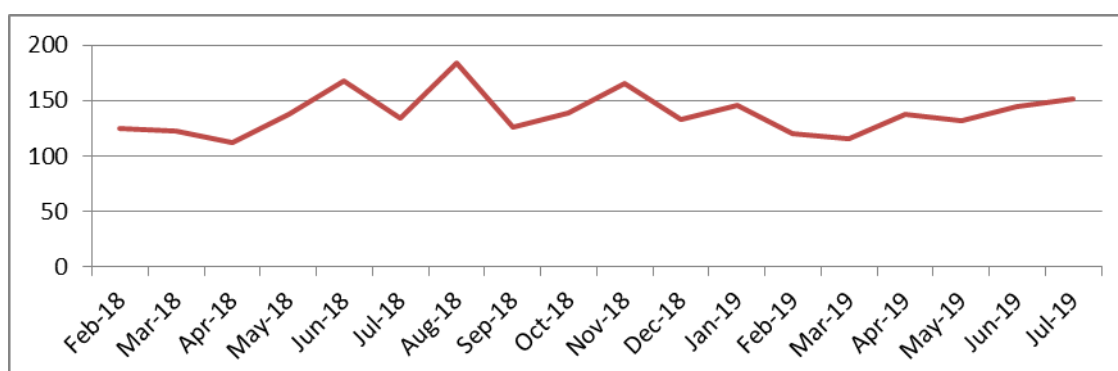
Dundee Health and Social Care Partnership (DH&SCP) continues to review the processes for Clinical, Care and Professional Governance (CCPG) in order to ensure processes and scrutiny is of a level which can provide the required assurance. A “Taking Stock” event took place in December 2018 to reflect on the current CCPG arrangements across DH&SCP. It was identified that while some elements of governance were working well there remained gaps. The following actions were implemented within this reporting period:

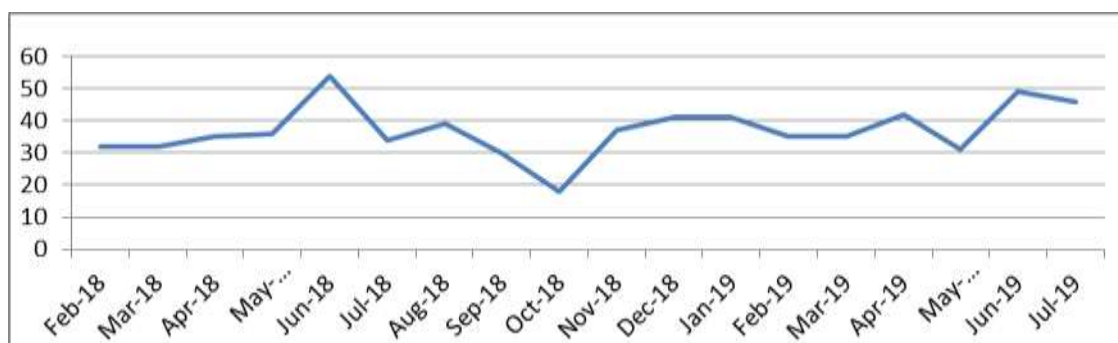
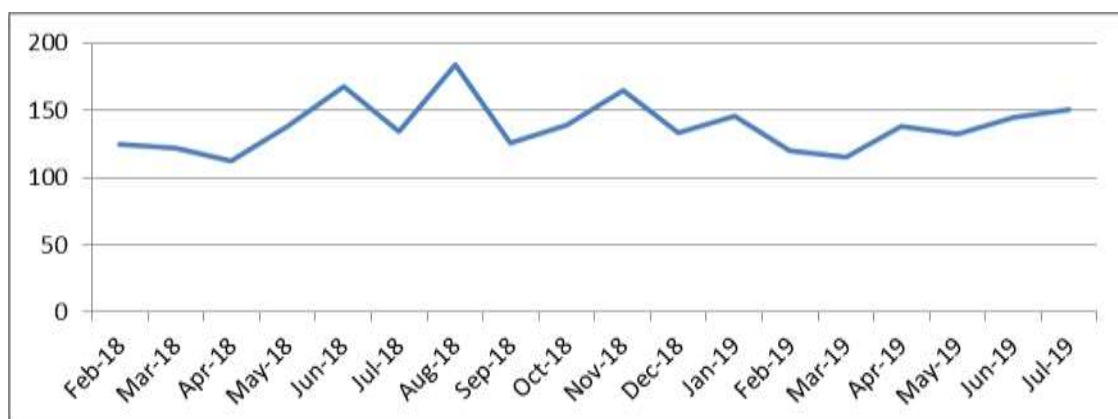
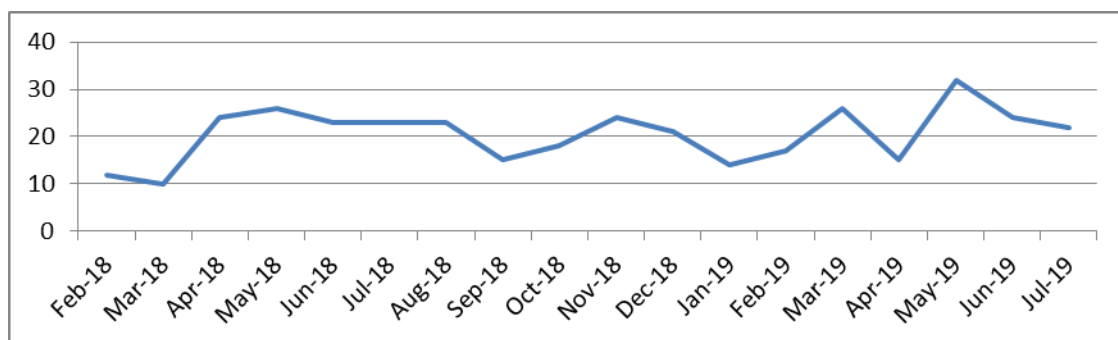
- The Clinical, Care and Professional Governance Group (CCPGG) agreed that future meetings would include an exception report from each Primary Governance Group. The HSCP will agree a core set of measures to be reported at every meeting by every service. In addition, it is expected that services will also develop a set of service specific measures.
- Operational services that do not sit within the locality model and therefore do not currently have a Primary Governance Group were identified, and the reporting requirements of these services will be scoped.
- Advanced Root Cause Analysis training, commissioned through Consequence UK, was delivered in May to DH&SCP staff. Staff from across health and social care attended, expanding the range of staff available to review adverse events. These staff are being provided with opportunities to undertake adverse event reviews with mentoring and oversight of the work provided by more experienced reviewers.
- A Primary Governance structure is required to support all services at a service level. Production of a core data set and service specific data set will be developed and implemented for regular reporting through the primary governance groups to the CCPGG.

2 Adverse Events Report

The following four tables present adverse event data for DH&SCP from the Datix system. It is recognised that Datix is predominately used by Health staff within the DH&SCP and therefore the numbers may not reflect all the adverse events that have occurred.

Graph 1. Total Number of Adverse Events and Near Misses Reported within Datix



Graph 2. Number of Adverse Events with Harm Reported within Datix**Graph 3. Number of Adverse Events without Harm Reported within Datix****Graph 4. Number of Near Misses Reported within Datix**

The number of overdue adverse events within Datix continues to be an issue. There are currently 161 green, yellow and amber adverse events overdue for completion within Dundee HSCP. Of those currently outstanding, 135 have been verified, 26 are unverified. In addition, there are 60 overdue red adverse events. One of these overdue adverse events date back from 2016, with 14 outstanding from 2017. Support has been offered to services from the Clinical Governance & Risk Management Team to address this. Monthly reports on overdue adverse events are circulated to the DH&SCP. It was noted that the delivery of the commissioned Root Cause Analysis training in May 2019 has increased the number of trained reviewers within Dundee HSCP. It was also noted that the Mental Health and Learning Disability Adverse Event Management Group has been undertaking some focused work to reduce the number of overdue red and amber adverse events within these two services.

Services within the HSCP have been highlighting difficulties completing adverse events that require review by others, e.g. services within the Acute Sector of NHS Tayside. It is challenging to obtain feedback on outcomes of reviews. Data will be collated to understand the size of the issue.

Refresher training on the Statutory Duty of Candour has been delivered within Medicine for the Elderly, in response to an increase in adverse events where the Duty was being triggered inappropriately.

3 DHSCP Risks

A report summarising the HSCP Risk Register within Datix was presented to the CCPGG and the Forum. The following amendments to the register were highlighted:

- A risk relating to the Transcribing of Medicines in the Community has been added as a current risk.
- Two risks associated with the telephony issues at Royal Victoria Hospital are now agreed as current risks. These are both the same as the existing risk, but have been added by other services onsite. Interim measures are in place to assure staff and patient safety.
- Three new risks are under development and therefore added to the register as pending risks. These are Negative Media Reporting Increasing Reputational, Clinical and Safeguarding risk (Integrated Substance Misuse Service), Nursing Workforce (Specialist Palliative Care Service) and Site Security Out of Hours (Specialist Palliative Care Service).
- Two risks have been archived by Tayside Sexual Health and Reproductive Health Service (Drugs Budget, Potential New Cost Pressure and/or Lack of Service).

Recruitment Process

Discussion around length of time to recruit posts was held it was highlighted that delays were in place within the partnership and within the NHS Tayside recruitment team. A local review is addressing the delays within the partnership and escalation to the NHS Tayside recruitment team has been made via the human resources lead for the partnership. There is an agreement with NHST that any critical posts would be identified within the partnership and given priority to recruit within NHS Tayside/ Dundee City Council.

Integrated Substance Misuse Service

A paper went to the IJB and the Alcohol & Drug Partnership highlighting a number of risks (as described in previous papers). The partnership is continuing to work on areas that it anticipates will be highlighted in the forthcoming Drugs Commission Report (due for publication on 16th August).

DHSCP has identified that supporting staff will be an important element when responding to the report.

2C Practices

There are 3 Health Board run practices within Dundee: Whitfield, Maryfield and Lochee. Whitfield and Lochee have been stabilised and are planning to recruit, with functioning open lists. Maryfield continues to struggle to recruit after the GP partners resigned and they haven't managed to recruit replacement doctors. These issues have been discussed with the Primary Care Department to see how these risks can be mitigated. Whitfield and Lochee have agreed to take on some of the home visiting load when they have capacity to do so. Discussions have taken place about unexpected illnesses/events looking at mitigation planning. This includes centralising open surgeries for medical appointments. A part solution will be using non-medical professions e.g. physiotherapy, nursing, pharmacies to take on some GP roles.

Legionella

Both Craigie Care Home and Mackinnon Centre have tested positive for Legionella. The issue in Craigie has been resolved and there is no longer a risk of Legionella. Work continues to be undertaken at Mackinnon Centre.

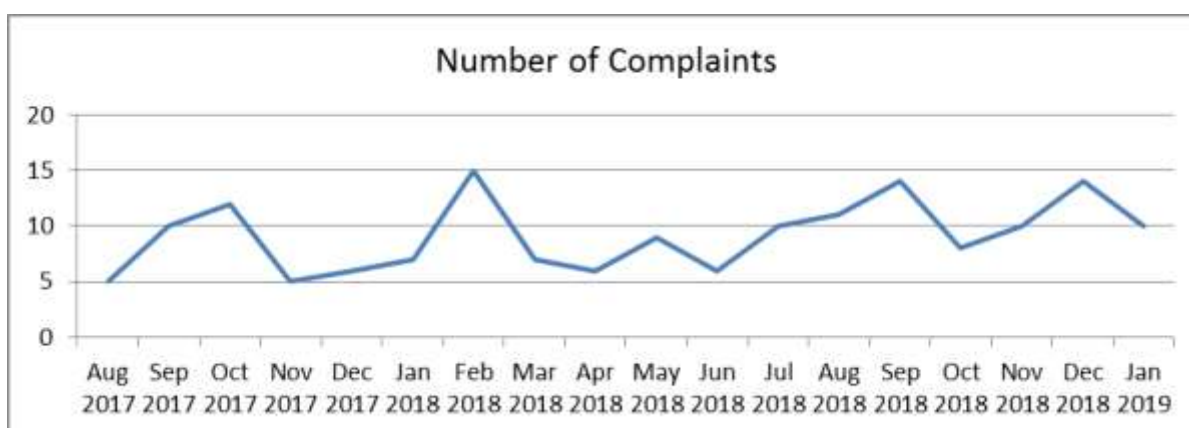
4. Inspection Reports

There have been no inspections in this reporting period reported through the CCPGG.

5. Complaints

The following data has been extracted from Qlikview for Dundee HSCP. This data is collated from Health Systems, and will therefore only reflect part of the Partnership.

Graph 5: Number of Complaints (Health)



Graph6: % of NHS Complaints Responded to within Timescale

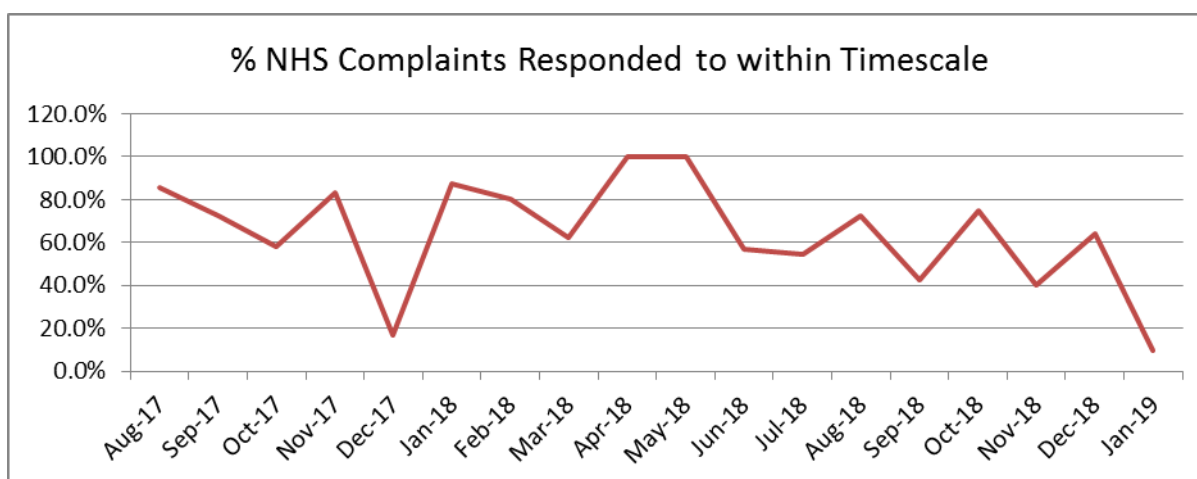


Table 1: Number of NHS Complaints Upheld or Partially Upheld

Year	Source	EMAIL	LETTER	OTHER	PERSON	PHONE	SUGG
2017		37	20	1	1	60	1
2018		35	29	-	5	52	-
2019		53	15	-	4	45	-

Discussions on a reporting dataset had identified percentage of NHS complaints upheld or partially upheld. However, this information is only reported on by number within Qlikview.

There was no report presented to the CCPGG for complaints and therefore no in depth discussion about complaints within the Partnership.

6. Standards / Legislation / Guidelines

The Community Mental Health Standard Operating Procedure for the Management of Red Adverse Events and Local Adverse Event Reviews has been developed and shared across the partnership.

