

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

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

City Chambers  
DUNDEE  
DD1 3BY

27th March, 2018

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

Dear Sir or Madam

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (SPECIAL)**

I refer to the agenda of business issued in relation to the special meeting of the Integration Joint Board to be held on Friday, 30th March, 2018 and now enclose the undernoted item of business which was not received at time of issue.

Yours faithfully

DAVID W LYNCH

Chief Officer

**AGENDA**

**5 DUNDEE INTEGRATION JOINT BOARD BUDGET 2018/2019 (page 1)**

(Report No DIJB17-2018 by Chief Finance Officer, attached).



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

**(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS**

**(\* - DENOTES VOTING MEMBER)**

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

**(b) DISTRIBUTION – FOR INFORMATION ONLY**

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
NHS Tayside (Chief Executive)	Lesley McLay
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee Health and Social Care Partnership (Chief Officer's Admin Assistant)	Arlene Hay
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie



ITEM No ...5.....
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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
30 MARCH 2018

**REPORT ON:** DUNDEE INTEGRATION JOINT BOARD 2018/19 BUDGET

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB17-2018

## 1.0 PURPOSE OF REPORT

The purpose of this report is to advise Dundee Integration Joint Board of the implications of the proposed delegated budget for 2018/19 from Dundee City Council and indicative budget from Tayside NHS Board and to seek approval for the range of interventions required to set a balanced budget for Dundee Health and Social Care Partnership for 2018/19.

## 2.0 RECOMMENDATIONS

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

- 2.1 Notes the implications of the proposed delegated budget to Dundee Health and Social Care Partnership from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2018/19.
- 2.2 Notes the implications of the change in the risk sharing agreement as set out within the Integration Scheme and referred to in paragraph 4.1.5 of this report.
- 2.3 Formally adopts the prescribing budget subject to a number of caveats and notes the risks associated with this as set out in paragraph 4.3.
- 2.4 Approves an uplift of 1% for 2018/19 to rolling contractual arrangements with the third sector for the provision of health and social care services as outlined in paragraph 4.9 in addition to required uplifts to implement the Scottish Living Wage and Sleepover payments at the Scottish Living Wage.
- 2.5 Approves the extension of services funded by the Integrated Care Fund from June 2018 to March 2019 as set out in paragraph 4.12 and Appendix 3 of this report.
- 2.6 Approves the range of interventions set out in Appendices 1 and 2 of this report in order to provide a balanced budget.
- 2.7 Approves the delegated budget proposed by Dundee City Council.
- 2.8 Instructs the Chief Finance Officer to report back to the IJB following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implications of the finalisation of hosted services budgets and the Large Hospital Set Aside.
- 2.9 Notes the current position in relation to additional Scottish Government funding for Mental Health, Primary Care Transformation and Alcohol and Drug Partnership Funding as set out in paragraph 4.7 and instructs the Chief Finance Officer to report back to the IJB with the implications of these once determined at a local level.
- 2.10 Instructs the Chief Finance Officer to progress the Transformation Efficiency Programme to the next stage in partnership with relevant stakeholders including Trade Union and Staff Side representatives.

### **3.0 FINANCIAL IMPLICATIONS**

The proposals outlined in this report set out an overall budget for 2018/19 for Dundee Health and Social Care Partnership of £224.1m as noted in section 4.13 of this report.

### **4.0 MAIN TEXT**

#### **4.1 Background**

4.1.1 Dundee IJB considered report DIJB1-2018 (Scottish Government Draft Budget 2018/19 - Implications for Dundee Integration Joint Board) at a special meeting of Dundee IJB held on 24th January 2018. This report set out to the IJB for the first time the potential range of additional costs which could impact on the delegated budget and the anticipated level of funding to be provided to the IJB from NHS Tayside and Dundee City Council following the Scottish Government's Draft Budget 2018/19.

4.1.2 The IJB was provided with an update at its meeting on 27<sup>th</sup> February 2018 (Report DIJB13-2018 – Dundee Integration Joint Board 2018/19 Budget Progress Report) which further refined the estimated financial position following discussion and negotiation with Dundee City Council and NHS Tayside. This report outlined that Dundee City Council had set its Revenue Budget, the implications of which is a net flat cash settlement for the delegated budget to Dundee Integration Joint Board.

4.1.3 Since then, further discussions have taken place with NHS Tayside around the financial assumptions included in the delegated budget including the level of anticipated spend within the Prescribing budget and level of anticipated funding to the IJB. In addition, officers have been working through the range of interventions required to deliver a balanced budget for the IJB in 2018/19.

4.1.4 The factors noted above and subsequent negotiations have shaped the development of Dundee Health and Social Care Partnership's proposed 2018/19 budget and includes the range of interventions and Transformation Programme with associated risks which is set out within the following sections.

4.1.5 A significant issue to note for the delegated budget for 2018/19 is a change in the risk sharing agreement as outlined in the Integration Scheme whereby at the end of the first two years of the integrated budget, any residual financial risks are shared proportionately between Dundee City Council and NHS Tayside rather than these being picked up by the party from which the overspend is generated.

#### **4.2 Proposed NHS Tayside Delegated Budget**

4.2.1 NHS Tayside's Financial Plan 2018/19 continues to be developed and is expected to be signed off by Tayside NHS Board early into financial year 2018/19 therefore the figures contained in this report are indicative at this stage. NHS Tayside continues to be faced with unprecedented financial challenges with significant cost pressures and the need to identify substantial financial savings. In relation to the delegated budget, funding to support pay increases is likely to be provided from a general inflationary uplift of 1.5% with further funding from the Scottish Government for pay awards above 1% for Agenda for Change staff, and a 1.5% uplift applied to other costs including an uplift to the prescribing budget. Therefore it is anticipated that these uplifts will fully fund general increases in expenditure in 2018/19 with the exception of prescribing. However, there are a range of legacy funding issues within the delegated budget and through the impact of hosted services which need to be addressed. This includes the need to shift historical savings from a non-recurring to a recurring basis and the prescribing budget shortfall.

4.2.2 Given the scale of NHS Tayside's financial challenges, and in recognition of the changes to the risk sharing agreement from 2018/19 onwards, Tayside NHS Board has requested that as part of their financial recovery plan, each of the IJBs identifies and implements measures to bring their delegated budgets in balance, thereby removing financial risk to NHS Tayside in 2018/19.

### 4.3 Prescribing

4.3.1 As reported during 2017/18 through the financial monitoring process, the prescribing budget continues to be the highest financial risk area within the delegated budget. The IJB has chosen not to accept the prescribing budget and associated risks over the first two years of the delegated budget on the basis of it being insufficient to meet the level of anticipated expenditure. However over that period, a co-ordinated response to the financial challenge has been developed through the Tayside wide Prescribing Management Group (PMG) and locally through the Dundee Medicines Management Group, with a programme of cost reductions and service changes designed to restrict and reduce price and volume growth, reducing the financial risks around prescribing. It should be noted however that a number of these changes have high risks associated with them. Furthermore, it is anticipated that additional resources will be added to the Dundee prescribing budget in 2018/19 to recognise the impact of changes in the national resource allocation formula (NRAC) with the result of closing the prescribing gap further. This assumption is built in to the figures noted below. The combined effect of these is anticipated to see the Dundee prescribing budget with a funding gap of around £560k, compared to the current overspend position of £2.1m. This gap is included in the funding shortfall set out in Appendix 1.

**Table 1 – Dundee GP Prescribing Budget Projections 2018/19**

	£000
Share of Prescribing Budget (incl additional NRAC allocation)	33,451
2018/19 Anticipated Baseline Spend	35,354
2018/19 Anticipated Growth (inc Price Increases)	515
Anticipated Spend 2018/19	35,869
Less:	
Price Changes / Drugs Off Patent	(1,253)
Tayside Wide Active Interventions	(601)
Revised Anticipated Spend	34,015
Projected Funding Shortfall	564

4.3.2 Following NHS Tayside's request for each IJB to fully meet their costs in 2018/19, the IJB needs to consider whether sufficient progress has been made in relation to closing the prescribing gap to enable it to confidently manage the prescribing budget on an ongoing basis and formally accept the budget. For 2018/19 it is proposed that the IJB accepts the budget and financial risks but with the following caveats:

- the final GP prescribing budget delegated by NHS Tayside is, as a minimum, set at the level noted in Table 1 above
- the IJB will not be held responsible for any overspends incurred on account of the PMG actions not being delivered at the scale and pace set out in the associated cost reduction plan;
- the IJB will not be responsible for significant changes in price increases (drug tariffs) against those estimated in the prescribing plan.

4.3.3 The IJB would take responsibility for the level of volume growth and the impact of the local interventions as part of the Dundee Medicines Management Plan.

### 4.4 Legacy Savings

4.4.1 Dundee IJB has through its Transformation Programme, managed to reduce year on year the impact of a range of historical financial cost pressures and funding shortfalls inherited through the NHS budget and moved to do so on a recurring basis. Within the current 2017/18 budget, the level of non-recurring savings remaining sits at £1.140m. For 2018/19, it is proposed that the IJB formally removes these historical savings on a recurring basis through applying resources released from previous decisions such as the remodelling of Royal Victoria Hospital bed base and formally recognising the level of staff turnover within the

operational services base budget based on historical patterns with the balance coming from non-investment in change funds as set out in Appendix 1.

#### 4.5 Impact of Hosted Services – Mental Health Inpatient Services

- 4.5.1 Perth & Kinross IJB continues to work in partnership with Dundee, Angus and NHS Tayside, to reduce the cost pressures associated with the Mental Health Inpatient Service and General Adult Psychiatry which has had a considerable funding gap over the last two years, partly met through non-recurring funding from NHS Tayside. Reducing this gap is associated with the major service redesign programme which the IJB supported in December 2017 (Report DIJB49-2017, Mental Health & Learning Disability Redesign Transformation Programme – Consultation Feedback Report) however this will take time to implement. The range of interventions to address these cost pressures have not as yet been concluded however there is a risk of these not being delivered in full over 2018/19. The impact to Dundee of any residual overspend for these services would be around 40% of the total Tayside figure and the Chief Finance Officer will bring back to the IJB a full risk assessment of the position once known.

#### 4.6 Large Hospital Set Aside

- 4.6.1 Dundee IJB adopted a financial saving in 2017/18 in relation to the Large Hospital Set Aside, to reflect the planned change in usage of the Dundee population of unscheduled admissions to hospital. This is in line with the Scottish Government's intentions around shifting the balance of care to community based settings. Given the significant financial challenges facing NHS Tayside however, the IJB formally advised NHS Tayside during 2017/18 that it would not implement the £500k net saving planned in year and would absorb this saving from its operational budget. It is proposed that Dundee IJB suspends this saving again in 2018/19 and covers the cost of this to the delegated budget through non-recurring savings. Work is continuing nationally and locally to re-calculate an updated and appropriate value for the Large Hospital Set Aside, the implications of which will be presented to the IJB in due course.

#### 4.7 Impact of Additional National Funding

- 4.7.1 The local allocation of additional funding being provided nationally in Primary Care, Mental Health Services and Alcohol and Drug Partnerships is yet to be determined by the Scottish Government and the impact of this on the delegated budget will be highlighted to the IJB once known. The national figures are shown below for information:

Fund	2017/18 £m	2018/19 £m	Increase £m
Primary Care Transformation	60	110	50
Mental Health	30	47	17
Alcohol and Drug Partnerships	53.8	73.8	20

#### 4.8 Dundee City Council Budget Implications

- 4.8.1 As noted in 4.1.2 above, Dundee City Council's budget offer is a net flat cash position for 2018/19 with resources passed on to the delegated budget to cover pay inflation, elements of third party inflation and to fund new national legislative and other policy requirements such as the implementation of the Carers Act, payment of the Living Wage, payment of Sleepovers at the living wage and increases in Free Personal and Nursing Care payments, totalling £3.1m. The Council then applied a reduction to the delegated budget of £3.1m. Given the level of the National Care Home Contract agreed uplift for 2018/19 is set at 3.39%, this adds to the additional level of funding the IJB needs to identify to balance the budget by around £300k. The additional funding for new legislative and other policy requirements is set out as follows:

Policy Initiative	Estimated Cost 2018/19 £000
Living Wage	900
Sleepover Costs at Living Wage	304
Carers Act	350
Free Personal Care Payment Uplift	56
Sensory Impairment / British Sign Language Scotland Act 2015	20
Total	1,630

#### **4.9 Provision for 3<sup>rd</sup> Sector Rolling Contract Uplifts**

4.9.1 The delegated budget funds a range of health and social care services provided by the third and voluntary sector on behalf of the Health and Social Care Partnership. These arrangements are governed by contractual frameworks with baseline funding agreed at the commencement of the service through the tendering process. Subsequent increases in the level of contractual funding for these (other than to reflect changing needs of individual service users) are a matter for the commissioning body to decide. The majority of these arrangements have not had any uplifts applied in the last few years with reductions applied in recent years by Dundee City Council as part of its budget process.

4.9.2 Care providers continue to face a number of financial challenges and in recognition of this and the important contribution the services they provide make to the overall health and social care service landscape, it is proposed to provide a 1% increase in these contractual funding levels for 2018/19 at a cost of approximately £390k. In addition, any impact of the next phase of implementing the payment of the Living Wage and Living Wage for Sleepover arrangements will also be funded.

#### **4.10 Dundee IJB Proposed Interventions and Transformation Programme**

4.10.1 The impact of all the elements in the previous sections on the proposed delegated budget is noted in Appendix 1 attached. This highlights that the IJB needs to identify efficiency savings and interventions to the value of approximately £5m in 2018/19 to provide a balanced budget.

4.10.2 Appendix 1 also sets out the range of interventions and efficiency Transformation Programme initiatives for consideration by the IJB in order to balance the 2018/19 budget. Given the scale of the financial challenge ahead, the range of service redesign initiatives deliverable over the next 12 months will not be sufficient to provide the IJB with the confidence to balance the budget therefore it is recommended that the IJB utilises its uncommitted reserves to provide it with the time to develop and implement further service redesign and cost reduction in the provision of services. These initiatives are designed to reduce the financial risk to Dundee IJB, NHS Tayside and Dundee City Council.

4.10.3 Further details as to the nature and impact of the proposed interventions are set out in Appendix 2, including more detailed reports as appropriate.

#### **4.11 Reserves Position**

4.11.1 At the end of the IJB's first year of operation (2016/17), the IJB created a reserve of approximately £5m, primarily as a result of a carry forward of historical Change Funding (£4m) to support transformational change and an underspend of around £1m in its social care budget. A further £1m of resources sit within NHS Tayside as historical legacy funding taking the non-recurring resources available to £6m. Over 2017/18 the IJB has made decisions which commit significant elements of this, such as to provide bridging finance to support the developing Dundee Enhanced Community Support Acute model. In addition, the Integration Scheme risk sharing agreement notes that should there be any residual overspend in operational services at the end of 2017/18, reserves should be drawn on prior to overspends being picked up by the partner bodies (except prescribing). The level of currently uncommitted reserves are noted in the table below and it is recommended that £2,337k of this is applied in 2018/19 on a non-recurring basis to deliver a balanced budget.

In doing so however, the IJB reduces its capacity to support further transitional funding to support tests of change or to respond to unexpected financial challenges in year.

**Table 2 - IJB Reserves Position (as at 31 March 2018)**

	£000
Value of Reserves/Legacy Allocation	6,017
Less: Already Committed	(2,739)
Balance Available	3,278

#### 4.12 Change Fund Investment

- 4.12.1 Dundee Integration Joint Board has continued to invest its Change Fund resources in tests of change since its establishment in 2016. This followed on from previous agreements between Dundee City Council, NHS Tayside and the voluntary and private sector to invest additional Scottish Government funding in innovative, integrated ways of working designed to improve outcomes for service users, primarily through the Reshaping Care for Older People Funding. The successful tests of change have supported a transformation from more traditional forms of care to new models, unlocking resources and enabling further re-investment. The IJB has already made decisions about committing some of these resources to mainstreaming elements of tests of change, such as the Dundee Enhanced Community Support Acute model and at the special IJB meeting in January 2018 (Report Number DIJB4-2018, Integrated Care Fund Recommendations) agreed to extend the funding of a range of projects until June 2018, pending the outcome of the budget process.
- 4.12.2 With the extent of the financial challenges facing the IJB's delegated budget it is unlikely that further tests of change can be sustained in a similar way to the past few years. It is therefore proposed that the residual recurring Change Funding is used to support a number of different elements which the IJB will need to cover across its total resources as follows:

**Table 3 – Change Fund Remaining Balance**

	£000
Recurring Uncommitted Change Funding Available as at April 2018	3,484
Less: Funding to Manage Anticipated Demographic Growth/New Commissioned Services Committed to in 2018/19	(750)
Less: Contribution to Delegated Budget Savings (Recurring)	(1,000)
Less: Extension to Current Projects to June 2018 as per January IJB Decision	(348)
Less: Other Projects Omitted from January Report	(31)
Balance Available	1,355
Funding Required to Extend Current Projects to March 2019	1,138
Provision Available for 2018/19 Tests of Change	217

- 4.12.3 Given the reliance on non-recurring interventions proposed to be applied in 2018/19 to deliver a balanced budget, it is proposed that the IJB defers making any decisions to mainstream current tests of change until the IJB has sufficient confidence that the Transformation Programme developing over the course of 2018/19 will deliver sufficient recurring savings to clear the non-recurring element of the budget in 2019/20 and beyond. It is anticipated that this would be presented to the IJB as part of the 2019/20 budget setting process. It is proposed that funding for the projects noted in Appendix 3 are approved until March 2019.