- Audits within the sexual health service on emergency contraception and on the care of people with HIV have been undertaken it has been confirmed that there were no concerns from a clinical perspective. The recommendations from the emergency contraception audit are to continue implementing the recommendations from the first cycle of audit, as these are proving to be effective.
- RVH Day Hospital has not provided infection control for hand washing data for seven months for both opportunity and technique. It was highlighted that this requires to be followed up to ensure data is being collected. It was noted that hand hygiene data will be discussed at the Quality Performance Review meetings as data captured is variable across the organisation and there requires to be consistency of data across the organisation



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2019

REPORT ON: DUNDEE CITIZENS SURVEY 2018 – HEALTH AND SOCIAL CARE RESULTS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC31-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise for the Performance and Audit Committee the results on the Dundee Citizens Survey 2018 that are of relevance to the Health and Social Care Partnership strategic priorities.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report and the result of the Citizens Survey 2018 as detailed Appendix 1 and section 4.2.
- 2.2 Note that the health and social care results from the Citizens Survey have been incorporated into the Partnership's locality needs assessment profiles that will published on the Partnership website by 30 September 2019.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Dundee City Council commissions an annual Citizens Survey to establish the public's view on general and specific aspects of life in Dundee, including: the home and neighbourhood; health; education and employment; community safety; and, financial issues. The survey also aims to establish levels of satisfaction with public services and customer experience when members of the public are in contact with the Council. It is intended that the results of the survey are used to inform the future development of the Dundee City Plan.
- 4.1.2 In 2018 a total of 1300 interviews were carried out with a representative sample of Dundee residents. A disproportionate sampling methodology was used where 800 interviews were carried out among the general population of Dundee (100 in each electoral ward) and 500 interviews were carried out in community regeneration areas (100 in each of the 5 CRAs). The margin of error associated with results is +/- 2.7% and therefore the results are considered to be robust.
- 4.1.3 Due to the fact that the sample was designed on a disproportionate basis within wards, to ensure the data was representative at both Dundee and ward level, weighting figures were used during the data analysis. The data was weighted by age, gender and ward. In particular this was carried out in order to ensure that the results on a ward basis were proportionately represented in the results in relation to the proportion of the Dundee population who live in that ward.

- 4.1.4 Subsequent to the publication of the full survey results (available at https://www.dundee.gov.uk/sites/default/files/publications/dundee_city_council_citizens_survey_report_2018_final.pdf) further analysis has been undertaken by the Partnership's Strategy and Performance Team to extract results of particular relevance to health and social care at both city wide and locality level. This further analysis is contained within appendix 1.

4.2 Summary of Findings

- 4.2.1 Perceptions of quality of life and satisfaction with people's neighbourhoods was significantly high; with satisfaction levels within localities ranging between 99% and 100% satisfaction. Satisfaction with quality of life across Dundee as a whole city was also generally high (ranging from 98% to 100%), with the exception of residents in the North East who reported an 88% satisfaction with the overall quality of life in Dundee.
- 4.2.2 In terms of people reporting having good support networks, the more affluent areas of West End and Broughty Ferry reported low rates compared to all other localities. The West End reported a significantly low satisfaction with their home compared to all other localities. Levels of volunteering have significantly increased since 2015 from 8% up to 21% in 2018.
- 4.2.3 With regards to Health, almost all respondents stated that they were registered with a GP and a dentist, with the exception of Broughty Ferry where only 86% of people were registered with a dentist. All localities reported that at least 94% of people rated their health as either fair, good or very good.
- 4.2.4 Large variation was reported regarding the proportions of people stating that they never engage in physical activity, ranging from 3% in Maryfield up to 42% in Lochee. The proportion of people who stated that they either smoke or vape also varied significantly by locality from 14% in Maryfield up to 48% in Lochee. Higher proportions of the older population reported smoking or vaping than the younger population. Daily binge drinking was reportedly low, not exceeding 2% of the respondents in any locality. However, on a weekly basis reported binge drinking showed significant variation across localities from 40% in Maryfield to 12% in Coldside.
- 4.2.5 The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) enables the measurement of mental well-being of adults in the UK. WEMWBS is a 14-item scale of mental well-being covering subjective well-being and psychological functioning. For Dundee as a whole the mean score for WEMWBS is **55.8**. The mean score for Dundee in 2017 was 56.5, in 2016 it was 54.3 and in 2015 it was 53.3. The Scottish Average for 2016 (as reported in the 2016 Scottish Health Survey) was 49.8. WEMWBS scores for each locality show that West End (58.8), the Ferry (56.9) and Lochee (57.6) had a higher than average WEMWBS score, while people living in Maryfield (54.1), Coldside (55.6), East End (53.7), North East (55.2) and Strathmartine (53.6) had lower than average WEMWBS scores, and therefore a lower level of mental wellbeing.
- 4.2.6 Awareness of how to report a concern regarding an adult at risk has more than doubled since 2015.

4.3 Next Steps

- 4.3.1 The locality level analysis of the Citizens Survey 2018 has been integrated into the Partnership's locality needs assessment profiles as part of the annual update. The revised profiles will be available on the Partnership's website by the end of September 2019.
- 4.3.2 The health and social care focused analysis of the Citizens Survey will be submitted to the Health, Care and Wellbeing Executive Board of the Dundee Partnership for consideration.

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

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

7.0 CONSULTATIONS

The Chief Officer, the Clerk and Head of Service - Health and Community Care were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 September 2019

Ailsa McAllister
Senior Officer, Strategy and Performance

Appendix 1

Dundee City Council's Citizens Survey Report 2018

A focus on health and social care.



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EXECUTIVE SUMMARY

The results from the Citizens survey 2018 provides an overview of how people from each locality rated their quality of life, their home, level of participation in the community, their health, opportunities for education, money matters and vulnerability. Whether or not people have access to the internet has also been included in this summary. This is because of Health and Social Care's commitment to developing technology enabled care solutions with partners across Dundee.

Some results mirror other pieces of data captured through research and other local needs analysis. There were however, some surprising findings that emerged in both the SIMD and more affluent areas.

Findings of interest

Quality of Life

Quality of life and satisfaction with people's neighbourhoods was significantly high. This too was the case for Dundee as a whole ranging between 98% and 100% satisfaction. The North East however only reported an 88% satisfaction with the quality of life they experienced in Dundee.

Having good support networks

In terms of people reporting having good support networks, the more affluent areas of West End and Broughty ferry reported low rates compared to all other neighbourhoods.

Satisfaction with home

The West End reported a significantly low satisfaction with their home compared to all other localities.

Level of participation in the community

Levels of volunteering has significantly increased since 2015 from 8% up to 21% in 2018.

Health

- With regards to Health, almost all respondents stated that they were registered with a GP and a Dentist, however, one surprising result, which was also captured last year, was that only 86% of people in Broughty Ferry were registered with a dentist.
- All localities reported that 94% of people and above rated their health either fair, good or very good.
- Large variation was reported regarding the proportions of people stating that they never engage in physical activity ranging from 3% in Maryfield through to 42% in Lochee.
- Another varying result was obtained for people who stated that they either smoke or vape with the lowest reported percentage of 14% in Maryfield and Lochee (48%).
- Further analysis in relation to smoking was carried out by age. It appears that there appears not only to be higher levels of smoking in the SIMD areas but also for Older People.

- Daily binge drinking was reportedly low not exceeding 2% of the respondents for any locality. That said, on a weekly basis binge drinking showed significant variation across the localities again in Maryfield and Coldside (40% and 12% respectively).

Wellbeing

In terms of ranking the overall WEMWBS scores the top three localities that reported positively for their aggregated wellbeing scores were 1) West End 2) Lochee and 3) Broughty Ferry.

Access to employment and advice services

Coldside was the least satisfied with access to employment and advice services (7%), compared to all other localities (1% average for Dundee as a whole).

Money Matters

The West End reported the highest proportion of people who don't manage their finances well.

Access to the Internet

In terms of accessing the internet the respondents in the West end were most likely to be able to do so (91%) and those in the Ferry were the least likely (73%).

Vulnerability

Awareness of how to report an adult concern has more than doubled since 2015.

INTRODUCTION

This report presents the key findings from Dundee City Council's Citizen Survey 2018 that are of relevance to Health and Social Care.

The findings are reported for Dundee as a whole then subsequently, by each locality.

An overall profile statement has been produced for each locality, making comparison to the key findings for Dundee City.

The findings are categorised under the following headings:

1. Home and Neighbourhood
2. Transport
3. Health
4. Education
5. Money Matters
6. Access to the internet
7. Vulnerability
8. Disabilities
9. Carers

METHOD

1,300 interviews were undertaken. The survey was designed and administered by the external consultants Research Resource. 800 face to face interviews were held with the general population of Dundee (100 in each of the 8 localities) and 500 within community regeneration areas (100 in each of the 5 regeneration areas).

The sample was selected on a disproportionate basis within wards, to ensure the data was representative at both Dundee and ward level, figures were weighted during the data analysis. The data was weighted by age, gender, ward and locality. This was carried out in order to ensure that the results on a ward basis were proportionately represented in the results in relation to the proportion of the Dundee population who live in that ward/locality.

FINDINGS

The findings are reported for Dundee as a whole and then for each locality/ward area per question. Where figures are highlighted in red this has been done to draw attention to a figure which is 5% or lower than the Dundee average. If highlighted in green then this is 5% or higher.

5% better than the Dundee Average	5% below the Dundee Average
H = The highest reported percentage where the difference is = / >5%	L = The lowest reported percentage where the difference is = / >5%

SUMMARY OF FINDINGS FOR DUNDEE

DUNDEE

DEMOGRAPHICS

n = 1300

CONFIDENCE INTERVAL = +/-2.7%

Ethnicity

Any mixed or multiple ethnic groups	1%
Black, Black Scottish or Black British	1%
Chinese, Chinese Scottish or Chinese British	1%
Indian, Indian Scottish or Indian British	1%
Other British	2%
Pakistani, Pakistani Scottish or Pakistani British	1%
Polish	2%
Refused	1%
Scottish	88%
Any mixed or multiple ethnic groups	1%
Black, Black Scottish or Black British	1%

Age of respondents

16%	16-24
20%	25-34
15%	35-44
15%	45-54
7%	55-59
6%	60-64
16%	65-74
5%	75+
0%	Refused

Gender

Male	47%
Female	53%

Household composition

20%	Single Adult no children
4%	Single Adult and at least one child
40%	Two Adults no children
15%	Two Adults and at least one child
13%	Three Adults no children
4%	Three Adults and at least one child
4%	Four Adults no children
0%	Four Adults and at least one child

INTERNET ACCESS

16% of people in Dundee reported they do not have any means of accessing the internet

VULNERABILITY

72 % of people know that the council has procedures in place to respond to situations where vulnerable adults might be at risk of harm.

87% of people know who to contact if you had concerns that a vulnerable adult was at risk of being abused?

SELF REPORTED DISABILITY

22% of people reported that they had a disability.

The top three disabilities

1. Physical Disabilities
2. Mental Health
3. Long term condition

CARERS

68 (5%) of respondents stated that they provide unpaid care or support for someone else or each other. 7 of which are under 18.

26 of the 68 accessed information or services or support to help them manage their caring role.

1. YOUR HOME AND YOUR NEIGHBOURHOOD

Overall, 99.5% of respondents are satisfied with the quality of life in Dundee.

QUALITY OF LIFE (Very satisfied or satisfied)	Maryfield	East End	Broughty Ferry	North East	Strathmartine	Lochee	Coldside	West End	Dundee
Q16. In Neighbourhood	100%	100%	100%	100%	99%	100%	100%	99%	99.5%
Q17. In Dundee	100%	100%	100%	88%	100%	99%	100%	98%	99.5%

There was a very high level of satisfaction with localities as a places to live.

	Maryfield	East End	Broughty Ferry	North East	Strathmartine	Lochee	Coldside	West End	Dundee
Q6. Very good or fairly good place to live	94%	99%	100%	100%	98%	100%	99%	95%	98%

There was a general satisfaction across the board with the condition of people's homes across all localities, apart from West End. This locality was less satisfied in this area.

	Maryfield	East End	Broughty Ferry	North East	Strathmartine	Lochee	Coldside	West End	Dundee
Q9. Condition of House/Flat – good or very good	99%	94%	99%	97%	100%	94%	98%	81% L	96%

1b SUPPORT NETWORKS (Q33)

	Maryfield	East End	Broughty Ferry	North East	Strathmartine	Lochee	Coldside	West End	Dundee
Q33. % of people who said they could turn to friends/relatives in neighbourhood	100% H	91%	87%	91%	93%	97%	85% L	87%	92%

2. TRANSPORT

	Maryfield	East End	Broughty Ferry	North East	Strathmartine	Lochee	Coldside	West End	Dundee
Q11. % of people who were Fairly dissatisfied or very dissatisfied with public transport	0%	1%	4%	3%	0%	0%	7%	7%	3%

3. HEALTH

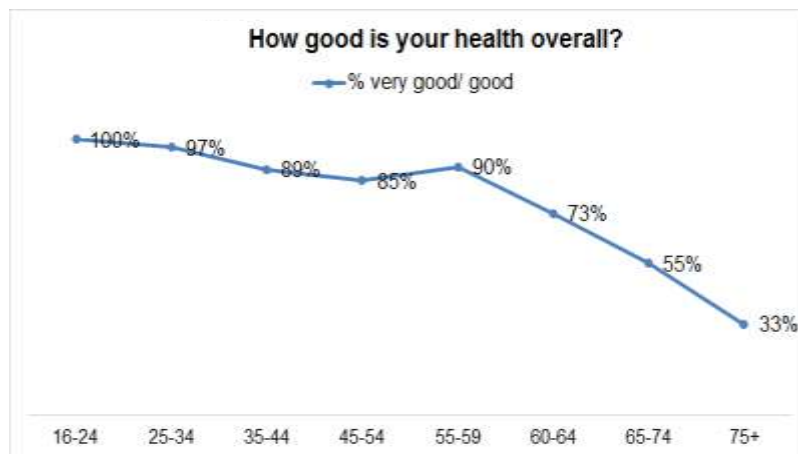
10% stated that they did not engage in community activities or organisations due to health not being good enough.

	<i>Maryfield</i>	<i>East End</i>	<i>Broughty Ferry</i>	<i>North East</i>	<i>Strathmartine</i>	<i>Lochee</i>	<i>Coldside</i>	<i>West End</i>	<i>Dundee</i>
Q25a. % of people who stated that they had registered with a GP	99%	99%	97%	100%	99%	98%	99%	100%	99%
Q25b. % of people who stated that they had registered with a dentist	99% H	93%	86% L	93%	97%	93%	95%	96%	94%
Q26. % of people who stated that they had 'Good' or Very Good' health	88%	84%	75% L	77%	84%	84%	77%	91% H	82%
Q26. % of people who stated that they had 'Poor or Very Poor' health	4%	4%	1%	5%	3%	4%	6%	4%	4%
Q26. % of people who stated that their health 'Fair'	7%	12%	23% H	17%	13%	11%	17%	4% L	13%
Q27. % of people who stated that they never engage in moderate physical activity	3% L	24%	27%	25%	37%	42% H	40%	21%	29%
Q28. % of people who stated that they currently smoke	12% L	21%	33% H	17%	22%	32%	22%	29%	24%
Q29. % of people who stated that they currently Vape	2% L	17%	5%	13%	19%	16%	23% H	6%	9%
Q30. % of people who stated that they binge drink 'daily' or 'almost daily'. *	2%	0%	0%	1%	1%	1%	0%	0%	1%
Q30. % of people who stated that they binge drink weekly. *	40% H	21%	27%	27%	18%	20%	14% L	26%	23%

*Where binge drinking was outlined to be more than 8 units for men and 6 for women in one day.