#### 4.13 Proposed Dundee IJB Delegated Budget 2018/19

Factoring all of the above against the delegated budget results in a proposed position for 2018/19 as noted in Table 4 below.

**Table 4 – Dundee Health & Social Care Partnership Proposed Delegated Budget 2018/19**

	Dundee Council	City	NHS Tayside (indicative only)	Total Proposed Budget 2018/19
	£m		£m	£m
<b>2018/19 Baseline Budget</b>				
Hospital & Community Based Services	73.5		71.8	145.3
Family Health Services Prescribing			32.5	32.5
General Medical Services			44.2	44.2
Large Hospital Set Aside (value tbc)			tbc	tbc
<b>Total Baseline Budget</b>	<b>73.5</b>		<b>148.5</b>	<b>222</b>
Add:				
Inflationary Uplifts	1.6		2.1	3.7
Investment in New Scottish Govt Legislation/National Policy (share of £66m)	1.6			1.6
Primary Care/ Mental Health Innovation Funding/ADP Funding			tbc	tbc
Less: Funding Reduction	-3.2			-3.2
<b>Total Proposed Budget 2018/19</b>	<b>73.5</b>		<b>150.6</b>	<b>224.1</b>
Note:*				
Hosted Services Transfer Out			tbc	tbc
Hosted Services Transfer In			tbc	tbc

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

#### 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
<b>Risk Category</b>	Financial
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 4 = 16 (Extreme)
<b>Mitigating Actions</b> (including timescales and resources )	Developing a robust and deliverable Transformation Programme. Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 4 = 12 (High)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 4 = 12 (High)
<b>Approval recommendation</b>	Although the risk levels remain high, the range of interventions identified generally have a medium to low risk of delivery in 2018/19 therefore it is recommended that the risks be accepted. Risks around the Prescribing budget will be continually monitored and reported to the IJB throughout the year.

## 7.0 CONSULTATIONS

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

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

None.

## ITEM No ...5.....



## DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB17-2018
2	Date Direction issued by Integration Joint Board	30 March 2018
3	Date from which direction takes effect	1 April 2018
4	Direction to:	NHS Tayside & Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes
6	Functions covered by direction	All delegated services.
7	Full text of direction	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to provide health and social care services as commissioned by Dundee Integration Joint Board within the resources allocated as set out in this report, subject to formal notification from NHS Tayside as to the level of budget offer. Further Directions will be issued by Dundee Integration Joint Board during 2018/19 as to the future provision of these services.
8	Budget allocated by Integration Joint Board to carry out direction	Dundee City Council – £73.5m NHS Tayside - £150.6m
9	Performance monitoring arrangements	Through regular financial monitoring reports to Dundee Integration Joint Board.
10	Date direction will be reviewed	N/A

## ITEM No ...5.....

Dundee Integration Joint Board - Delegated Budget 2018/19		Appendix 1
<b>Projected Financial Position as at March 2018</b>		
		<b>Integrated Resource Total £000</b>
<b>Estimated New Cost Pressures 2018/19</b>		
Pay Inflation		2,433
Other Inflation (including National Care Home Contract)		1,020
Net Prescribing Growth / Inflation		515
New Scottish Government Policy Commitments		1,630
<b>Total New Cost Pressures</b>		<b>5,598</b>
<b>Funded by:</b>		
Estimated Funding Uplifts		(5,297)
Funding Reductions		3,182
<b>Net Funding Pressures 2018/19</b>		<b>3,483</b>
	Risk Assessment of Delivery	
<b>Previous Years Budget Shortfalls</b>		
Non-Recurring Savings to Recurring		1,140
Hold for 2018/19 Only - Large Hospital Set Aside Saving		500
Less: Reshaping Care for Older People	Low	(400)
Less: 2017/18 Reduced Operational Budgets Spend	Low	(500)
<b>Total Previous Years Shortfalls</b>		<b>740</b>
Provisional Prescribing Shortfall Net of Tayside Initiatives		564
<b>Net Anticipated Budget Shortfall 2018/19</b>		<b>4,787</b>
<b>Proposed Interventions to Deliver Balanced Budget</b>		
<b>Decisions Already Taken by IJB:</b>		
Reduction in Cost of Commissioning DCC Homecare Service (part year)	Medium	125
Resource Release from Change Funds	Low	750
		<b>875</b>
<b>Further Options for Consideration:</b>		
<b>Recurring:</b>		
Increase Take Up Levels of Self Directed Support Options 1 and 2	Medium	200
Further Develop Local Prescribing Initiatives	Medium	200
Review Non-Residential Care Charging (part year)	Medium	125
Additional Vacancy Management Initiatives	Low	300
Non investment of Change Funding	Low	250
		<b>1,075</b>
<b>Non Recurring:</b>		
Recognise Natural Slippage in Roll Out of Enhanced Community Support Model	Medium	500
Application of Reserves	Low	2,337
		<b>2,837</b>
<b>Total Potential Options</b>		<b>4,787</b>

**Dundee Integration Joint Board Proposed Budget Interventions****Reduction in Cost of Commissioning DCC Homecare Services - £125,000**

The principles behind this change have already been agreed by the IJB which expects to see Dundee City Council deliver additional capacity within its homecare service at a lower cost. £500,000 has previously been removed from this budget with further increased efficiency opportunities in direct service delivery of mainstream Social Care remaining. The financial saving will be dependent on the pace of change of the new arrangements, following workforce terms & conditions.

**Resource Release from Change Funds - £750,000**

The investment of Change Funding has supported the development of a range of community based services and interventions which have enabled the redesign of traditional models of service delivery and has therefore contributed to resource release in these areas.

**Further Development of Local Prescribing Initiatives - £200,000**

In addition to the work being carried out across Tayside through the Prescribing Management Group, there is a local Dundee workplan which is overseen by the Dundee prescribing management group. This includes the impact of quality prescribing visits, changes to wound management and tests of change around reducing wasted medicines.

**Additional Vacancy Management Initiatives - £300,000**

It is proposed to formally reflect in the base budget the effect of further staff turnover incurred within the delegated staff costs budget on a recurring basis.

**Non Investment of Change Funding - £250,000**

It is proposed to apply further unallocated Change Fund resources to support the delivery of a balanced budget. This will reduce the IJB's ability to support further tests of change, which will in future be funded from service redesign initiatives.

**Roll Out of Enhanced Community Support Model – Slippage - £500,000**

Dundee IJB agreed Report DIJB37-2017 in October 2017 which set out proposals for a reduction in the bed base at Royal Victoria Hospital with resources being released to invest in rolling out the Enhanced Community Support Model over the course of 2018/19. These arrangements are underway however it is recognised that the recruitment process will result in a staged process of implementation with corresponding slippage incurred throughout the course of the year.

**Application of Reserves - £2,337,000**

It is proposed to utilise a significant proportion of the IJB's reserves in 2018/19 to balance the budget as set out in section 4.11 of the report on a non-recurring basis.

**REPORT ON: PERSONALISATION PROGRAMME (SELF-DIRECTED SUPPORT)**

**REPORT BY: CHIEF FINANCE OFFICER**

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to provide information on how a greater uptake in the use of Direct Payments, as one of the options within self-directed support, can result in better outcomes for individuals requiring social care support as well as effectively contributing to budgetary targets. This follows on from the report on Personalisation and Self Directed Support (DIJB3-2018) presented to the Integration Joint Board at its meeting of the 27<sup>th</sup> February 2018.

## **2.0 RECOMMENDATION**

It is recommended that the IJB:

- 2.1 Notes the content of this report including the opportunities to achieve a more responsive and efficient use of resources as a result of an increase in the number of service users choosing a Direct Payment Option.

## **3.0 FINANCIAL IMPLICATIONS**

It is anticipated that an increased take up in the number of service users choosing a Direct Payment will result in a financial benefit to the delegated budget of approximately £200,000 in 2018/19.