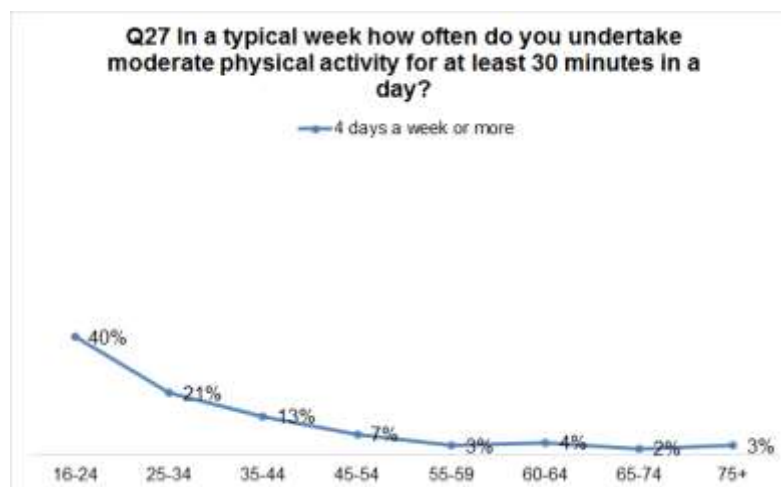
Figure 1. Health Rated Good or Very Good overall

As shown below, participants rating of health decreases dramatically as age increases.



Further analysis by ward reveals that those who lived in Broughty Ferry were least likely to have rated their health as good or very good (75%) and those who live in the West End (91%) were the most likely.

Figure 2. Physical activity by age group

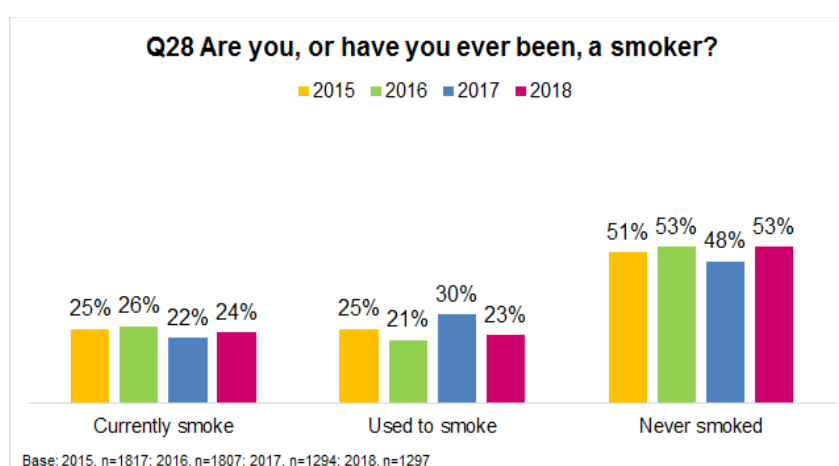


Similar to rating of health, as age increases the proportion of participants undertaking moderate physical activity for at least 30 minutes for 4 days a week or more decreases. Younger respondents are more likely to be active for 4 days a week or more (40% of those aged 16-24) than older respondents (3% of those aged 65 and over).

Smoking (Q24)

Just under 1 in 4 respondents (24%) said they currently smoke, 23% said they used to smoke and 53% of respondents said they have never smoked. The proportion of respondents stating they used to smoke has decreased from 30% in 2017 to 23% in 2018.

Figure 3. Smoking



Participants living in the Ferry (33%) and in Lochee (32%) were most likely to be current smokers. On the other hand, those who lived in Maryfield were most likely to say they have never smoked (61%).

Analysis by age reveals that respondents aged 55-64 (32%) were more likely to be current smokers while younger respondents aged 16-34 were most likely to have never smoked (65%).

Vaping

A new question was introduced in the 2017 survey which asked survey participants whether they Vaped or not. Overall, 9% of survey participants said they Vaped (13% in 2017). Analysis by age reveals that respondents aged 35-54 were most likely to Vape (16%), while those aged 65 and over were least likely (3%). Those who used to smoke were significantly more likely to Vape (25%) than current smokers (12%). Analysis by ward reveals that Coldside respondents were most likely to Vape (17%) and those living in Maryfield were least likely (1%).

It is also interesting to note that of those that Vape, 66% stated that they used to smoke and have now given up and 21% stated that they have cut down on the number of cigarettes they smoke and plan to give up, suggesting that Vaping is being used as a method of smoking cessation.

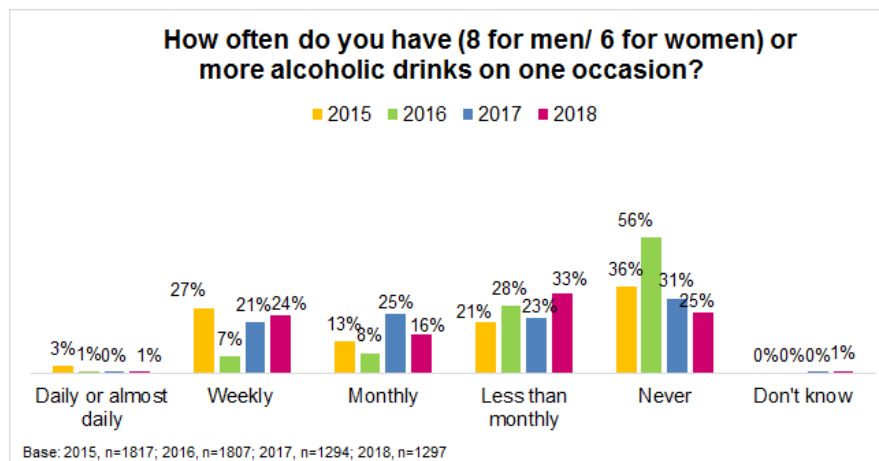
Alcohol consumption (Q30)

Participants were asked about their alcohol consumption. One in four respondents said they drink the recommended alcohol allowance (8 units for men/ 6 for women) or more at least once a week (25%). On the other hand, 25% of respondents said they never drink the recommended alcohol allowance. The proportion of participants stating they never drink the recommended alcohol allowance has continued to decrease since 2016.

As age increases the proportion of respondents stating they never drink more than the recommended alcohol allowance also increases, for example from 13% of those aged 16 to 34 to 59% for respondents aged 65 and over.

Maryfield respondents (40%) were most likely to consume more than the recommended alcohol allowance at least once a week, while those who lived in Strathmartine (32%) were most likely to say they never consume more than the recommended allowance.

Figure 4. Alcohol Consumption



GENERAL WELLBEING (Q26) (REPLICATED FROM THE WEMWBS WELLBEING INVENTORY)

WELLBEING in last 2 weeks...felt... ('All the time' or 'Often')	Maryfield	East End	Broughty Ferry	North East	Strathmartine	Lochee	Coldside	West End	Dundee
Optimistic about the future	72%	66%	79%	68%	45% L	83% H	66%	76%	66%
Useful	76%	76%	71%	68%	58% L	76%	73%	80% H	71%
Relaxed	56%	71% H	59%	47% L	61%	48%	50%	58%	56%
Interested in other people	84% H	63%	56%	41%	34% L	67%	58%	52%	56%
Had energy to spare	62%	58%	58%	46%	36% L	71% H	49%	57%	54%
Dealing with problems well	85%	71% L	87%	79%	85%	88% H	85%	88% H	83%
Thinking clearly	84%	73% L	83%	84%	91%	92%	89%	93% H	85%
Good about self	61% L	70%	80%	79%	82%	86% H	82%	86% H	78%
Close to other people	87%	74% L	85%	84%	91% H	89%	88%	89%	85%
Confident	87%	76% L	85%	84%	84%	91% H	86%	90%	84%
Able to make own mind up about things	88%	73% L	86%	91%	97%	94%	93%	98% H	89%
Feeling loved	88%	75% L	92% H	91%	89%	91%	88%	86%	86%
Interested in new things	86% H	69%	71%	57%	48% L	71%	65%	75%	66%
Cheerful	85% H	76%	83%	80%	74% L	75%	78%	85% H	80%

H = Highest average of all localities

L = Highest average of all localities

The Warwick Edinburgh Mental Wellbeing Inventory Scores (WEMWBS)

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by researchers at the Universities of Warwick and Edinburgh to enable the measurement of mental wellbeing of adults in the UK.

WEMWBS is a 14-item scale of mental well-being covering subjective well-being and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The question used is shown below:

The scale is scored by summing responses to each question answered on a 1 to 5 Likert scale. The minimum scale score is 14 (if each of the items is scored 1 'none of the time') and the maximum score is 70 (if each of the items is scored 5 'all of the time').

For Dundee as a whole the mean score for WEMWBS is **55.8**. The mean score for Dundee in 2017 was 56.5, in 2016 it was 54.3 and in 2015 it was 53.3. The Scottish Average for 2016 (as reported in the 2016 Scottish Health Survey) was 49.8.

Figure 5. WEMWBS – Comparisons by locality and year

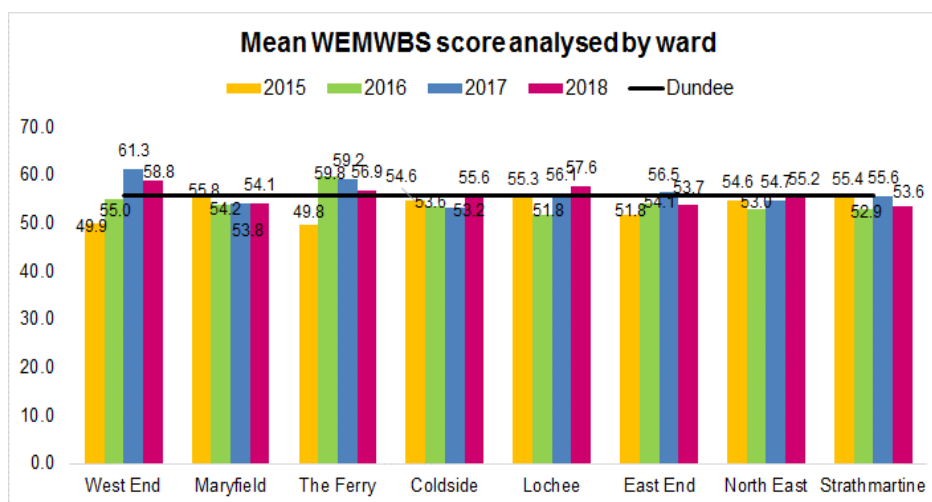


Figure 5 below shows the mean WEMWBS scores for each ward. This reveals that participants living in the West End (58.8), the Ferry (56.9) and Lochee (57.6) had a higher than average WEMWBS score while participants living in Maryfield (54.1), Coldside (55.6), East End (53.7), North East (55.2) and Strathmartine (53.6) had lower than average WEMWBS scores, and therefore a lower level of mental wellbeing.

Figure 6. WEMWBS – Comparisons by age group and year

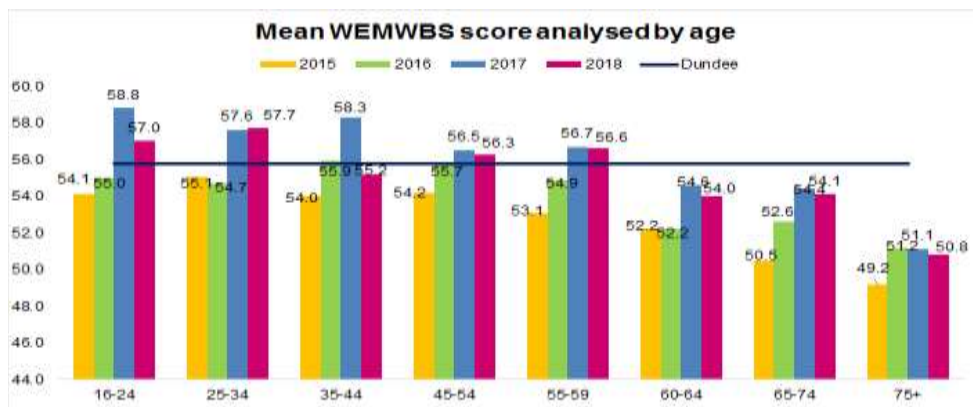


Figure 6 infers that that in general, the WEMWBS score decreases with age with those aged 75 and over having the lowest score (50.8).

Figure 7. WEMWBS – Comparisons by self-assessed health and year

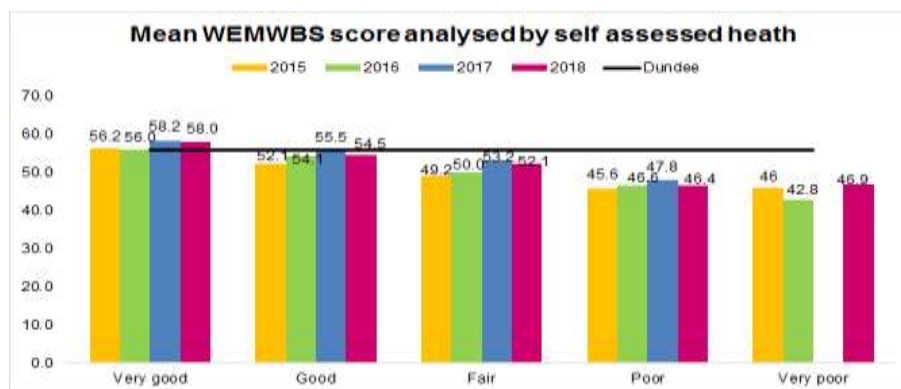
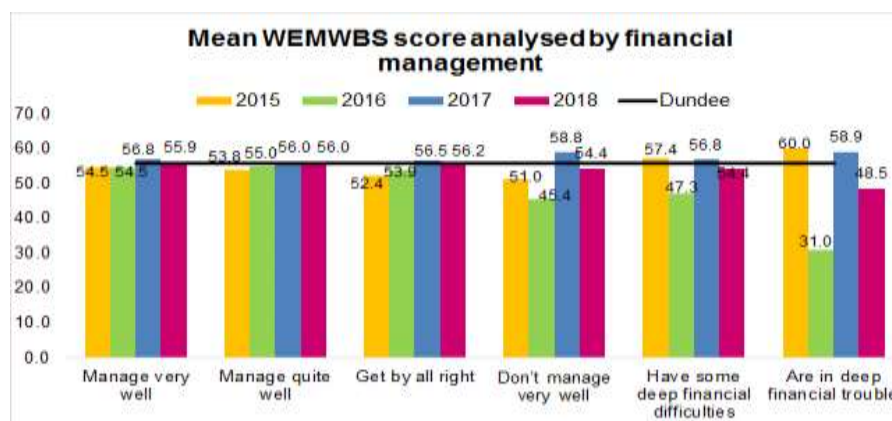


Figure 7 shows the mean WEMWBS score analysed by the participant's self-assessment of their own health. Those who said their health was very good had a significantly higher score (58.0) than those who rated their health very poor (46.9) or poor (46.4).

Figure 8. WEMWBS – Comparisons by self-reported 'able to manage finances by year



Respondents who were in deep financial trouble had a significantly lower WEMWBS score than all other respondents (48.5).

Figure 9. WEMWBS – Comparisons of those who said they had a support network over the years

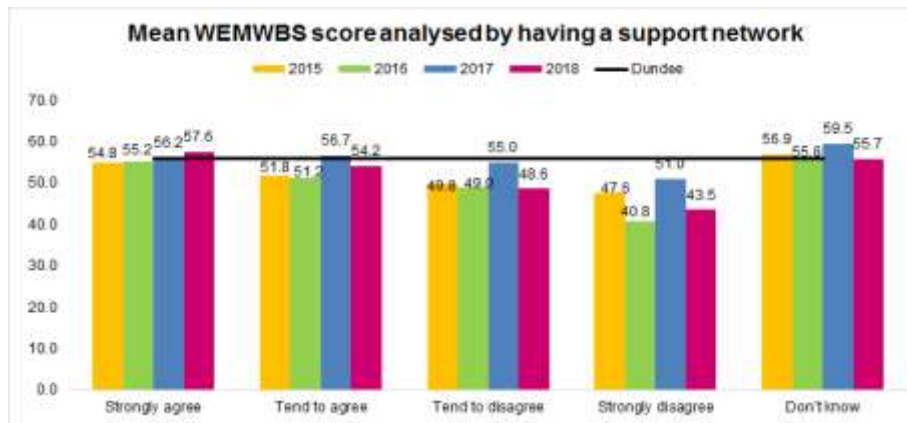


Figure 9 demonstrates that respondents who strongly agreed (57.6) that they could turn to friends or relatives in the neighbourhood for support had a higher WEMWBS score than respondents who strongly disagreed with this statement (43.5).