## **4.0 MAIN TEXT**

- 4.1 The Scottish Government and COSLA set out their commitment to support a cultural shift in the way that social care was provided to those who required support through the development and introduction of a National Strategy for Self-directed Support (2010–2020).
- 4.2 The National Strategy set out an ambition to see self-directed support becoming the mainstream approach for delivering social care in Scotland and the National Strategy not only embraces the personalisation of care, but also firmly places the individual requiring support at the centre of all decision making. The success of this approach is based on collaboration and builds upon the assets of the individual, their carers and communities.
- 4.3 Dundee Health and Social Care Partnership's Strategic and Commissioning Plan also sets out a range of actions to support the Partnership's ambition to improve health and social care services and improve outcomes for individuals living in Dundee. Strategic Priority 3 specifically focusses on Person Centred Care and Support, with a specific suite of actions against Self-directed Support including increasing the numbers of people electing to use a Direct Payment to provide them with greater choice and control as to how their care and support needs and personal outcomes are met.
- 4.4 Each of the Partnership's specific care group strategic and commissioning plans also reflect this priority and ambition to personalise services and supports for individuals.
- 4.5 A Direct Payment is an agreed amount of money that is given to an individual, by the Partnership or Council, to buy the support that they have been assessed as requiring, in order to meet their personal outcomes. This is in lieu of services being directly provided to them by the Partnership or Council. The individual manages and directs their own support through either employing their own staff or commissioning with an Agency. Experience, to date, highlights that most Direct Payment recipients choose to employ their own staff. This provides the service user with the ability to access the services they require when they need it and is therefore more responsive to their needs.

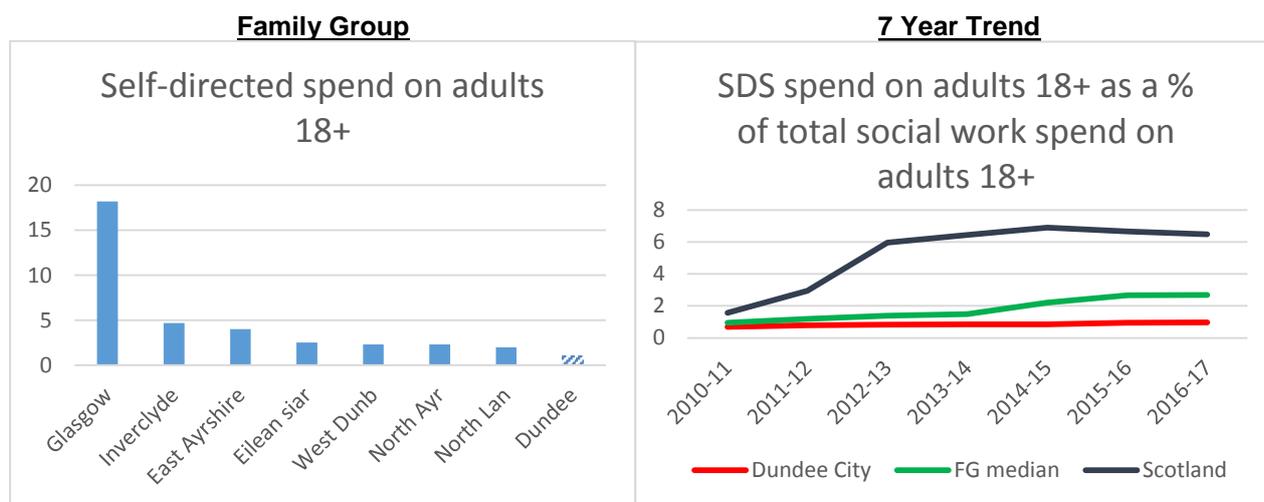
4.6 Direct Payments are financially resourced from the budget that would have normally provided the service that the individual was to receive. For example, home care, day care, respite care budgets etc and the aim of the national policy is to see a shift from investment in these more traditional types of provision to a growth in arrangements which provide more choice and control to the service user.

4.7 Individual Direct Payment arrangements are subject to an internal robust financial review and monitoring system and this ensures that any unused funding is brought back into the Partnership's budget. Unused funding can occur for a number of reasons including delays in the recruitment process, hospital admissions and as a result of the Direct Payment recipient carefully managing and controlling their support arrangements. On average the internal review process typically sees over £100,000 per year, based on historical take up of Direct Payments, coming back into the overall social care budget. This is on the basis of a spend in 2016/17 on Direct Payments of £1080k.

4.8 It is therefore recognised and accepted that the more individuals who choose to use a Direct Payment, the less funding is used and it is this difference that enables reinvestment of funding into other areas of social care to take place. In effect this approach can see a reutilising of social care funding, benefiting more people whilst promoting personal outcomes.

4.9 In reality, however, our actual uptake of Direct Payments, as reported through both an internal audit and through regular Local Government benchmarking information, clearly highlights that Dundee performs poorly in this area, when benchmarked against the following indicator. The following table illustrates this.

4.10 The indicator used is "Self-Directed Support Spend On Adults 18+ as a % of Total Spend"



4.11 The Personalisation and Self Directed Support Report discussed at the February IJB meeting highlighted a range of service improvements, including the recruitment of a dedicated, Self Directed Support Team in order to increase the take up locally of all the self directed support options, but particularly around Direct Payments. It is therefore projected that the number of Direct Payment recipients will increase significantly over 2018/19 and beyond.

**REPORT ON: REVIEW OF CHARGING POLICY FOR NON-RESIDENTIAL CARE AND SUPPORT SERVICES**

**REPORT BY: CHIEF FINANCE OFFICER**

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to provide Dundee Integration Joint Board with an overview of the current inequities and variation with national guidance which exists within Dundee City Council's current non-residential charging policy for social care and support and to request that the Council undertakes a review of this policy during 2018/19.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board:

2.1 Notes the contents of this report.

2.2 Requests that Dundee City Council review its non-residential charging policy for social care and support with a view to removing the current inequities which exist and bring the policy in line with national guidance.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 It is estimated that providing an equitable charging system across all client groups could result in a net increase in income of around £250,000 in a full financial year (£125,000 in 2018/19).

## **4.0 MAIN TEXT**

4.1 The Social Work (Scotland) Act 1968 and the Mental Health (Care and Treatment) (Scotland) Act 2003 allows charges to be made for certain social care and housing support services. Charges made for services are used to contribute to funding the provision of care services in Dundee. Charges levied are based on the type of service delivered as a result of an individual's care assessment. As part of this care assessment, a financial assessment and benefits check is offered to make sure that individuals are receiving all of the welfare benefits they may be entitled to (nb income maximisation). Charging for social care is not a delegated function to Integration Joint Boards therefore any changes in charging need to be considered by local authorities. Charges are reviewed annually and agreed by Dundee City Council's Policy and Resources Committee as part of the Council's Revenue Budget setting process.

### **4.2 National Strategy & Guidance**

4.2.1 COSLA produces its National Strategy and Guidance for Charges on an annual basis.

4.2.2 The current charging policy in Dundee has developed following the COSLA guidance at that time, where practicable. Given the incremental development of charging for non-residential services and the development of new types of care services, inequities have developed and challenges of discrimination are now possible, between different service groups and within service types. The incremental development of the current policy has resulted in a lack of transparency over what is chargeable and what is not, resulting from protections having been put in place, without time limitation, for certain conditions.

4.2.3 Councils have the power to charge for the following adult non-residential care services:

- care at home
- day care
- lunch clubs

- meals at home
- wardens in sheltered housing
- community alarms and telecare
- laundry services
- aids and adaptations for disabled people
- after care services for people with a mental illness
- care and support services for those who have or have had a mental illness.

What cannot be charged for:

- Charges cannot be made for criminal justice social work services,
- Advice and information about the availability of services, and assessment of care needs or care management.
- Nursing Care and Personal Care for people aged over 65
- Preparation of food for people aged over 65
- Services to Carers.

Other:

- Administration expenses can be charged
- The COSLA guidance encourages Councils to exempt people who are terminally ill. In Dundee, charges would normally be waived for end-of-life care using local discretion.

4.2.4 The level of social care budgets are supported by significant levels of planned income from charging for social care services. In 2016/17 actual income from non-residential charges for Dundee amounted to £2.7m

### 4.3 Inequities in the Current Dundee City Charging System

There are a range of inequities within the current charging system which it is recommended need to be reviewed in order to provide a fair system of charging.

- Although most charges are based on ability to pay, there is a maximum charge above which no-one is charged for non-residential services. This is inequitable to those on lower incomes who may be paying their maximum eligible income, but those with a higher eligible income have a cap on charges.
- There is an additional maximum charge for respite care charges of £200, which does not relate to any other charge, exemption or charging principle for social care services.
- Charging for adults who receive accommodation with support and enabler services is mixed, with some services being charged for and others not as services have developed over time.
- A range of exemptions exist for some groups of service users which are not applied to others, such as the provision of community alarms.
- There is no formal provision within the charging policy to exempt those in receipt of end of life care from charging (although this is applied on a discretionary basis).