4. EDUCATION

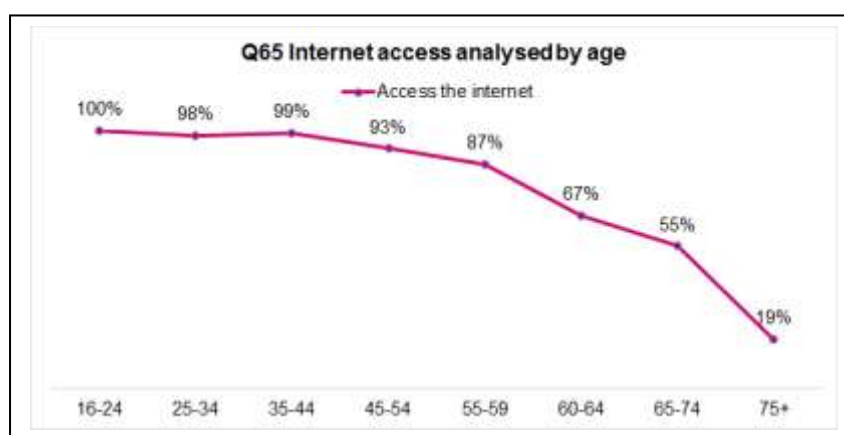
	<i>Maryfield</i>	<i>East End</i>	<i>Broughty Ferry</i>	<i>North East</i>	<i>Strathmartine</i>	<i>Lochee</i>	<i>Coldside</i>	<i>West End</i>	<i>Dundee</i>
Q11. % of people very or fairly dissatisfied with employment and advice services	0%	0%	1%	3%	0%	5%	7% L	0%	1%

5. MONEY MATTERS

FINANCE	<i>Maryfield</i>	<i>East End</i>	<i>Broughty Ferry</i>	<i>North East</i>	<i>Strathmartine</i>	<i>Lochee</i>	<i>Coldside</i>	<i>West End</i>	<i>Dundee</i>
Q51. % of people who don't manage their finances well, have deep financial difficulties and are in deep financial trouble	2%	3%	4%	5%	1%	8%	6%	9%	5%

6. ACCESS TO THE INTERNET

Figure 10. Access to internet by age group



Analysis by age reveals that the proportion of participants who had any form of internet access decreases with age, for example from 100% of those aged 16-34 to 19% of those aged 75 and over.

In terms of geography, participants who lived in the West End were the most likely to have access to and use the internet (91%) and those who lived in the Ferry (73%) were least likely.

Those who access the internet via the library were most likely to rent their home from a private landlord (10%) and be aged 16-34 (9%).

7. VULNERABILITY

Participants were asked for their opinions on a couple of statements regarding vulnerable adults. Just over 7 in 10 (72%) were aware that the Council have procedures in place to respond to situations where vulnerable adults might be at risk of harm, which is more than what was reported in 2017 (46%). Just under nine in ten participants (87%) said they would know who to contact if they had concerns that a vulnerable adult was at risk of being abused, which is a slight decrease on the 2017 results (90%). Just over 9 in 10 participants (92%) said they would know who to contact if they had concerns that a child was at risk of being abused (94% in 2017).

Q66 Vulnerable adults (% stating yes)

YEAR	2015	2016	2017	2018
	1817	1807	1294	1297
Do you know that the Council have procedures in place to respond to situations where vulnerable adults might be at risk of harm?	35%	30%	46%	72%
*Would you know who to contact if you had concerns that a vulnerable adult was at risk of being abused?	57%	83%	90%	87%

*Awareness on how to report adult concerns has more than doubled (percentage wise) since 2015.

8. SELF-REPORTED DISABILITIES

HAVE a (self-reported) DISABILITY OR LONG TERM CONDITION?	<i>Maryfield</i>	<i>East End</i>	<i>Broughty Ferry</i>	<i>North East</i>	<i>Strathmartine</i>	<i>Lochee</i>	<i>Coldside</i>	<i>West End</i>	<i>Dundee</i>
Yes	19%	20%	9% L	16%	29% H	16%	22%	15%	19%

9. CARERS

Provide unpaid carer or support for someone else or each other	<i>Maryfield</i>	<i>East End</i>	<i>Broughty Ferry</i>	<i>North East</i>	<i>Strathmartine</i>	<i>Lochee</i>	<i>Coldside</i>	<i>West End</i>	<i>Dundee</i>
Yes	3 L	20 H	0	6	14	10	10	5	68

SUMMARY OF FINDINGS BY LOCALITY

BROUGHTY FERRY

Gender

Male	47%
Female	53%

Ethnicity

Scottish	92%
Polish	2%
Refused	3%
Other British	2%
African, African Scottish or African British	1%

Age of respondents

4%	16-24
19	25-34
8%	35-44
18%	45-54
13%	55-59
7%	60-64
25%	65-74
6%	75+
0%	Refused

Household composition

22%	Single Adult no children
3%	Single Adult and at least one child
51%	Two Adults no children
11%	Two Adults and at least one child
6%	Three Adults no children
2%	Three Adults and at least one child
5%	Four Adults no children
0%	Four Adults and at least one child

n = 100 CONFIDENCE INTERVAL = +/- 9.8%

Map 1: The Ferry LCPP Community Areas



PROFILE STATEMENT FOR BROUGHTY FERRY

1. YOUR HOME AND YOUR NEIGHBOURHOOD

- 100% of people in the Ferry are either satisfied or very satisfied with their quality of life in their neighbourhood and also in Dundee as a whole.
- 100% stated that they were either satisfied or very satisfied with their locality as a place to live
- 99% were either satisfied or very satisfied with their home in the Ferry.

1b. Support Networks

- 87% of people said that they could turn to friends or relatives (more than 5% below Dundee Average)

2. TRANSPORT

- 4% of people dissatisfied or very dissatisfied with transport in the Ferry

3. HEALTH

- Health that is rated good or very good in the Ferry is > 5% below the Dundee average, sitting at 75%, where the average for Dundee was 82%.
- Those who rated their health fair however was >5% higher than the Dundee Average, where 23% was reported in the Ferry, 13% was the average yielded for Dundee.
- Only 1% of people reported that they were in poor or very poor health.

3b Registered with a GP/Dentist

- While 97% of people in the Ferry reported being registered with a GP. This locality reflects the lowest proportion of people registered with a dentist out of all localities. (86%, where the Dundee average is 94%).

3c. Physical Activity

- When it came to people stating whether or not they engage in regular physical activity, 27% said that they never do so which is slightly lower than the Dundee average of 29%.

3d. Smoking and Drinking

- Significantly higher proportion of people in the Ferry stated that they smoke (33%) compared to 24% across Dundee. This figure is >5% higher than the Dundee average. 5% however reported that they Vape, compared to 9% across Dundee.
- 27% of people stated that they engaged in binge drinking on a weekly basis, compared to 29% across Dundee.

3e. Wellbeing

- People in the Ferry reported a slightly higher than average WEMWBS score (56.9) compared to the overall score for Dundee (55.8). Feeling loved was the one factor which compared more favourably compared to all other localities across Dundee. Other factors such as being optimistic about the future and being interested in new things returned a >5% higher average score than Dundee as a whole. All other areas were in line with the Dundee average.

4. EDUCATION

- Only 1% of people stated that they were dissatisfied or very dissatisfied with employment advice services. This is the same as the Dundee Average.

5. MONEY MATTERS

- Only 4% of people stated that either they do not manage their finances well, have deep financial difficulties and are in deep financial trouble.

6. CARERS

- There were no self-reported carers in Broughty Ferry.

NORTH EAST

Gender

Male	46%
Female	54%

Age of respondents

10%	16-24
22%	25-34
19%	35-44
16%	45-54
9%	55-59
4%	60-64
12%	65-74
5%	75+
1%	Refused

Household composition

21%	Single Adult no children
2%	Single Adult and at least one child
36%	Two Adults no children
19%	Two Adults and at least one child
14%	Three Adults no children
5%	Three Adults and at least one child
0%	Four Adults no children
0%	Four Adults and at least one child

Ethnicity

Scottish	97%
Pakistani, Pakistani Scottish or Pakistani British	1%
Black, Black Scottish or Black British	1%
Other British	1%

n = 201 CONFIDENCE INTERVAL = +/- 6.9 %

Map 1: North East LCPP Community Areas



PROFILE STATEMENT FOR NORTH EAST

1. YOUR HOME AND YOUR NEIGHBOURHOOD

- 100 % of people in the North East locality of the city are either satisfied or very satisfied with their quality of life in their neighbourhood and 88% with Dundee as a whole.
- 100% stated that they were either satisfied or very satisfied with their locality as a place to live
- 97% were either satisfied or very satisfied with their home in the North East.

1b. Support Networks

- 91% of people said that they could turn to friends or relatives which is in line with the Dundee average of 92%.

2. TRANSPORT

- 3% of people dissatisfied or very dissatisfied with transport in the North East

3. HEALTH

- Health that is rated good or very good in the North East is > 5% below the Dundee average, sitting at 77%, where the average for Dundee was 82%.
- Those who rated their health fair was slightly higher than the Dundee average sitting at 17% compared to 13%.
- 5% of people reported that they were in poor or very poor health compared to 4% in Dundee.

3b Registered with a GP/Dentist

- 100% of people in the North East reported being registered with a GP and 93% with a dentist. Both figures in line with the Dundee averages which are 99% and 94% respectively.

3c. Physical Activity

- When it came to people stating whether or not they engage in regular physical activity, 25% said that they never do so which is slightly lower than the Dundee average of 29%.

3d. Smoking and Drinking

- Significantly lower proportion of people in the North East stated that they smoke (17%) compared to 24% across Dundee. This figure is >5% lower than the Dundee average. 13% however reported that they Vape, compared to 9% across Dundee.
- 27% of people stated that they engaged in binge drinking on a weekly basis, compared to 29% across Dundee.

3e. Wellbeing

- People in the North East reported a similar WEMWBS score (55.2) compared to the overall score for Dundee (55.8). Feeling loved was the one factor which compared favourably. All other areas were in line with the Dundee average, apart from feeling relaxed this was the lowest scoring locality for this factor.

4. EDUCATION

- 3% of people stated that they were dissatisfied or very dissatisfied with employment advice services, compared to the Dundee average of 1%.

5. MONEY MATTERS

- 5% of people stated that either they do not manage their finances well, have deep financial difficulties and are in deep financial trouble.

6. CARERS

- 6 people reported that they were providing unpaid care or support to someone else, none were under 18 and 2 had accessed information, services or support to help in their caring role.

STRATHMARTINE

Gender

Male	46%
Female	54%

Ethnicity

Scottish	94%
Other British	2%
Polish	1%
Any other white ethnic group	1%
Black, black Scottish or black British	1%
Refused	1%

Age of respondents

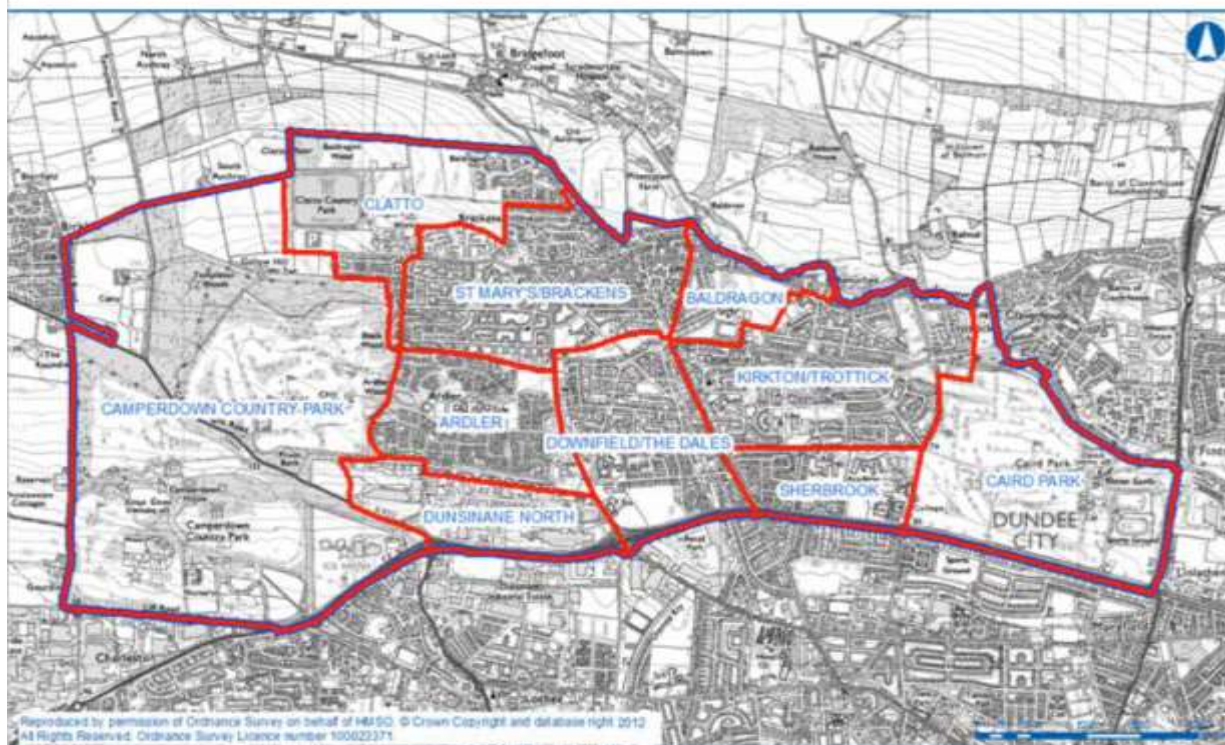
14%	16-24
15%	25-34
16%	35-44
16%	45-54
7%	55-59
11%	60-64
17%	65-74
6%	75+
0%	Refused

Household composition

14%	Single Adult no children
3%	Single Adult and at least one child
36%	Two Adults no children
24%	Two Adults and at least one child
11%	Three Adults no children
10%	Three Adults and at least one child
5%	Four Adults no children
0%	Four Adults and at least one child

n = 200 CONFIDENCE INTERVAL = +/-6.9%

Map 1: Strathmartine LCPP Community Areas



PROFILE STATEMENT FOR STRATHMARTINE

1. YOUR HOME AND YOUR NEIGHBOURHOOD

- 99% of people in the Strathmartine locality of the city are either satisfied or very satisfied with their quality of life in their neighbourhood and 100% with Dundee as a whole.
- 98% stated that they were either satisfied or very satisfied with their locality as a place to live.
- 100% were either satisfied or very satisfied with their home in Strathmartine.

1b. Support Networks

- 93% of people said that they could turn to friends or relatives which is in line with the Dundee average of 92%.

2. TRANSPORT

- No one in this locality reported a dissatisfaction with transport.

3. HEALTH

- Health that is rated good or very good is slightly higher than Dundee average of 82%, sitting at 84%.
- The proportion of people who rated their health fair was the same proportion as across Dundee, which was 13%.
- 3% of people reported that they were in poor or very poor health compared to 4% in Dundee.

3b Registered with a GP/Dentist

- 99% of people in the Strathmartine reported being registered with a GP and 97% with a dentist. Both figures in line with the Dundee averages of 99% and 94% respectively.

3c. Physical Activity

- When it came to people stating whether or not they engage in regular physical activity, 37% said that they never do so, which is >5% higher than the Dundee figure of 29%.

3d. Smoking and Drinking

- 22% of people in the Strathmartine locality stated that they smoke compared to 24% across Dundee. 19% however reported that they Vape, compared to 9% across Dundee which is >5% higher than the Dundee figure (9%).
- 18% of people stated that they engaged in binge drinking on a weekly basis, compared to 29% across Dundee. This is >5% lower than the Dundee average.

3e. Wellbeing

- People in the Strathmartine reported a slightly lower WEMWBS score (53.6) compared to the overall score for Dundee (55.8). Feeling close to people and being able to make own mind up about things were the two factors which fared >5% above the Dundee findings. Dealing with problems, feeling good about self and feeling loved were all in line with the city's average score. The factors which did not feature particularly favourably (being >5% below the Dundee average were; being optimistic about the future, feeling useful, being interested in other people, having energy to spare, being interested in new things and feeling cheerful.

4. EDUCATION

- 0% of people stated that they were dissatisfied or very dissatisfied with employment advice services, compared to the Dundee average of 1%.

5. MONEY MATTERS

- 1% of people stated that either they do not manage their finances well, have deep financial difficulties and are in deep financial trouble.

6. CARERS

- 14 people reported that they were providing unpaid care or support to someone else, one was under 18 and 9 had stated that they had accessed information, services or support to help in their caring role.

LOCHEE

Ethnicity

Scottish	93%
Polish	2%
Black, black Scottish or black British	1%
Pakistani, Pakistani Scottish or Pakistani British	1%
Other British	3%
Indian, Indian Scottish or Indian British	1%
Chinese, Chinese Scottish or Chinese British	1%
Refused	1%

Age of respondents

22%	16-24
11%	25-34
12%	35-44
16%	45-54
11%	55-59
6%	60-64
17%	65-74
6%	75+
0%	Refused

Household composition

18%	Single Adult no children
5%	Single Adult and at least one child
42%	Two Adults no children
11%	Two Adults and at least one child
14%	Three Adults no children
6%	Three Adults and at least one child
6%	Four Adults no children
0%	Four Adults and at least one child

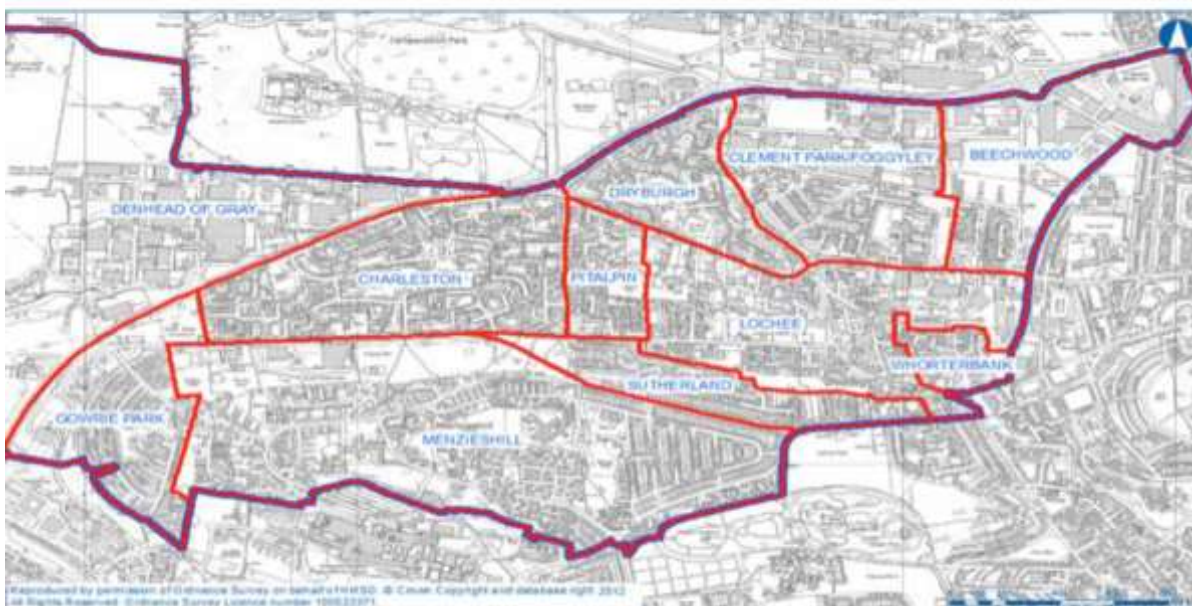
Gender

Male	45%
Female	55%

n= 200 CONFIDENCE INTERVAL =

+/- 6.9 %

Map 1: Lochee LCPP Community Areas



PROFILE STATEMENT FOR LOCHEE

1. YOUR HOME AND YOUR NEIGHBOURHOOD

- 99% of people in the Lochee locality of the city are either satisfied or very satisfied with their quality of life in their neighbourhood and 100% with Dundee as a whole.
- 100% stated that they were either satisfied or very satisfied with their locality as a place to live
- 100% were either satisfied or very satisfied with their home in Lochee.

1b. Support Networks

- 97% of people said that they could turn to friends or relatives which is higher than any other locality across Dundee, with the Dundee average being 92%.

2. TRANSPORT

- No one in this locality reported a dissatisfaction with transport.

3. HEALTH

- Health that is rated good or very good is in line with the Dundee average of 82%, sitting at 84%.
- The proportion of people who rated their health fair was 11%. This was similar to the proportion across Dundee, which was 13%.
- 4% of people reported that they were in poor or very poor health compared to 4% in Dundee.

3b Registered with a GP/Dentist

- 98% of people in Lochee reported being registered with a GP and 93% with a dentist. Both figures in line with the Dundee averages (99% and 94% respectively).

3c. Physical Activity

- When it came to people stating whether or not they engage in regular physical activity, Lochee returned the highest percentage of people who never do so (42%), which is >5% higher than the Dundee figure of 29%.

3d. Smoking and Drinking

- 32% of people in the Lochee locality stated that they smoke compared to 24% across Dundee. 16% however reported that they Vape, compared to 9% across Dundee, both being >5% of the Dundee figure.
- 20% of people stated that they engaged in binge drinking on a weekly basis, compared to 29% across Dundee. This is >5% lower than the Dundee average.

3e. Wellbeing

- People in the Lochee reported a higher WEMWBS score (57.6) compared to the overall score for Dundee (55.8). Highest scores across the localities were gained for being optimistic about the future, dealing with problems well and being most confident. Percentage scores that featured higher than the Dundee average were captured for feeling useful, being interested in other people, having energy to spare, thinking clearly and feeling good about self, being able to make own mind up about things, feeling loved and being interested in new things. The factors which did not rate favourably was in relation to the Dundee averages was pertaining to feeling relaxed and being cheerful. These were both >5% lower than the Dundee average.

4. EDUCATION

- 5% of people stated that they were dissatisfied or very dissatisfied with employment advice services, compared to the Dundee average of 1%.

5. MONEY MATTERS

8% of people stated that either they do not manage their finances well, have deep financial difficulties and are in deep financial trouble.

6. CARERS

- 10 people reported that they were providing unpaid care or support to someone else, one was under 18 and 5 had stated that they had accessed information, services or support to help in their caring role.

COLDSIDE

Gender

Male	49%
Female	51%

Ethnicity

Black, Black Scottish or Black British	1%
Caribbean, Caribbean Scottish or Caribbean British	1%
Chinese, Chinese Scottish or Chinese British	1%
Don't know	1%
Indian, Indian Scottish or Indian British	1%
Pakistani, Pakistani Scottish or Pakistani British	1%
Scottish	94%

Age of respondents

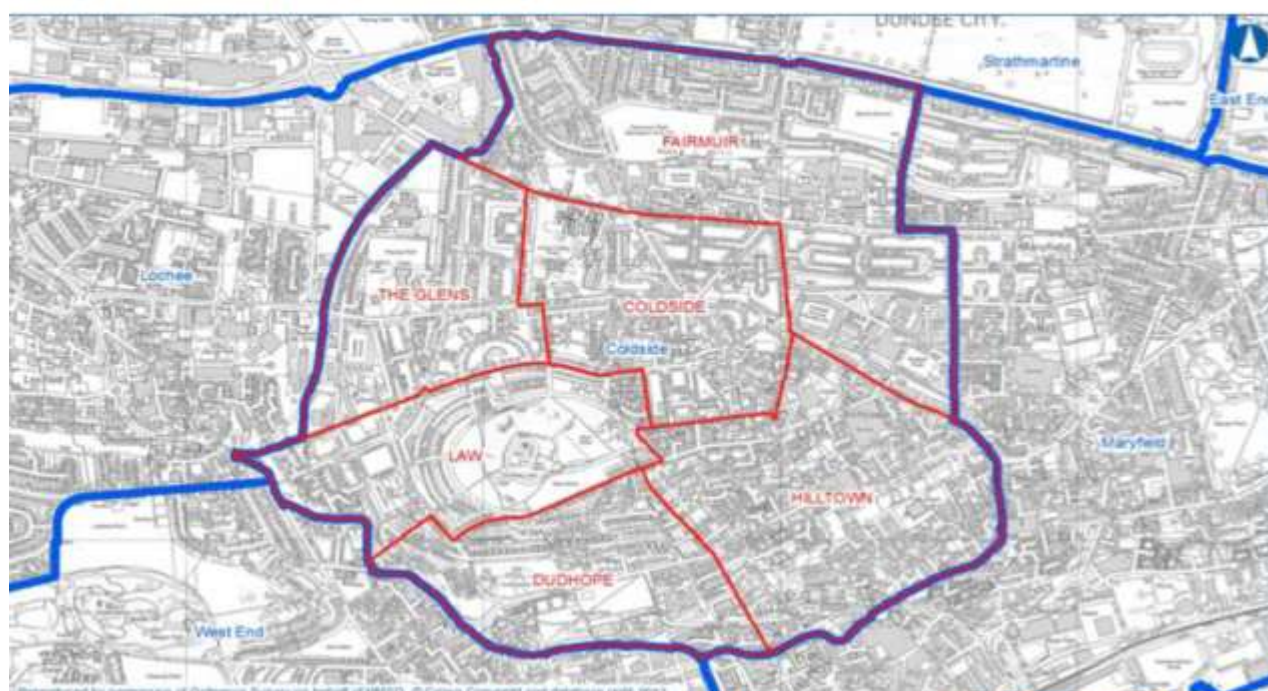
17%	16-24
22%	25-34
11%	35-44
17%	45-54
6%	55-59
5%	60-64
15%	65-74
8%	75+
0%	Refused

Household composition

22%	Single Adult no children
8%	Single Adult and at least one child
35%	Two Adults no children
13%	Two Adults and at least one child
14%	Three Adults no children
3%	Three Adults and at least one child
4%	Four Adults no children
0%	Four Adults and at least one child

n = 156 CONFIDENCE INTERVAL = +/- 7.8%

Map 1: Coldside LCPP Community Areas



PROFILE STATEMENT FOR COLDSIDE

1. YOUR HOME AND YOUR NEIGHBOURHOOD

- 100 % of people in the Coldside locality of the city are either satisfied or very satisfied with their quality of life in their neighbourhood and with Dundee as a whole.
- 99% stated that they were either satisfied or very satisfied with their locality as a place to live
- 98% were either satisfied or very satisfied with their home in Coldside.

1b. Support Networks

- 85% of people said that they could turn to friends or relatives which is the lowest average obtained across all localities and is >5% lower than the Dundee average which was 92%.

2. TRANSPORT

7% of people dissatisfied or very dissatisfied with transport in the Coldside

3. HEALTH

- Health that is rated good or very good in the Coldside is > 5% below the Dundee average, sitting at 77%, where the average for Dundee was 82%.
- Those who rated their health fair was slightly higher than the Dundee average sitting at 17% compared to 13%.
- 6% of people reported that they were in poor or very poor health compared to 4% in Dundee.

3b Registered with a GP/Dentist

- 99% of people in the Coldside reported being registered with a GP and 95% with a dentist. Both figures in line with the Dundee averages. (99% and 94% respectively)

3c. Physical Activity

- When it came to people stating whether or not they engage in regular physical activity, 40% which is >5% higher than the Dundee average of 29%.

3d. Smoking and Drinking

- As lightly lower than average proportion of people in the Coldside stated that they smoke (22%) compared to 24% across Dundee. 23% however reported that they Vape which is >5% higher than the 9% across Dundee.
- Coldside revealed the lowest proportion of people of all localities who said they engaged in binge drinking, 14%, on a weekly basis, compared to 29% across Dundee.

3e. Wellbeing

- People in the Coldside reported a similar WEMWBS score (55.6) compared to the overall score for Dundee (55.8). All areas apart from being relaxed and having energy to spare were in line with the Dundee averages. These two factors were >5% lower than the Dundee averages.

4. EDUCATION

- The greatest proportion of people in Coldside (7%), compared to all other localities, stated that they were dissatisfied or very dissatisfied with employment advice services, compared to the Dundee average of 1%.

5. MONEY MATTERS

- 6% of people stated that either they do not manage their finances well, have deep financial difficulties and are in deep financial trouble. This is a similar percentage to the Dundee average which was 5%.

6. CARERS

- 10 people reported that they were providing unpaid care or support to someone else, three were under 18 and 3 had stated that they had accessed information, services or support to help in their caring role.

WEST END

Ethnicity

Any other white ethnic group	2%
Indian, Indian Scottish or Indian British	2%
Irish	1%
Other British	3%
Pakistani, Pakistani Scottish or Pakistani British	2%
Polish	7%
Scottish	83%

Gender

Male	48%
Female	52%

Age of respondents

17%	16-24
99%	25-34
15%	35-44
10%	45-54
3%	55-59
1%	60-64
10%	65-74
4%	75+
1%	Refused

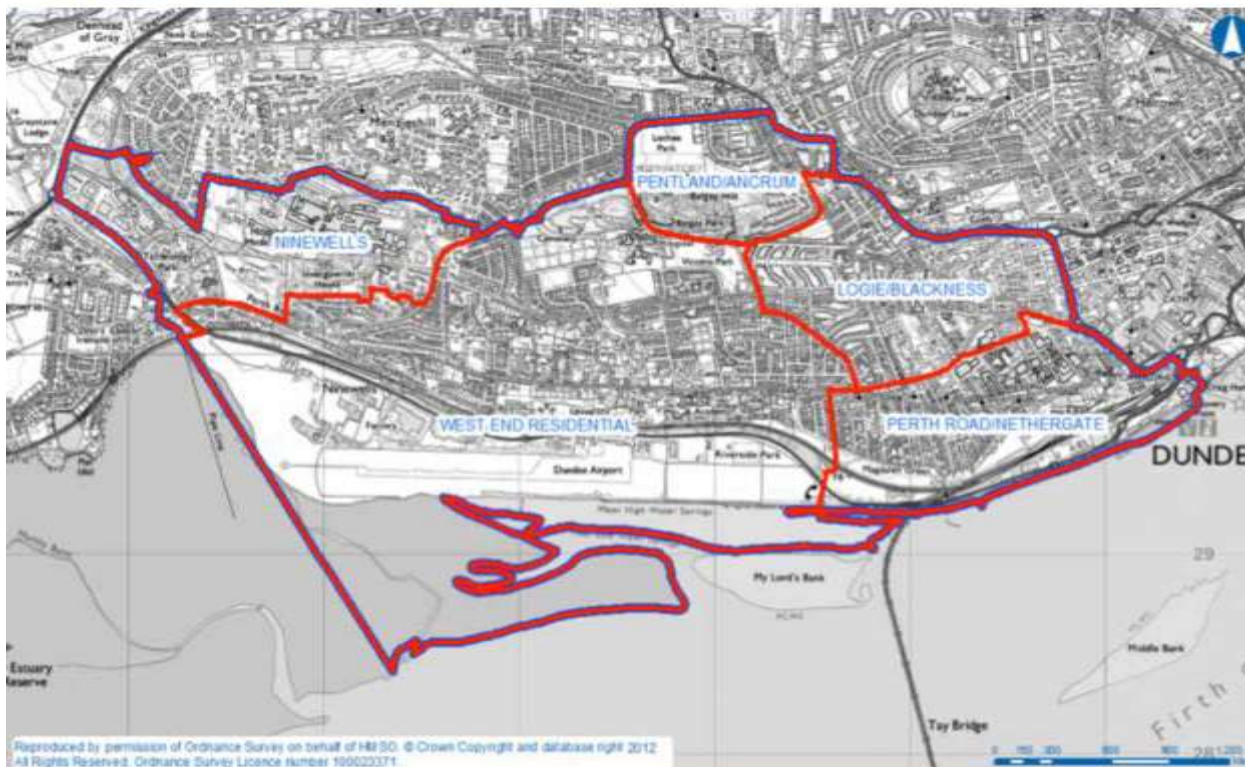
Household composition

14%	Single Adult no children
4%	Single Adult and at least one child
34%	Two Adults no children
16%	Two Adults and at least one child
28%	Three Adults no children
1%	Three Adults and at least one child
3%	Four Adults no children
0%	Four Adults and at least one child

n = 100

CONFIDENCE INTERVAL = +/- 9.8%

Map 1: West End LCPP Community Areas



PROFILE STATEMENT FOR THE WEST END

1. YOUR HOME AND YOUR NEIGHBOURHOOD

- 99% of people in the West End locality are satisfied or very satisfied with their quality of life in their neighbourhood and 98% with Dundee as a whole.
- 99% stated that they were either satisfied or very satisfied with the quality of life living in Dundee.
- Compared to the Dundee figure of 96%, the people in the West End reported the lowest percentage of people that were either satisfied or very satisfied with their home, sitting at 81%.