### 4.4 Inconsistencies with COSLA Guidance

Areas where the Dundee charging policy does not fully follow national guidance are as follows:

- COSLA guidance recommends that a partner's income should not be routinely included in a financial assessment, only the "reasonable" proportion should be accounted for.
- COSLA recommends that income from all welfare benefits paid for or on behalf of a dependent child should be disregarded in the calculation of eligible income for charging purposes.
- COSLA recommends that people in receipt of high rate care component of DLA/Personal Independence Payment or the highest rate of Attendance Allowance and who do not have night time services should only have the lower rate considered in their financial assessment.

It is therefore recommended that in order to bring the charging policy in line with national guidance and to ensure fairness in the charging system that Dundee City Council undertakes a review of the policy and brings forward to the council recommendations for approval.

## Appendix 3

<b>Innovation &amp; Development Plan</b>	<b>Full Year Funding £'000s</b>	<b>3 Months Funding 2018/19 (Already Approved) £'000s</b>	<b>9 months Funding 2018/19 Requested £'000s</b>
<b>1. Community Capacity Building</b>			
Capacity Building Fund			
Dundee Supporting Your Recovery Service	45	11	34
Community Cars (Dundee Community Transport)	47	12	35
Community Companion	37	9	28
Small Grants Fund	80	20	60
Good Governance Awards	42	11	32
<b>2. Prevention</b>			
Welfare Rights in Primary Care	68	17	51
Do You Need to Talk? Listening Service	19	5	14
<b>3. Protecting People</b>			
Dundee Recovery Partnership Co-ordinator/Albert St Hub Coordinator	40	10	30
<b>4. Carers</b>			
Caring Places	111	28	83
Carers (Scotland) Act Implementation Officer	32	8	24
<b>5. Community Assessment Model</b>			
Step Down to Assess for 24 Hour Care & Moving Assessment into Community	87	22	65
<b>6. Models of Care</b>			
Housing With Care - Intermediate Care / Respite Site	255	64	191
Telehealth/Equipment - Comm officer	47	12	35
Community Treatment Centre (Leg Ulcer Clinics)	77	19	57
The development of a resource to support the management of malnutrition in the community	63	16	47
<b>7. Workforce Development/Engagement - Learning &amp; Org Dev</b>			
OD / Integration	20	5	15
Organisational Development Localities	61	15	46
<b>8. Community Rehabilitation Models</b>			
ECS - Speech Therapy Input (2.0 WTE Band 6)	81	20	61
ECS - Pulmonary Rehabilitation (1.0 WTE Band 4)	26	7	20
ECS - Falls Co-ordinator Development Post (0.6 WTE Band 4)	21	5	16
AHP Roving Team	87	22	65
Implementing Community Falls Prevention Exercise Classes	13	3	10
<b>9. Independent Sector</b>			
New Opportunities: Scoping the Contribution of Independent Sector Home Care and Care Homes	35	9	26
* Safezone: Provision of up to £40,000 to continue support	40	10	30
* Provision to increase capacity within ECS model	85	21	64
Total planned ICF expenditure	1,518	379	1,138
* Not included within January 2018 Report			

**INTEGRATED CARE FUND PROJECT DESCRIPTIONS**

Project Name	Project Description	Provider Status
Dundee Supporting Your Recovery Service	<p>Royal Voluntary Service introduced a Home from Hospital Service in Dundee supporting older people ages 65yrs+ with their transition back home into their home and community after a hospital stay. With the support of over 50 trained volunteers we offer a bespoke support Service to older people targeting outcomes related to:</p> <ol style="list-style-type: none"> <li>1. Prevention of ongoing health and social care provision</li> <li>2. Reducing readmission to hospital</li> <li>3. Improving the rehabilitation and socialisation of service users</li> <li>4. Enabling access to wider facilities, social opportunities and support services</li> </ol>	Third Sector
Community Cars	<p>Community Cars is a volunteer-delivered door-to-door transport project for elderly and vulnerable people living across Dundee who are at risk of social isolation due to lack of accessible transport. We enable people to access medical appointments, social activities and day to day activities like shopping, thus supporting their independence and wellbeing. In addition we develop and train a team of volunteers, adding to the rich skills base of volunteers across the city.</p>	Third Sector
Community Companions	<p>Community Companions is a befriending service for adults who experience or have the potential to experience social isolation and/or loneliness. The emphasis is placed on creating a friendship between the volunteer and the person in need of support, which makes the matching process crucial. Companions visit their match (Companionee) once a week for an average duration 2 hours. It is up to both parties how they spend the time, whether it is going out for a coffee, joining in with a social group or staying in for a chat. There are various activities that the volunteers and their Companionee's participate and all are person-centred for both parties. The project adopts an assets based approach, which encourages both the Companion and the Companionee to learn from one another as well as use their skills and knowledge to benefit others within their community.</p>	Third Sector
Small Grants Fund	<p>The Small Grants Fund aims to build the capacity of communities to deliver services, which ensure people are able to look after and improve their own health and wellbeing and live in good health for longer. The fund has allowed groups to test new ways of working for their organisation in priority areas. The small grants project encourages and promotes activities, resources and support that strengthen the skills, abilities and confidence of people and community groups to take effective action and leading roles in the development of communities. All funded organisations have involved the community in the shaping and development of projects. The small grants panel is now made up of Third Sector Reps and Community Members in order for the community to be involved at every stage of the process.</p>	Third Sector

Project Name	Project Description	Provider Status
Good Governance Award	<p>The Good Governance Award (GGA) was launched in the Spring of 2017 after a successful two-year pilot called Healthy Organisations Quality Matters Award. It is the only quality standard designed specifically for Scottish charities and supported by the Office of the Scottish Regulator (OSCR) and Scottish Council for Voluntary Organisations (SCVO). The GGA provides funders with confidence that organisations are well-governed, meeting their regulatory and legal requirements as well as their service user needs. This in turn provides individuals with more choice and higher quality services, improving their health care and wellbeing.</p> <p>Evidencing good governance can be difficult, and charities are under increasing pressure to improve transparency and demonstrate their efficiency. The Good Governance Award has been developed to support and celebrate governance best practice, recognising the importance of good management to the sustainability and effectiveness of an organisation.</p>	Third Sector
Welfare Rights in Primary Care	<p>The project tackles health inequalities and mitigates the impact of welfare reform by co-locating Welfare Rights Officers in GP practices with consensual access to individual medical records in order to limit the impact of socio-economic issues on people's health and wellbeing.</p> <p>The project supports Welfare Rights Advisers co-located within 5 GP surgeries in Dundee (Taybank, Lochee, Wallacetown, Douglas and The Crescent Whitfield). The project aims were to test the efficacy of delivering Welfare Rights services by co-locating within the primary care environment, build partnership links with health professionals and compare outcomes with those currently being delivered within a local authority structure.</p>	Statutory
Do You Need To Talk? Listening Service	<p>NHS Tayside Spiritual Care Department has developed this listening service in GP surgeries and other healthcare facilities over the last several years. This funding was to help embed the service and expand further. Four new sites have been established so far with a further five planned by March 2018. This funding provided back fill for the Senior Chaplain: Professional Lead for Person Centred Care allowing them to further develop the service by training, developing and supervising volunteers; meeting with practice managers and third sector organisations to expand the service; to gather evidence as to the effectiveness of the service.</p> <p>The service offers fifty minute sessions to patients to talk through anxieties and concerns relating to life rather than medical conditions. Most patients return for further appointments until they become more confident in their own coping mechanisms and more resilient. The service is provided in the main by carefully selected, trained and supervised volunteers, supported by experienced chaplains.</p>	Statutory

Project Name	Project Description	Provider Status
<p>Dundee Recovery Partnership Co-ordinator/Albert Street Hub Co-ordinator</p>	<p>The Albert Street Community Hub has now been in operation for four years and continues to provide a range of services, supports and recovery focused interventions to individuals, families and communities affected by substance misuse. The Coordinator has been in post for two and half years and continues to support the development and day to day operational management of the Hub. Throughout this period the Coordinator has supported regular team communication, implemented agreed objectives from the operational steering group and attended local community meetings, driving forward recovery and developing meaningful relationships.</p> <p>The continued development and partnership working with the Pharmacy has created positive and trusting relationships ensuring we are quick to recognise and act on individuals needs and vulnerabilities, creating a positive Hub and Pharmacy environment. The Hub and Coordinator in their roles continue to support individuals to help to reduce their health inequalities, build capacity and resilience, promote recovery within the local community and support them to develop and build links in their own communities.</p>	<p>Third Sector</p>
<p>Caring Places</p>	<p>Caring Places was established in response to engagement work with carers and stakeholders on how carers services should be delivered in future. The Team was established in November 2016 and have been operating for 12 months the aims of the work were identified as follows.</p> <p>Improve the health and wellbeing outcomes for carers within localities and to:</p> <ul style="list-style-type: none"> <li>• Identify all carers in specific localities in Dundee</li> <li>• To design and construct a locality information framework</li> </ul>	<p>Third Sector</p>
<p>Carers (Scotland) Act Implementation Officer</p>	<p>The ICF funded a Development Officer post to support the Dundee Carers Partnership and the wider Health and Social Care partnership in preparation of the Carers (Scotland) Act 2016. The key objectives of the work where identified as follows;</p> <ul style="list-style-type: none"> <li>• Developing guidance and information which sets out local arrangements for implementing the Act</li> <li>• Further develop the 'Carers of Dundee' brand as a coordinating function</li> <li>• Co-ordinating the work of the work streams that have been established based on the key requirements of the Act</li> <li>• Develop a communications plan for the implementation of the Act</li> <li>• Develop a workforce development strategy with partners and co-ordinate a training programme to support implementation</li> </ul>	<p>Third Sector</p>

Project Name	Project Description	Provider Status
	<p>The Development worker has successfully implemented a reporting framework for the Act which will also now dovetail with the Dundee Carers Partnership Strategic Outcomes Plan 2017 -2020 to ensure that local actions are being monitored and the Partnership is aware of progress and risks. The worker is currently taking forward the Communications Plan and the multi-agency guidance however a significant amount of the time has been spent on the delivery of the 'What's Best for Dundee Carers?' pilot.</p>	
<p>Step Down to Assess for 24 Hour Care &amp; Moving Assessment into the Community</p>	<p>The majority of people who move into 24 hour care do so from hospital. Work to remodel locality teams will hopefully reduce this and allow assessment to take place at home however this won't always be possible. Where it is not clear if someone will be safe to go home this proposal will allow them to be assessed out of hospital in a more homely setting. This will support a more patient focussed assessment in a more homely environment with greater patient and carer satisfaction. It will also support capacity and flow across hospitals and with more people being supported at home.</p> <p>Bluebell Intermediate Care Unit is a 23 bedded step down rehabilitation unit. An additional 5 beds have been included within this contract to allow for a Step Down to Assess for 24 care model. We are concurrently undertaking a test of change with Menzieshill House for a similar model testing the long term viability of a step down unit within this environment. This project places additional AHP and Nursing resource to support the assessment of patients across both units and also to support the transition to home, or other care environments, via the community nursing and AHP teams.</p>	<p>Statutory</p>
<p>Housing with Care – Intermediate Care/Respite Site</p>	<p>Housing with Care is supported accommodation predominantly for older people in Dundee. Dedicated staff are onsite in each site from 7.30am to 10pm each day. Having dedicated staff means that the service is able to offer users of the service a more flexible care package. This is particularly beneficially for individuals who have varying health or social care needs where their levels of interventions may need increased on a short term basis. In addition, the providers of Housing with Care have scheduled increased activities in each site where local communities or also welcome to join in.</p> <p>Housing with Care is part of the strategic shift assisting people to stay in their own home rather than a care home or institutional setting. There is aim to have 100 housing with care flats in place by 2019 which will be located across Dundee. It is hoped the geographical spread will help individuals to remain in the part of Dundee which they are most familiar and have community connections.</p>	<p>Statutory</p>

Project Name	Project Description	Provider Status
Telehealth/Equipment – Comm Officer	The Project began in August 2015. The aims were to spread information about telecare and telehealth; gather views about the use of technology in health and care; help to promote the Independent Living Centre and the Social Response 24 Services; look for new ideas locally, nationally and internationally and bring them to the TEC Strategic Planning Group. The Scottish Government is promoting telehealth and telecare with the intention of improving care and, where possible, creating efficiencies. The Dundee TEC Project’s activities are all designed to complement the national programme.	Third Sector
Community Treatment Centre (Leg Ulcer Clinics)	The scope of this project is to review, propose and deliver a revised model of care and patient pathway for non-housebound patients with chronic venous leg ulceration. The model aims to provide an easily accessible specialist service within the local community that will reduce healing rates, reduce recurrent problems and improve quality of life by ensuring all patients receive the same high standard of care in any setting across Tayside. The work of this project will support the development of the locality hub model and potential changes to service provision .The first Community Leg Ulcer Clinic opened on 10 <sup>th</sup> September 2015 in the West of Dundee. There are two further phases of work.	Statutory
Development of a Resource to Support the Management of Malnutrition in the Community	<p>The project aims to reduce the incidence of undernutrition in older people living in the community by:</p> <ol style="list-style-type: none"> <li>1 Using co-production methodology to identify community asset based approaches in Lochee and Coldside, which empower communities to self-manage their own nutritional well-being.</li> <li>2 Enabling health and social care partners in order for them to understand the risks of undernutrition, recognise the signs, provide appropriate ‘food first’ nutrition advice and signpost appropriately.</li> </ol>	Statutory
Organisational Development/Integration	The purpose of this dedicated resource was to continue the programmes developed in the lead up to the introduction of the health and social care partnership, to support the implementation of the Workforce and Organisational Development Strategy, to support the restructuring and integration of current services as they transition to the new arrangements and to support the move towards locality working.	Statutory
Organisational Development - Localities	This project stems from an original 2015 bid. The project consists of a full-time Senior Advisor, Learning & Organisational Development who is employed by Dundee Voluntary Action but works across the whole Health & Social Care Partnership. The post holder is a member of DCC’s Learning & Organisational Development Service’s Management Team and has built strong links with NHS colleagues, 3 <sup>rd</sup> and Independent Sector colleagues and organisations. The focus over the past year has been to support the	Third Sector

Project Name	Project Description	Provider Status
	workforce and organisations to better adapt their service and delivery models to embrace locality working and other responses to community engagement in service design and delivery.	
Enhanced Community Support – Speech Therapy Input	<p>The medicine for the elderly speech and language therapy team have transformed the delivery of services to those with communication and/or difficulties with eating and drinking, and to those who care for them, across all settings in Dundee. Informal feedback from hospital and community colleagues continues to indicate a real appreciation of the positive improvements, and the services ability to respond quickly, and with appropriately skilled staff, to referrals and queries, at all stages of the patient journey, supporting prevention of admission to hospital and facilitating discharge from hospital.</p> <p>The flexible pattern of working has allowed individuals to be followed by the same therapy team across the care pathway across hospital, care home and home settings, and increased support and confidence of formal and informal carers, who are more aware of how to access help when required. The work has now become embedded in services to older people within Dundee, allowing flexibility to respond to changing patterns of care within health and social care.</p>	Statutory
Enhanced Community Support – Pulmonary Rehabilitation	This project focuses on patients with Chronic Obstructive Pulmonary Disease (COPD) and has developed a system for those who suffer an acute exacerbation and require admission to hospital. The team attend to ward and explain the role of rehabilitation during the inpatient stay. The patients are followed up at home by the same staff and are supported to attend for pulmonary rehabilitation sessions. This prevents the significant loss to the service of patients who fail to attend for rehabilitation and are not able to manage their condition as successfully over the long term. NICE 2016 guidelines state 'Starting a pulmonary rehabilitation programme within 4 weeks of hospital discharge after an acute exacerbation reduces the short-term risk of hospital readmission, and improves the quality of life and the short-term exercise capacity of people with COPD'.	Statutory
Enhanced Community Support – Falls Co-ordinator Development Post	<p>The Falls Service is a triage, advice and signposting service used by health and social care staff: annually, 1,400 referrals come into the service from a variety of health and social care routes. The aim is to ensure that both prevention and management of falls is integral to those at risk.</p> <p>Patients who have fallen who presented through A&amp;E or community alarm service are triaged, via a multifactorial assessment, to determine the appropriate pathway and services. Staff attend A&amp;E daily to source information of those who have attended A&amp;E after a fall. In 2016 1167 patients were triaged, 31 patients were triaged to falls class, 74 directed to the physio service, 436 were given a falls pack. Others were directed to GP, District nursing service, or OT Services.</p>	Statutory