1b. Support Networks

- 87% of people said that they could turn to friends or relatives which is >5% lower than the Dundee average which was 92%.

2. TRANSPORT

7% of people dissatisfied or very dissatisfied with transport in the West End

3. HEALTH

- The highest proportion of health being rated as good or very good was obtained in the West End, 91%. This is > 5% above the Dundee average which was 82%.
- The least proportion of people stated that their health was fair was >5% higher than the Dundee average, sitting at 4%, compared to 13%.
- 4% of people reported that they were in poor or very poor health which was the same reported figure across Dundee.

3b Registered with a GP/Dentist

- 100% of people in the West End reported being registered with a GP and 96% with a dentist. Both figures in line with the Dundee averages. (99% and 94% respectively)

3c. Physical Activity

- When it came to people stating whether or not they engage in regular physical activity, the 21% reported that they never did so. This was >5% lower than the Dundee average of 29%.

3d. Smoking and Drinking

- 29% of people in the West End reported that they smoke, this is >5% higher than the 24% across Dundee. 6% stated that they vape compared to 9% across Dundee.
- 26% of West Enders stated that they engaged in binge drinking on a weekly basis, compared to 23% across Dundee.

3e. Wellbeing

- People in the West End reported the highest overall WEMWBS score (58.8) compared to the overall score for Dundee (55.8). Many areas rated higher than any other locality including; Feeling useful, dealing with problems well, thinking clearly, feeling good about self, and being cheerful. Other areas which were found to be >5% above the Dundee average included; being interesting in new things, feeling confident, and being optimistic about the future.

4. EDUCATION

- No person in the West End stated that they were dissatisfied or very dissatisfied with employment advice services, compared to the Dundee average of 1%.

5. MONEY MATTERS

- 9% of people stated that either they do not manage their finances well, have deep financial difficulties and are in deep financial trouble, compared to the Dundee percentage, 5%.

6. CARERS

- 5 people reported that they were providing unpaid care or support to someone else, no one was under 18 and three people stated that they had accessed information, services or support to help in their caring role.

MARYFIELD

Gender

Male	51%
Female	49%

Age of respondents

28%	16-24
21%	25-34
9%	35-44
8%	45-54
10%	55-59
9%	60-64
8%	65-74
7%	75+
0%	Refused

Household composition

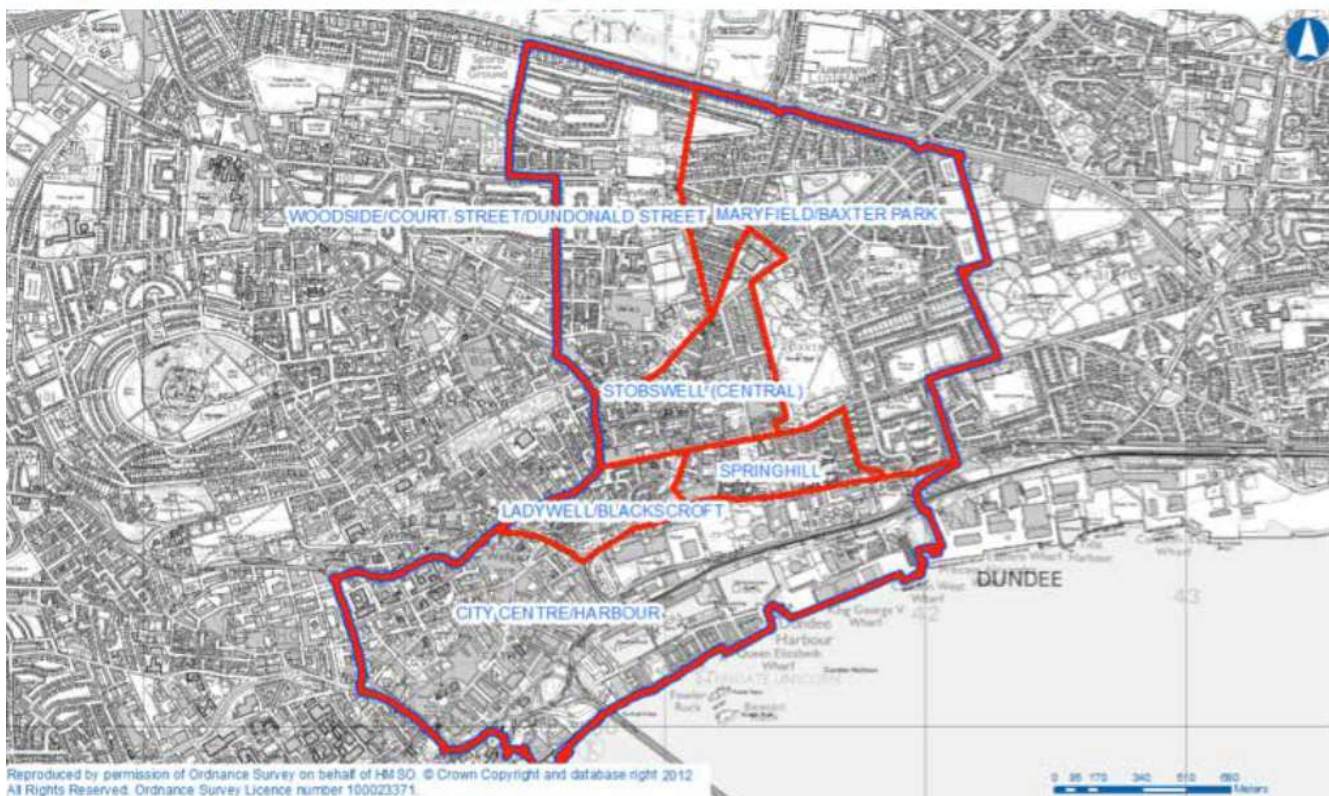
24%	Single Adult no children
3%	Single Adult and at least one child
51%	Two Adults no children
6%	Two Adults and at least one child
12%	Three Adults no children
2%	Three Adults and at least one child
2%	Four Adults no children
1%	Four Adults and at least one child

Ethnicity

African, African Scottish or African British	3%
Any mixed or multiple ethnic groups	5%
Black, Black Scottish or Black British	1%
Chinese, Chinese Scottish or Chinese British	3%
Indian, Indian Scottish or Indian British	5%
Other British	7%
Polish	3%
Scottish	73%

n = 145 CONFIDENCE INTERVAL = +/-8.1%

Map 1: Maryfield LCPP Community Areas



PROFILE STATEMENT FOR MARYFIELD

1 YOUR HOME AND YOUR NEIGHBOURHOOD

- 100% of people in the Maryfield locality are satisfied or very satisfied with their quality of life in their neighbourhood and with Dundee as a whole.
- 94% stated that they were either satisfied or very satisfied with the quality of life living in Dundee.
- 99% of people living in Maryfield stated that they were either satisfied or very satisfied with their home.

1b. Support Networks

All respondents in the Maryfield area said that that they could turn to friends or relatives. This is >5% higher than across Dundee which was 92%.

2 TRANSPORT

No one reported to be dissatisfied or very dissatisfied with transport.

3 HEALTH

- A high proportion of people in the Maryfield area, compared to Dundee as a whole (88% and 82% respectively) rated their health as being good or very good.
- A lower proportion of people in the Maryfield area, 7% compared to Dundee's 13% rated their health as being fair which was >5% lower.
- 4% of people reported that they were in poor or very poor health which was the same reported figure across Dundee.

3b Registered with a GP/Dentist

- 99% of people in the Maryfield reported being registered with a GP and 99% with a dentist.

3c. Physical Activity

- It seems that where physical activity is concerned more people in Maryfield compared to any other locality do so. Only 3% stated that they don't engage in regular physical activity, compared to Dundee's 29%. This was >5% lower.

-

3d. Smoking and Drinking

- 12% of people in the Maryfield reported that they smoke, this is >5% lower than the 24% across Dundee. 2% stated that they vape compared to 9% across Dundee.
- The highest proportion of binge drinkers was reported in the Maryfield area with 40% doing so on a weekly basis. This is >5 Higher than the Dundee figure of 23%.

3e. Wellbeing

- People in the Maryfield reported a slightly lower WEMWBS score (54.1) compared to Dundee's figure of 55.8. A few factors came out higher than any other locality. These included; having energy to spare, and being interested in new people. Other areas which were >5% higher than Dundee as a whole were; Being optimistic about the future, feeling useful, and being cheerful.

4 EDUCATION

- No person in the Maryfield stated that they were dissatisfied or very dissatisfied with employment advice services, compared to the Dundee average of 1%.

5 MONEY MATTERS

- 2% of people stated that either they do not manage their finances well, compared to 5% across Dundee.

6. CARERS

- 3 people reported that they were providing unpaid care or support to someone else, no one was under 18 and no one stated that they had accessed information, services or support to help in their caring role.

EAST END

Gender

Male	45%
Female	55%

Age of respondents

16-24	13%
25-34	19%
35-44	25%
45-54	15%
55-59	2%
60-64	4%
65-74	20%
75+	3%
Refused	0%

Household composition

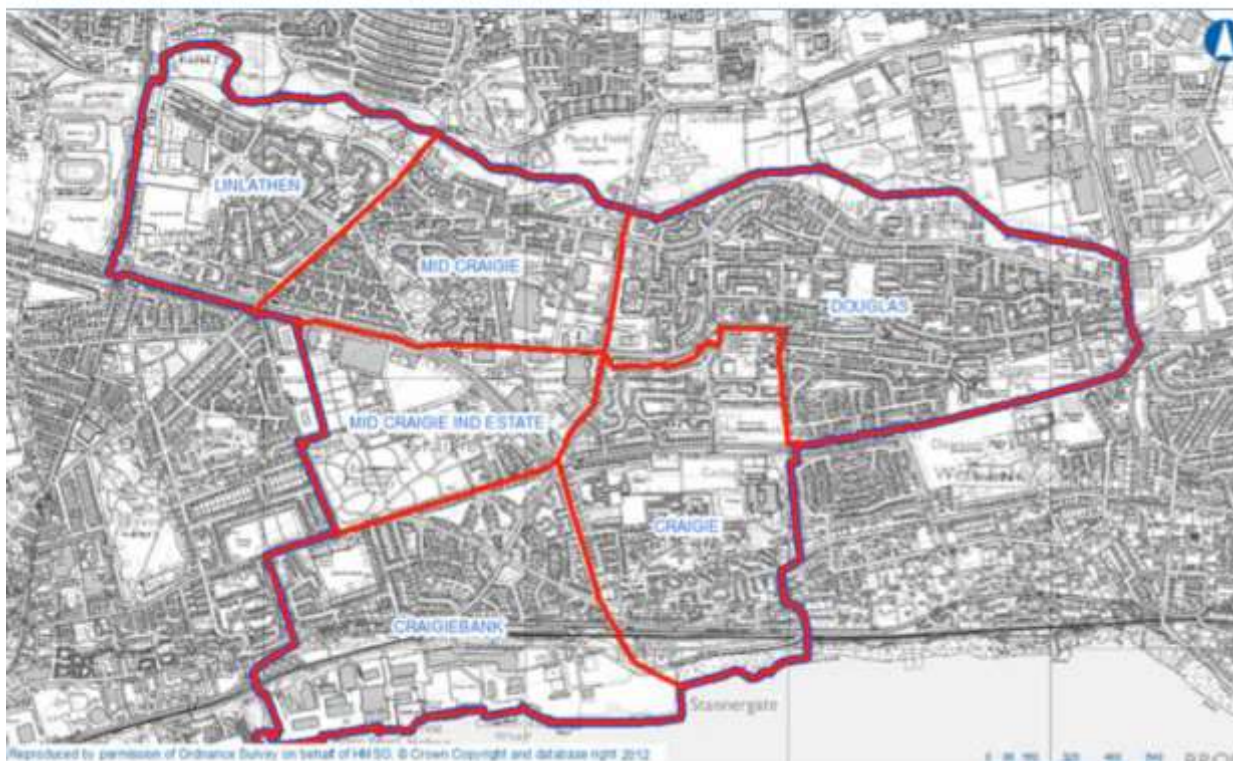
24%	Single Adult no children
6%	Single Adult and at least one child
38%	Two Adults no children
19%	Two Adults and at least one child
0%	Three Adults no children
5%	Three Adults and at least one child
5%	Four Adults no children
0%	Four Adults and at least one child

Ethnicity

Any mixed or multiple ethnic groups	1%
Indian, Indian Scottish or Indian British	1%
Pakistani, Pakistani Scottish or Pakistani British	1%
Polish	3%
Refused	1%
Scottish	94%

n= 198 CONFIDENCE INTERVAL = +/-6.9%

Map 1: East End LCPP Community Areas



PROFILE STATEMENT FOR EAST END

1. YOUR HOME AND YOUR NEIGHBOURHOOD

- 100 % of people in the East End are satisfied or very satisfied with their quality of life in their neighbourhood and with Dundee as a whole.
- 99% stated that they were either satisfied or very satisfied with the quality of life living in their neighbourhood.
- Compared to the Dundee figure of 96%, 94% of people in the East End reported that they were either satisfied or very satisfied with their home.

1b. Support Networks

- 91% of people said that they could turn to friends or relatives which is similar to the Dundee average of 92%.

2. TRANSPORT

1% of people dissatisfied or very dissatisfied with transport in the East End

3. HEALTH

- 84% of people in the East End rated this health as being good or very good which is in line with Dundee's 82%.
- A similar figure was obtained relating to people rating their health as being fair in the East End which was 12% compare to Dundee (13%).
- 4% of people reported that they were in poor or very poor health which was the same reported figure across Dundee.

3b Registered with a GP/Dentist

- 99% of people in the East End reported being registered with a GP and 93% with a dentist. Both figures in line with the Dundee averages. (99% and 94% respectively)

3c. Physical Activity

- When it came to people stating whether or not they engage in regular physical activity, the East End saw 24% reporting this. This was >5% lower than the Dundee average of 29%.

3d. Smoking and Drinking

- 21% of people in the East End reported that they smoke, this is similar to the 24% across Dundee. The highest reported percentage of Vapers was captured in the East End with 17% this is significantly higher than Dundee's 9%.
- 21% of East Enders stated that they engaged in binge drinking on a weekly basis, compared to 23% across Dundee.