Project Name	Project Description	Provider Status
	This service is accessible to anyone who feels they may be at risk of falls and referrals are accepted from patients, carers and professionals.	
Allied Health Professionals Roving Team	<p>The physiotherapy Roving team was formed in October 2015 and the Occupational Therapy roving team in October 2016 and aimed to:</p> <p>Work closely with the Dundee Discharge Team to work in partnership with acute and community care providers to ensure that care is planned, is of high quality and right for the individual.</p> <p>The Roving team physiotherapy team lead works across both the Physiotherapy team and Dundee Discharge team to enhance integrated working and achieve better outcomes for patients.</p>	Statutory
Implementing Community Falls Prevention Classes	<p>There is strong qualitative evidence of improved quality of life across the falls service, in particular evidence of individuals who were previously housebound – because of pain, lack of confidence or mental health issues – going outside again.</p> <p>Evidence based Otago falls classes, aimed at people who have fallen or who have a fear of falling, are now well established, and are held within community venues in Dundee, led by physiotherapists or AHP HCSW trained in Otago. There are currently 6 fall prevention classes held each week in three locations – Broughty Ferry (Mackinnon Centre) Kings Cross Hospital and Royal Victoria Hospital accepting self, carer and professional referrals. The location of falls classes will be reviewed in line with locality plans and neighbourhood level data about falls.</p> <p>The classes improve strength, balance, confidence and function. Clinical outcomes for individuals referred show clear improvement, including Tinetti scores increasing from 22 (moderate falls risk) to 26 (low falls risk) and Falls Efficacy Scales improving from 11 to 9.</p>	Statutory
Scoping the Contribution of Independent Sector - Home Care and Care Homes	<p>The Integrated Care Fund provides an opportunity to look at how independent sector homecare and care home agencies could better work together with each other and with multi-disciplinary health &amp; social care partners to further develop integrated care as part of the integrated care pathway.</p> <p>The project aims to:</p> <ul style="list-style-type: none"> <li>• enhance the contribution of the independent sector to integrated health and care services in Dundee; and</li> <li>• scope the potential contribution of the independent sector to developing new models of</li> </ul>	Independent Sector

Project Name	Project Description	Provider Status
	integrated care and support and making better use of local assets.	
Safe Zone	<p>Dundee Safe Zone is a multi-agency partnership project, consisting of: Tayside Council on Alcohol (TCA), Police Scotland, Scottish Ambulance Service, CAIR Scotland, Rock! Street Chaplains, British Red Cross, Xplore Dundee, Dundee City Council and NHS Tayside. Dundee Safe Zone operates in Dundee City Centre on Friday &amp; Saturday nights, between 10pm and 4am. Each shift is staffed by a paid Team Leader who supports volunteers from TCA and British Red Cross, along with officers from Police Scotland.</p> <p>Dundee Safe Zone provides a safe space for anyone who needs to it, typically assisting those who may be vulnerable due to alcohol or drug consumption to sober up and find a safe route home. Minor injuries can be treated by first aiders and volunteers are trained to assist those who are emotionally distressed or who are in mental health crisis. This impacts positively on the emergency services, who are then freed up to deal with other matters.</p>	Third Sector
Provision to Increase Capacity Within the Enhanced Community Support Model (Enablement Support Workers)	<p>The role of the Enablement Support Workers is for short term work. It is a brief intervention model where a relationship is built up to gather info, provide advice and support and facilitate independence. To make a link between the enablement assessment and locality teams prior to transfer over for reviewing.</p> <p>The workers become involved once enablement and OT assessment has taken place and it has become apparent that the service user will require a long term package of care. This could be as early as two weeks into the assessment process if it is determined quickly that there is no likely rehab potential.</p>	Statutory



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

(See Distribution List attached)

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

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

City Chambers  
DUNDEE  
DD1 3BY

23rd March, 2018

Dear Sir or Madam

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (SPECIAL)**

I would like to invite you to attend a special meeting of the above Integration Joint Board which is to be held in Committee Room 1, 14 City Square, Dundee on Friday, 30th March, 2018 at 10.00 am.

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

Yours faithfully

DAVID W LYNCH

Chief Officer



## **A G E N D A**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATION OF INTEREST**

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

### **3 EQUALITIES MAINSTREAMING PROGRESS REPORT 2016-2018 - Page 1**

(Report No DIJB15-2018 by the Chief Officer, copy attached).

### **4 TRANSFORMATION OF LOCHEE HEALTH CENTRE - Page 25**

(Report No DIJB16-2018 by the Chief Finance Officer, copy attached).

### **5 DUNDEE INTEGRATION JOINT BOARD BUDGET 2018/19**

(Report No DIJB17-2018 by the Chief Finance Officer, to follow).

### **6 DATE OF NEXT MEETING**

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 24th April, 2018 at 2.00 pm.



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

**(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS**

**(\* - DENOTES VOTING MEMBER)**

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

**(b) DISTRIBUTION – FOR INFORMATION ONLY**

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
NHS Tayside (Chief Executive)	Lesley McLay
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee Health and Social Care Partnership (Chief Officer's Admin Assistant)	Arlene Hay
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie





**REPORT TO:** INTEGRATION JOINT BOARD – 30 MARCH 2018

**REPORT ON:** EQUALITIES MAINSTREAMING PROGRESS REPORT 2016-2018

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB15-2018

## 1.0 PURPOSE OF REPORT

To seek approval of the Dundee Health and Social Care Partnership (DHSCP) Equality Mainstreaming Progress Report 2016-2018. To inform the Integration Joint Board of planned work in relation to equalities mainstreaming and outcomes during 2018/19.

## 2.0 RECOMMENDATIONS

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

- 2.1 Approves the Dundee Health and Social Care Partnership Equality Mainstreaming Progress Report 2016-2018 (appendix 1).
- 2.2 Approves the intended approach to publication and dissemination (section 4.2.5).
- 2.3 Notes the planned programme of work for 2018/19 in relation to equalities mainstreaming and outcomes (section 4.3).
- 2.4 Notes that Fairer Scotland Duty, which the Integration Joint Board will be subject to, will come into force on 1 April 2018 (section 4.3.3).
- 2.5 Instructs the Chief Officer to submit for approval to the Integration Joint Board a revised set of DHSCP equality outcomes, co-produced with people with protected characteristics, prior to 31 March 2019.

## 3.0 FINANCIAL IMPLICATIONS

None.

## 4.0 MAIN TEXT

### 4.1 The Public Sector Equality Duty

- 4.1.1 The Public Sector Equality Duty, laid out in the Equality Act 2010 (the Act) came into force in Scotland in April 2011. This equality duty is often referred to as the “general duty” and it requires public authorities (including Health and Social Care Partnerships) to have “due regard” to the need to:
  - Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act;
  - Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
  - Foster good relations between people who share a protected characteristic and those who do not.

The general duty covers the following protected characteristics: age; disability; sex; gender reassignment; pregnancy and maternity; sexual orientation; marriage and civil partnership; religion, belief or lack of religion/belief; and, race.

- 4.1.2 Integration Joint Boards were added to the list of public authorities subject to the requirements of the Act in 2015 and were required to publish Equality and Mainstreaming Outcomes plans by the end of April 2016. There is a requirement to substantively review Equality and Mainstreaming Outcomes at least every four years; meaning the first substantive review in Dundee must take place by 1 April 2020.
- 4.1.3 The first Dundee Health and Social Care Partnership Equality Outcomes and Mainstreaming Equalities Framework 2016/17 was published in May 2016 (Article XIV of the minute of the IJB Meeting held on 4 May 2016 refers). The Equality Outcomes contained within the framework were subject of consultation, including with people who have protected characteristics, and were aligned to directly contribute to the strategic priorities and shifts identified within the Partnership's Strategic and Commissioning Plan.

## 4.2 Equality Mainstreaming Progress Report 2016-2018

- 4.2.1 The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) impose "specific duties" on Scottish public authorities to publish a set of Equality Outcomes and a report showing progress being made in mainstreaming equality at intervals of not more than two years. This means that as the Integration Joint Board assumed its equality duties as a public body from 1 April 2016 that the first mainstreaming equality update report must be published by 1 April 2018.
- 4.2.2 It should be noted that as the Partnership does not employ staff directly there is no requirement on it to produce or publish information relating to employee policies or equal pay. This information is reported by the two employing bodies. However, it is critical that access to employee information for functions delegated to the IJB is in place to allow the Partnership to meet the general and specific equality duties with which it has to comply (see section 4.3). It is also recognised that the IJB, and wider Partnership, should actively participate in work undertaken by Dundee City Council and NHS Tayside to address employment provisions within the Act and to further equality mainstreaming within the delegated workforce.
- 4.2.3 The Partnership's Equality Outcomes and Mainstreaming Equalities Framework set out an intention to align reporting cycles with that of Dundee City Council and NHS Tayside; meaning the first update report would be published in April 2017. It also set out an ambition to substantively review the Partnership's equality outcomes at that time. However, during the first year of operation of the Partnership it became clear that aligning reporting cycles with the corporate bodies was not the most effective approach to improving outcomes for people with protected characteristic and ensuring synergy between the Partnership's outcomes and those of Dundee City Council and NHS Tayside. The key reasons for this were:
- One year was not a sufficient time frame, given the wider context of complex organisational change, to make an informed assessment of the impact of the Partnership's activities on people with protected characteristics;
  - The process of bringing together performance frameworks and data systems did not support reporting within a one year timescale and meant that relevant data could not be made available to inform progress reporting or the process of reviewing equality outcomes;
  - It became apparent that there were significant advantages to the Partnership's report following on from, and being informed by those produced by Dundee City Council and NHS Tayside rather than being produced at the same time (both organisations published update reports and revised outcomes in 2017). This was particularly so in relation to understanding workforce and procurement aspects of equality mainstreaming (see section 4.2.2); and,
  - One year was not sufficient to undertake co-production of revised equality outcomes with people with protected characteristics, taking into account the needs of protected groups.