3e. Wellbeing

- People in the East End reported an overall WEMWBS score (53.7) compared to the overall score for Dundee (55.8). Some factors scored significantly lower than across Dundee. These factors include: Dealing with problems, thinking clearly, being close to other people, feeling confident, being able to make own mind up about things and feeling loved. The highest score was obtained for feeling relaxed. All other factors were in line with Dundee percentages.

4. EDUCATION

- No one in the East End stated that they were dissatisfied or very dissatisfied with employment advice services, compared to the Dundee average of 1%.

5. MONEY MATTERS

- 3% of people stated that either they do not manage their finances well, have deep financial difficulties and are in deep financial trouble which is similar to Dundee (5%).

6. CARERS

- The highest number of self-reported carers were identified in the East End. Out of the 20, 2 were under 18 and 5 said that they had accessed information, services or support to help in their caring role.



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 24 SEPTEMBER 2019

REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC35-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 The Governance Action Plan was presented and approved at the PAC meeting of the 25th March 2019 (Article VIII of the minute of the meeting refers) in response to a recommendation within Dundee Integration Joint Board's Annual Internal Audit Report 2017/18. This action plan enables the PAC to regularly monitor progress in implementing actions and understands the consequences of any non-achievement or slippage in strengthening its overall governance arrangements. The PAC remitted the Chief Finance Officer to present an update progress report to each PAC meeting. The progress of the actions is noted in Appendix 1.
- 4.2 Members of the PAC will note a delay in progressing a range of actions as set out in the report. This includes actions to be addressed through the updated Workforce and Organisational Development Plan which was not presented to the IJB in August as originally planned. This and other delays have been due to challenges in meeting a range of priorities with limited resources available to progress within the Health and Social Care Partnership. Progress is being made in strengthening the support structure and realigning priorities to ensure these actions are completed over the course of this financial year. While the delay in progressing a number of improvement actions has been noted by both internal and external audit, this has not resulted in significant concerns as to the IJB's overall governance arrangements and systems of control.

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

This report has not been subject to a risk assessment as it relates to the development of an action plan in line with the findings of the Annual Internal Audit Report.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 5 September 2019

Performance and Audit Committee Report	Audit Recommendation	Agreed Action	Original Action By / Date	Red: Behind Schedule Amber: In Progress Green : Complete	Remedial Action/Comments	Revised Target Completion Date
Dundee Integration Joint Board Clinical, Care and Professional Governance Internal Audit Review <i>(PAC9-2018) 13th February 2018</i>	<p>A review should be undertaken to establish or update the remits of the PAC, R2 and Forum in relation to clinical and care governance.</p> <p>The remits should set out reporting lines and be translated into annual work plans for each group.</p> <p>This should ensure reports, both for the purpose of assurance as well as for implementation or delivery, go to the most appropriate group.</p>	<p>Undertake review as outlined in the Audit Recommendations, setting out the remits of the PAC, R2 and Forum, and the reporting lines between all three.</p> <p>This process should also be followed for the Mental Health Governance Group to ensure appropriate lines of communication into the DHSCP governance processes.</p>	<p>Lead Allied Health Professional (Forum)</p> <p>Clinical Director (R2)</p> <p>Chief Finance Officer (PAC)</p> <p>Associate Nurse Director - Mental Health and Learning Disabilities</p> <p>31 March 2018</p>	RED	<p><i>Review of the CCPG forum and the CCPG Group has led to the development of primary governance groups under each locality manager. Each Primary Governance Group is to report directly into the CCPG Group. Terms of reference are in development for the primary governance groups, which link directly through CCPG Group and Clinical Quality Forum ensuring assurance process from service level to to CQF. CCPG Forum will continue to operate as an avenue for service managers to share good practice and have</i></p>	<p>September 2019 March 2020</p>

					<i>dedicated space to discuss challenges across the Partnership.</i>	
	A particular focus should be given to the level and nature of data to be provided at each level. This should include consideration of the fact that groups may need related information to provide context and allow triangulation.	Produce (review) Terms of Reference to define the governance arrangements including clear reporting between each group.	Lead Allied Health Professional / Head of Service, Health and Community Care 31 March 2018	GREEN		N/A
	In addition to the 6 domains of clinical and care governance across delegated services, this review of remits needs to give consideration to: - Hosted services - Information Governance - Care Commission reports - Risk	Clarify and agree datasets and information to be presented at each group and associated timescales to ensure coordination of governance process.	Lead Allied Health Professional / Head of Service, Health and Community Care 30 June 2018	AMBER	A reporting table has been developed in the Dundee Partnership outlining the expectation and reporting detail across different groups. This reporting table has been adopted by all three Partnerships. The Getting it Right for Everyone – A CCPG Framework is currently under review with a cross Tayside working group. This group is building on work already completed on reporting datasets which includes inspections reports, risks, adverse events	September 2019 December 2019

					etc.	
	It is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.	<p>The IJB will formally request that the Chair of the R1 Group advise the IJB of performance of R1 and any new arrangements to be implemented.</p> <p>Chief Officer of DIJB to clarify reporting arrangements between R1 and IJB.</p> <p>Regular representation at the R1 and CQF will be provided from the R2 Group.</p>	<p>Chief Officer Lead Allied Health Professional / Head of Service, Health and Community Care</p> <p>31 July 2018 (To allow time for R1 meetings to run)</p>	RED	<p><i>Working group established at Tayside level which will support and clarify reporting arrangements.</i></p> <p><i>A regular report is provided to the CQF and the Head of Service and/or Lead AHP attend to speak to the report at each meeting.</i></p>	<p>September 2019 October 2019</p>
	Work undertaken to map out the assurance routes for the key domains should be further augmented by a mapping to the functions set out in the Appendix to the Integration Scheme, setting out all delegated functions, with priority given to the areas of highest importance/risk.	<p>Integration scheme delegated functions will be mapped to ensure forum membership reflects the breadth of delegated functions.</p> <p>Service reports and performance data will reflect the breadth of the delegated functions ensuring that reports to the IJB also reflect the breadth of the delegated functions.</p>	<p>Lead Allied Health Professional / Head of Service, Health and Community Care</p> <p>30 April 2018</p>	RED	<p><i>Programme reporting covering all services will all be completed by June 2019.</i></p> <p><i>Schedule of services confirmed and membership extended to ensure all areas are considered by the R2 group</i></p> <p><i>The development of the Primary Governance Groups will ensure comprehensive reporting across all aspects of the Partnership. There</i></p>	<p>June 2019 March 2020</p>

					<p><i>are a number of anomalies with some teams sitting outwith Locality Manager structures and these teams will report directly to CCPG Group.</i></p> <p><i>Further work to identify core and service datasets is ongoing, locally for DHSCP and across Tayside via the Getting it Right for Everyone Review Group.</i></p>	
	<p>Work should be undertaken on establishing a consistent assurance appetite to ensure that the level of assurance received is consistent across all clinical and care governance domains across all services commensurate with the level of risk each represents (e.g. an understanding of falls might be equally appropriate in both hospital and community care settings).</p> <p>Agreed levels of reporting should be reviewed against the governance principles appended to this report.</p>	<p>Review work of R2 and Forum reporting arrangements and risk management against governance principles (Appendix A) and amend and adopt new approaches as required.</p> <p>Further work will be done with the reporting templates to refine areas of common risk across the HSCP to support identification and mitigation of identified risks.</p>	<p>Lead Allied Health Professional / Head of Service, Health and Community Care</p> <p>30 June 2018</p>	<p>GREEN</p> <p>RED</p>	<p>Review work completed – considered and reflected within review of terms of reference.</p> <p>Work continues to progress the reporting arrangements but not yet complete – revised timescale of end of December 2019</p>	<p>September December 2019</p>

<p>Dundee Integration Joint Board Workforce Internal Audit Review</p> <p>(PAC8-2018)</p> <p>27th March 2018</p>	<p>Work to fully implement the actions in the Workforce and Organisational Development Strategy should continue with regular reporting on progress towards implementation being submitted to the IJB.</p> <p>In addition, Locality Managers should strive towards ensuring that the DH&SCP culture becomes fully embedded.</p> <p>Engaging staff in developing and maintaining the partnership culture as well as sharing and embedding the guiding principles should assist with this.</p>	<p>The DH&SCP management team fully recognises the need to ensure the vision and objectives of the Workforce and Organisational Development Strategy become embedded within the partnership and acknowledged that this is a fundamental element of the partnership's continued development.</p> <p>Implementing in full the actions in the Strategy has been identified by the operational management team as one of the key actions to be delivered over the next 6 months.</p>	<p>Head of Health and Community Care / Head of Finance and Strategic Planning</p> <p>August 2018</p>	RED	<p><i>Review of Workforce and Organisational development strategy as companion document to the review of Strategic Plan. Updated strategy to be presented to the August IJB meeting therefore actions will be taking forward from then.</i></p>	December 2019
	<p>Consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by Dundee City Council and NHS Tayside.</p> <p>The service provided should be regularly reviewed along with the SLA to ensure that the defined support is being provided and the SLA</p>	<p>The DH&SCP Management Team continues to monitor the level of support being provided to the IJB from NHS Tayside and Dundee City Council on an informal basis and responds to the organisations in relation to shortfalls in service provision accordingly.</p> <p>Given the current stage in the partnership's development, with greater knowledge and awareness of what the partnership</p>	<p>Head of Finance and Strategic Planning</p> <p>August 2018</p>	RED	<p>Current level of resources have not enabled progress to be made.</p> <p>Proposals for enhanced IJB support functions being developed within the H&SCP to assist taking this and other governance issues forward.</p>	December 2019

	<p>continues to be appropriate. Alternatively, in the absence of a SLA, specific details regarding the types and level of support expected should be clearly documented and formally agreed by senior management at the DH&SCP, Dundee City Council and NHS Tayside.</p> <p>In addition, regular reports on the support service requirements should be provided to the IJB.</p>	<p>needs to support its business, the service will progress with its partners, a more formal statement of the expected level of support which can subsequently be monitored and report to the IJB.</p>				
	<p>Future workforce plans for DH&SCP should include plans for all areas of delegated responsibility, tailored to deliver the relevant elements of the Strategic Plan.</p> <p>Plans should take account of demand for and availability of staff to maximise the use of resources within the DH&SCP.</p>	<p>As DH&SCP continues to evolve, with the continued development of integrated locality based services and redesign of services, the shape and mix of the workforce required to deliver on the IJB's strategic objectives is becoming clearer and will be reflected in future integrated workforce plans.</p> <p>While acknowledging that further national guidance is awaited on this matter, the first integrated workforce plan will be developed over the next 6 months.</p>	<p>Head of Health and Community Care / Head of Finance and Strategic Planning</p> <p>August 2018</p>	RED	<p><i>Updated Workforce and Organisational Development Plans, compatible with the revised Strategic and Commissioning Plan due to be presented to the IJB in August 2019 however now delayed</i></p>	<p><i>August 2019 Amended : December 2019</i></p>
Action Plan in Response to the	Action Plan was requested by the PAC in relation to	A wide range of actions are reflected in this detailed	Various with latest timescales for	RED	<p><i>Report will now be presented to the July</i></p>	<p><i>July 2019 November 2019</i></p>

Services for Older People (Edinburgh) Inspection Report (PAC 29-2018) 29 th May 2018	lessons learned from the Edinburgh inspection and what improvements would be required in Dundee.	action plan therefore it is not feasible to reflect in this plan – a separate update report will be provided at the May 2019 PAC.	completed action identified as March 2019.		2019 PAC meeting. Update: Proposal to present to the November PAC meeting	
Risk Management Action Plan (PAC8-2019) 12 th February 2019	Action Plan was required to respond to the findings of the Risk Maturity Assessment presented to the PAC on the 25 th September 2018.	A wide range of actions are reflected in this detailed action plan therefore it is not feasible to reflect in this plan. A separate update report will be provided to the September 2019 PAC meeting as agreed.	Chief Finance Officer September 2019	AMBER	Discussions held between risk management functions of Dundee City Council and NHS Tayside to agree way forward for actions. Follow up meeting with partners across Tayside delayed – revised completion date required	September 2019 December 2019
Transformation and Service Redesign Internal Audit Report (PAC9-2019) 12 th February 2019	Range of recommendations arising from the report.	Chief Finance Officer to provide an action plan in response to the issues raised within the report to be held on 28 th May 2019.	Chief Finance Officer May 2019	GREEN	Action Plan presented on agenda for meeting on 29 th May 2019	n/a
2017/18 Annual Internal Audit Report – Action Plan Update (PAC7-2019) 12 th February 2019	Review of Action Plan developed to respond to the range of areas for improvement arising from the IJB's 2017/18 Annual Internal Audit Plan.	Wide range of actions detailed in the action plan. Chief Finance Officer to provide an update to the PAC by June 2019 outlining the status of the outstanding actions.	Not Applicable			
The following reflects the detail of this action plan	Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	Agreement to be reached between Chief Executives of Dundee City Council and NHS Tayside.	Revised February 2019	RED	Discussion to be held between Chief Executives	July 2019
	Consideration should be given to providing the IJB with reporting on workforce issues including the Workforce and	Complete review of Workforce and Organisational Development Strategy and provide update to IJB.	Revised April 2019	RED	Updated Workforce and Organisational Development Plans, compatible with the revised Strategic and	August 2019 December 2019

	Organisational Development Strategy as well as the partnership forum.	Consider frequency and content of update report of activities of Staff Partnership Forum.			<i>Commissioning Plan due to be presented to the IJB in August 2019 however now delayed.</i>	
	Developments in relation to clinical and care governance should take into account the Social Work Scotland guidance document on Governance for quality social care in Scotland.	To be tabled as agenda item for Clinical and Care Governance Group for progressing.	Revised March 2019	GREEN	Taken into account as part of review of terms of reference.	n/a
	Consideration should be given to arrangements required by the IJB to comply with Freedom of Information and Public Records legislation.	Review current arrangements in place across the IJB/NHS Tayside and Dundee City Council to determine if they are effective in meeting the IJB's statutory requirements.	Revised April 2019	RED	<i>Self-assessment of arrangements in place deemed to be satisfactory. Further discussion to be arranged with statutory partners to ensure all parties satisfied that requirements being met</i>	<i>December 2019</i>
	Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.	Work progressing with NHS Tayside in association with the 3 Tayside IJB Chief Finance Officers and Scottish Government to conclude the methodology or determining and monitoring the Large Hospital Set Aside to inform commissioning decisions as set out within the legislation.	Revised - March 2019	RED	<i>Value of Large Hospital Set Aside agreed for inclusion in 2018/19 Annual Accounts. Given the need for agreement across Tayside between 3 IJB's and NHS Tayside, timescale revised accordingly</i>	<i>December 2019</i>
	Implementation of an action points update to each meeting of the IJB and PAC	To be developed as suggested and implemented with effect	Revised April 2019	GREEN	<i>Action plan developed by the Clerk to the Board for</i>	n/a

	in addition to an annual work plan to be agreed for both meetings.	from the October 2018 IJB meeting (subsequently revised to April).			<i>each IJB and PAC.</i>	
	Development of improved Hosted Services arrangements around risk and performance management for hosted services.	Current hosted services arrangements subject to discussion across the 3 Tayside Chief Officers and Chief Finance Officers. Proposal to be brought forward to IJB and PAC before the end of the financial year.	Revised June 2019	RED	<i>Discussions ongoing with neighbouring IJB's re responsibilities around hosting arrangements.</i>	<i>December 2019</i>
	Development of an overall Governance Action Plan to progress previous recommended areas for improvement.	To be developed as suggested.	Revised March 2019	GREEN	n/a	n/a
	Development of regular IJB and PAC member induction and development process.	To be developed as suggested.	Revised June 2019	RED	<i>Updated Workforce and Organisational Development Plans, compatible with the revised Strategic and Commissioning Plan due to be presented to the IJB in August 2019 however now delayed</i>	August 2019 <i>December 2019</i>
	Further develop the Integration Joint Board's local Code of Governance.	To be developed as suggested.	Revised April 2019	RED	<i>Clerk to the Board developing arrangements in conjunction with Chief Finance Officer.</i>	August 2019 <i>October 2019</i>
	Present the governance principles adopted by the Health and Social Care Partnership.	To be presented to the February 2019 IJB meeting.	Revised April 2019	GREEN	<i>Report DIJB17-2019 presented to the April IJB noting progress being made and requesting that Dundee City Council</i>	n/a

					<i>and NHS Tayside agree the principles as they apply to Dundee Integration Joint Board. Report to come back to IJB once agreed by both parties</i>	
	Development of multi-year financial plan as part of the review of the Strategic and Commissioning Plan.	Development of multi- year financial plan to be part of the budget setting process for 2019/20 and beyond which will reflect and be incorporated into the revised Strategic and Commissioning Plan.	March 2019	GREEN	<i>Incorporated within the review of the Strategic and Commissioning Plan. Will also be reflected in the IJB's final budget setting report to be presented to the June 2019 IJB meeting following receipt of confirmation of delegated budget from NHS Tayside.</i>	
	Update the Integration Joint Board's Participation and Engagement Strategy.	To be taken forward by the Communication and Engagement Group as part of the review of the Strategic and Commissioning Plan.	Revised June 2019	AMBER	Delivering the Strategic Plan is the priority with the Communication and Engagement Strategy a key companion document to the plan – this will be presented to the June IJB meeting.	June 2019 October 2019
	Develop Scheme of further delegation in relation to delegated services to the Integration Joint Board.	To be developed as suggested.	Revised April 2019	GREEN	<i>Report 16-2019 presented to the April IJB meeting</i>	n/a
	Clarify responsibilities and accountabilities around the impact of General Data	Update report to be presented to the October IJB meeting.	October 2018	GREEN		n/a

	Protection Regulations (GDPR) legislation with partner bodies.					
	Further develop performance report information into a delivery plan framework to ensure IJB fulfils its remit in delivering the direction of travel within the Strategic Commissioning Plan.	To be taken forward by the Strategy and Performance Team, aligned with the review of the Strategic and Commissioning Plan.	Revised July 2019	AMBER	Will form part of revised performance monitoring reporting into 2019/20 following approval of revised Strategic and Commissioning Plan.	December 2019



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2019

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN 2019/20

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC36-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to consider the proposed Dundee Integration Joint Board's 2019/20 Internal Audit Plan

2.0 RECOMMENDATIONS

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

- 2.1 Notes and approves the proposed Dundee Integration Joint Board 2019/20 Internal Audit Plan as outlined in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee IJB's Chief Internal Auditor and the Chief Officer and Chief Finance Officer have considered the key areas of the IJB's activities which would benefit from Internal Audit assessment during 2019/20. This includes areas of risk as highlighted in the IJB's Risk Register. The Chief Internal Auditor has subsequently developed a proposed Internal Audit plan which sets these and other audit governance issues alongside the level of internal audit resource available (see Appendix 1). The substantive areas of audit planned are in relation to risks around governance and assurance, performance management and adverse events management.
- 4.2 As per Audit Scotland's recommendation and subsequent agreed action following the Dundee IJB External Audit Annual Report 2016/17, presented to the September 2017 Performance and Audit Committee (Article IV of the minute of meeting refers – Report No PAC21-2017), progress of the Internal Audit Plan will continue to be a standing item on all Performance and Audit Committee agendas.

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

This report has not been subject to a risk assessment as it a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

The Chief Officer, Chief Internal Auditor, Head of Community Care and Health and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

Date: 2ND September 2019

INTERNAL AUDIT PLAN 2019/20**1. PURPOSE OF THE REPORT**

The purpose of this paper is to seek approval of the Annual Internal Audit Plan for Dundee Integrated Joint Board (IJB) for 2019/20.

2. RECOMMENDATIONS

The IJB is asked to:

- Approve the 2019/20 annual plan.

3. BACKGROUND

As stated in the IRAG guidance, it is the responsibility of the IJB to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. Following a meeting of Dundee IJB (DIJB) in May 2016, Fife, Tayside and Forth Valley Audit and Management Services (FTF) were appointed as the IJB's Internal Audit Service.

Resources to deliver the plan will be provided by the NHS Tayside and Dundee City Council Internal Audit services. A total of 40 days have been included in the 2019/20 Internal Audit Plans of the parties to deliver internal audit reviews for DIJB.

Public Sector Internal Audit Standards set out the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals. As in 2018/19, the discretionary elements of this year's plan will be focused around the Dundee IJB's Strategic Risk Register, with individual topics also informed by the professional views of the IJB Chief Officer and Chief Financial Officer and the Heads of Internal Audit of both parties to ensure the substantive audit assignments add value. Whilst recognising that the HSCP's strategic and operational risk registers are being reinvigorated, the proposed internal audit plan is based on the extant strategic risk profile at the time of developing this plan.

The draft operational plan for 2019/20 has been designed to target the priority issues identified by our assessment of risk. The plan includes the delivery of standard products required each year, and is further based on professional judgement of the IJB risk environment. We therefore assessed audit need based on the IJB's own strategic risks as well as areas for improvement noted in the Governance Statement, our findings from our 2018/19 Annual Internal Audit Report and benchmarking with other IJBs.

We would highlight that the plan is predicated on the basis that operational controls over services are maintained and assured through the parties. An Internal Audit Joint Working Protocol has been agreed by the Internal Auditors of both parties as has a Protocol for sharing Internal Audit Outputs. Audit Committee members are asked to note that audits to be shared under the output sharing protocol will provide additional assurance to the IJB.

The audit plan is designed to provide the Chief Internal Auditor with sufficient evidence to form an opinion on the adequacy and effectiveness of internal controls. Work to deliver the internal audit plan is undertaken under the supervision of the Chief Internal Auditor.

The proposed plan is set out below:

Ref	Audit	Indicative Scope	Days	Target Audit Committee
D01-20	Audit Planning	Preparation of Annual Internal Audit Plan	2	September 2019
D02-20	Audit Management	Liaison with management and attendance at Performance and Audit Committee	3	N/A
D03-20	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment	5	June 2019
D04-20	Governance & Assurance	Ongoing support and advice on further development of governance and assurance structures, including issues identified as part of the annual report process and the self assessment against the MSG report and help in implementing an audit follow up process	5	N/A
D05-20	Performance management	Adequacy, accuracy, relevance, reliability, data quality, timeliness and interpretation of reporting against the priorities in the Strategic and Commissioning Plan and core integration indicators. Compliance with DL 2016 (05) - Guidance for Health and Social Care Integration Partnership Performance Reports This work will link to Strategic Risk 10 as well as a number of operational risks	15	February 2020
D06-20	Adverse events management	Implementation of Duty of Candour for Council employees This work will link to Operational risks 30 and 34	10	November 2019

4. CONSULTATION

The Chief Officer, the Chief Finance Officer and the Senior Manager- Internal Audit of Dundee City Council have been consulted on the content of this paper.

A Gaskin BSc ACA
Chief Internal Auditor

	Audit Need Assessment based on Dundee IJB's Strategic Risk Register as at May 2018				
	Risk Title / Description	Owner	Current Risk Level	Planned Risk Level	Internal Audit coverage 2019-20
			L = Likelihood I = Impact		
1	<p>Restrictions on Public Sector Funding</p> <p>Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.</p>	Chief Finance Officer	<p>L= 4 I= 4</p> <p><u>16</u></p>	<p>L= 3 I= 4</p> <p><u>12</u></p>	<p>Included? No</p> <p><u>Rationale</u> Previous coverage – to be reported under D05/19</p>
2	<p>Unable to maintain IJB spend</p> <p>IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan.</p>	Chief Finance Officer	<p>L= 4 I= 4</p> <p><u>16</u></p>	<p>L= 3 I= 3</p> <p><u>9</u></p>	<p>Included? No</p> <p><u>Rationale</u> Previous coverage – to be reported under D05/19</p>
3	<p>Staff resource</p> <p>The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities and operational delivery.</p>	Chief Officer	<p>L= 4 I= 4</p> <p><u>16</u></p>	<p>L= 3 I= 3</p> <p><u>9</u></p>	<p>Included? No</p> <p><u>Rationale</u> Previous coverage</p> <p>Actions ongoing in relation to D06/17 - Workforce. Further assurance will need to be provided in future audit plans following implementation of previous recommendations.</p>

	Audit Need Assessment based on Dundee IJB's Strategic Risk Register as at May 2018				
	Risk Title / Description	Owner	Current Risk Level	Planned Risk Level	Internal Audit coverage 2019-20
			L = Likelihood I = Impact		
4	Staff Perception of Integration Negative staff perception of integration due to historical experiences and lack of communication will lead to an adverse effect on engagement / buy-in to new partnership.	Chief Officer	L= 3 I= 3 <u>9</u>	L= 2 I= 3 <u>6</u>	Included? No <u>Rationale</u> Previous coverage Actions ongoing in relation to D06/17 - Workforce. Further assurance will need to be provided in future audit plans following implementation of previous recommendations.
5	Employment Terms Differing employment terms could expose the partnership to equality claims and impact on staff morale.	Chief Officer	L= 3 I= 5 <u>15</u>	L= 3 I= 2 <u>6</u>	Included? No <u>Rationale</u> Previous coverage Actions ongoing in relation to D06/17 - Workforce. Further assurance will need to be provided in future audit plans following implementation of previous recommendations.
6	Stakeholders not included/ consulted Relevant stakeholders have not been included and adequately consulted with during the development and subsequent implementation of the Strategic & Commissioning Plan which may lead to adverse political and/or reputational impact.	Chief Officer	L= 1 I= 3 <u>3</u>	L= 1 I= 3 <u>3</u>	Included? No <u>Rationale</u> Low current risk score.

	Audit Need Assessment based on Dundee IJB's Strategic Risk Register as at May 2018				
	Risk Title / Description	Owner	Current Risk Level	Planned Risk Level	Internal Audit coverage 2019-20
			L = Likelihood I = Impact		
7	Increased Bureaucracy Revised governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place.	Chief Officer	L= 4 I= 3 <u>12</u>	L= 3 I= 3 <u>9</u>	Included? No <u>Rationale</u> Previous coverage – to be reported under D06/19
8	Governance arrangements being established fail to discharge duties Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required.	Chief Officer	L= 2 I= 4 <u>8</u>	L= 2 I= 2 <u>4</u>	Included? No <u>Rationale</u> Previous coverage Some actions still ongoing in relation to D07/17 - Clinical, Care & Professional Governance Further assurance to be provided in future audit plans following implementation of previous recommendations.
9	Uncertainty around future service delivery models Uncertainty around future service delivery models may lead to resistance, delay or compromise resulting in any necessary developments or potential opportunities for improvement not being fulfilled.	Chief Officer	L= 3 I= 3 <u>9</u>	L= 2 I= 2 <u>4</u>	Included? No <u>Rationale</u> Low current risk score.
10	Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.	Not noted	L= 5 I= 4 <u>20</u>	L=4 I= 4 <u>16</u>	Included? Yes <u>Rationale</u> High Risk and key elements of the IJB's operations.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2019

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC38- 2019

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Performance and Audit Committee with a progress update in relation to the current Internal Audit Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the continuing delivery of the 2018/19 plan as well as commencement of work on the 2019/20 plan as outlined in this report.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's current Internal Audit Plan 2018/19 was approved by the PAC at its meeting of the 31 July 2018 (Article VII of the minute of meeting refers – Report No PAC48-2087). Work related to the 2018/19 Internal Audit Plan is ongoing and is included in the progress reported below. The Internal Audit Plan 2019/20 is presented for approval by members as a separate agenda item. Progress on the non-discretionary elements of the provisional plan are incorporated below.
- 4.2 As per Audit Scotland's recommendation and subsequent agreed action following the Dundee IJB External Audit Annual Report 2016/17, presented to the September 2017 Performance and Audit Committee (Article IV of the minute of meeting refers – Report No PAC21-2017), progress of the Internal Audit Plan is now a standing item on Performance and Audit Committee agendas.

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

This report has not been subject to a risk assessment as it is a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

Date: 3rd September 2019

2018/19								
Ref	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-19	Audit Planning	Agreeing audit universe and preparation of strategic plan.	July 2018	Complete	Complete	Complete	Complete	N/A
D02-19	Audit Management	Liaison with management and attendance at Audit Committee.	Ongoing	Complete				
D03-19	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment.	July 2018	Complete	Complete	Complete	Complete	N/A
D04-19	Information Governance	Review of IT/ data processes supporting the delivery of the IJB's strategic plan through seamless cross system working.	November 2019	Complete	Complete	Complete		
D05-19	Finance	Review of arrangements established to control and mitigate Risks 1&2 from the high level risk register.	November 2019	Complete	Ongoing			
D06-19	Governance & Assurance	Governance mapping exercise: Assess the extent to which the IJB's structures support the delivery of strategic objectives. Includes review of controls to address Risk 7.	November 2019	Complete	Ongoing			

2019/20								
Ref	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-20	Audit Planning	Preparation of Annual Internal Audit Plan.	September 2019	Complete	Complete	Complete	Complete	N/A
D02-20	Audit Management	Liaison with management and attendance at Performance and Audit Committee.	N/A	Ongoing				
D03-20	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment.	June 2019	Complete	Complete	Complete	Complete	N/A
D04-20	Governance & Assurance	Ongoing support and advice on further development of governance and assurance structures, including issues identified as part of the annual report process and the self assessment against the MSG report and help in implementing an audit follow up process.	N/A	Ongoing				
D05-20	Performance management	Adequacy, accuracy, relevance, reliability, data quality, timeliness and interpretation of reporting against the priorities in the Strategic and Commissioning Plan and core integration indicators. Compliance with DL 2016 (05) - Guidance for Health and Social Care Integration Partnership Performance Reports. This work will link to Strategic Risk 10 as well as a number of operational risks.	February 2020					
D06-20	Adverse events management	Implementation of Duty of Candour for Council employees. This work will link to Operational risks 30 and 34.	November 2019					

ITEM No ...16...

PAC40-2019

PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2019 TO DECEMBER 2019

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)

<u>Organisation</u>	<u>Member</u>					
		12/2	25/3	28/5	24/9	26/11
Dundee City Council (Elected Member)	Ken Lynn *	A	✓	✓		
Dundee City Council (Elected Member)	Helen Wright *	✓	✓	✓		
NHS Tayside (Non Executive Member)	Jenny Alexander*	✓	A	✓		
NHS Tayside (Non Executive Member)	Norman Pratt *	✓	A			
NHS Tayside (Non Executive Member)	Nic Beech *			A		
Chief Officer	David W Lynch	✓	✓	✓		
Chief Finance Officer	Dave Berry	✓	✓	✓		
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Cesar Rodriguez	A	A			
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	James Cotton			A		
Dundee City Council (Chief Social Work Officer)	Jane Martin	✓	✓	✓		
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A	A	✓		
Carers' Representative	Martyn Sloan			✓		
Chief Internal Auditor ***	Tony Gaskin	A	✓	A		
Audit Scotland ****	Bruce Crosbie	****	****	****		

✓ 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

* Denotes Voting Members

** Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation. At meeting of the Integration Joint Board held on 30th October, 2018, Ken Lynn was appointed as Chair (the Chair of the Committee cannot also be the Chair of the Integration Joint Board).

*** The Chief Internal Auditor is a member of the Committee and is not a member of the Integration Joint Board.

**** Audit Scotland are not formal members of the Committee and are invited to attend at least one meeting of the Committee a year.

(Note: First meeting of the Committee was held on 17th January, 2017).

(Note: Membership are all members of the Integration Joint Board (only exceptions are Chief Internal Auditor and Audit Scotland)).