Instead a short update was included in the Annual Performance Report 2016/17 and a full progress report has now been produced for approval (appendix 1).

- 4.2.4 The Dundee Health and Social Care Partnership Equality Mainstreaming Progress Report 2016-18 (appendix 1) provides an overview of progress made in achieving the Partnership's equality outcomes over the last two years. It also identified areas for improvement and priorities for the next year in relation to equalities mainstreaming. The report is compliant with the Act, supplementary regulations and guidance issued by the Equality and Human Rights Commission.
- 4.2.5 The Regulations specify that Equality Mainstreaming Progress Reports must be clearly identifiable and accessible to any member of the public who may have an interest in them. The Equality and Human Rights Commission recommends that reports are published on websites in a location that is easy to find and in a format that is compatible with accessibility features, such as screen reading facilities for people with sight impairments. It is therefore intended that following approval the Dundee report, will be designed by Dundee City Council Communications Division in compliance with accessibility standards, and uploaded onto the Partnership website in a manner which is compliant with this guidance. In addition, copies will be disseminated in appropriate formats to organisations and identifiable community groups who are known to have a specific interest in the rights of people with protected characteristics. An appropriate summary of the report will also be included within the Annual Performance Report 2017/18 to support wider dissemination of key information.

### **4.3 Equalities Mainstreaming and Outcomes Priorities for 2018/19**

- 4.3.1 In late 2017 the Integrated Strategic Planning Group considered an update report regarding equalities mainstreaming and outcomes. At this time it was agreed that a short-life working group would be established in 2018 to give clear recommendations in relation to how equalities issues are supported, governed, monitored and driven forward by the HSCP. This agreement stemmed from the recognition that the IJB is directly subject to the Public Sector Equality Duty and therefore continuing to address equalities matters through pre-integration arrangements within Dundee City Council and NHS Tayside is not sufficient to ensure compliance with the Act. It also reflects the strong commitment within the Partnership's Strategic and Commissioning Plan to addressing health inequalities.
- 4.3.2 A key priority for the short-life working group during 2018/19 will be the review of the Partnership's existing equality outcomes to ensure that they are fit for purpose, reflect the desired outcomes of affected communities and are fully aligned to the revised outcomes published by Dundee City Council and NHS Tayside in 2017. Equality and Human Rights Commission guidance states that public authorities must take reasonable steps to involve people who share a relevant protected characteristic and anyone who appears to represent the interests of those people in reviewing a set of equality outcomes. The short-life working group will ensure that revised equality outcomes are co-produced with affected people, utilising and strengthening existing engagement mechanisms. It is recognised that this will require careful planning and significant expertise from across a range of stakeholders, including people who share protected characteristics. It is intended that a revised set of outcomes be available for submission to the IJB in early 2019.
- 4.3.3 From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, will come into force across Scotland. The new duty places a legal responsibility on public bodies, including Integration Joint Boards to 'pay due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies will also be required to publish a short written assessment showing how they have fulfilled the duty. Guidance to support the implementation of the new duty is expected to be published by the Scottish Government in advance of 1 April 2018. The short-life working group will give consideration to how the Partnership's implementation of the Fairer Scotland Duty can be aligned within existing duty under the 2010 Act and existing commitments within the Strategic and Commissioning Plan to address health inequalities.

4.3.4 In addition to the revision of equality outcomes and consideration of the Fairer Scotland Duty the short-life working group will also consider:

- An appropriate model of co-operation and mutual support with Dundee City Council and NHS Tayside in relation to the Public Sector Equality Duty, with a specific focus on employee information and procurement aspects of duties under the Act;
- Further development of an appropriate and proportionate model of impact assessment across the Partnership, including supporting governance structures and learning and workforce development considerations; and,
- Considering how commissioning activity, both internal and external, can better support the delivery of equality outcomes.

## 5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. An EQIA is attached as appendix 2.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Services delegated to the Integration Joint Board do not meet the needs of people who share protected characteristics, leading to poorer outcomes and a widening inequality gap.
<b>Risk Category</b>	Governance, Operational
<b>Inherent Risk Level</b>	Likelihood 5 x Impact 4 = Risk Scoring 20 (which is an extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>• Equality Outcomes agreed and published, mainstreaming update report in progress.</li> <li>• A number of Strategic Planning Groups with a specific focus on the needs and rights of people who share protected characteristics are in place.</li> <li>• Short-life working group to be established to further support improved responses to people who share protected characteristics</li> <li>• Good links are in place with Dundee City Council and NHS Tayside Equalities structures.</li> <li>• Complaints mechanism available to people using services who may wish to report service responses falling below the desired standard.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a high Risk Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a moderate Risk Level)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

<b>Risk 2 Description</b>	Failure to meet statutory duties under the Equality Act 2010, including statutory reporting requirements.
<b>Risk Category</b>	Legal, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a high Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>• Update report has been produced and will be published by 1 April 2018.</li> <li>• Plans are in place to support revision of equality outcomes during 2018/19, this is two years in advance of the date required by regulations.</li> <li>• Reporting requirements will be incorporated into Strategy and Performance Service workplace.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 1 x Impact 4 = Risk Scoring 4 (which is a moderate Risk Level)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 4 = Risk Scoring 4 (which is a moderate Risk Level)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

## 7.0 CONSULTATIONS

The Chief Finance Officer, Integrated Strategic Planning Group and the Clerk were consulted in the preparation of this report.

## 8.0 DIRECTIONS

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

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

## 8.0 BACKGROUND PAPERS

None.

David W Lynch  
Chief Officer

DATE: 28 February 2018

Joyce Barclay  
Senior Officer  
Health & Social Care Partnership

Allison Fannin  
Planning & Development Manager  
Health & Social Care Partnership

Kathryn Sharp  
Senior Manager  
Health & Social Care Partnership

**Dundee Health and Social Care Partnership  
Equality Mainstreaming Progress Report 2016-2018**

**This report provides an overview of progress made in achieving Dundee Health and Social Care Partnership's (DHSCP) equality outcomes over the last two years. It identifies areas for improvement and priorities for the next year in relation to equalities mainstreaming.**

**The report is compliant with the Equality Act 2010, supplementary regulations and guidance issued by the Equality and Human Rights Commission.**

## **Background**

The public sector equality duty, laid out in the Equality Act 2010 (the Act), came into force in Scotland in April 2011. This equality duty is often referred to as the "general duty" and it requires public authorities (including Health and Social Care Partnerships) to have "due regard" to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general duty covers the following protected characteristics:

- Age
- Disability
- Sex
- Gender reassignment
- Pregnancy and maternity
- Sexual orientation
- Marriage and civil partnership
- Religion, belief or lack of religion/belief
- Race

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) also impose "specific duties" on Scottish public authorities to publish a set of Equality Outcomes and a report showing progress being made in mainstreaming equality at intervals of not more than 2 years.

The Dundee Health and Social Care Partnership (DHSCP) first Equality Outcomes and Mainstreaming Equalities Framework 2016/17 was published in May 2016 and can be found at:

[https://www.dundee.gov.uk/sites/default/files/publications/Equality%20Outcomes%20and%20Mainstreaming%20Report%202016\\_17\\_040416.pdf](https://www.dundee.gov.uk/sites/default/files/publications/Equality%20Outcomes%20and%20Mainstreaming%20Report%202016_17_040416.pdf)

It should be noted that as the Partnership does not employ staff directly there is no requirement on it to produce or publish employee information. This information is reported by the two employing bodies (Dundee City Council and NHS Tayside). However, it is critical that access

to employee information for functions delegated to the DHSCP is in place to allow the Partnership to meet the general and specific equality duties with which it has to comply. It is also recognised that the Integration Joint Board, and wider Partnership, will actively participate in work undertaken by Dundee City Council and NHS Tayside to address employment provisions within the Act and to further equality mainstreaming within the delegated workforce.

### **Reporting Timescales**

The Partnership's Equality Outcomes and Mainstreaming Equalities Framework set out our intention to align reporting cycles with that of Dundee City Council and NHS Tayside; meaning the first update report would be published in April 2017. It also set out an ambition to substantively review the Partnership's equality outcomes at that time. However, during the first year of operation of the Partnership it became clear that aligning reporting cycles with the corporate bodies was not the most effective approach to improving outcomes for people with protected characteristic and ensuring synergy between the Partnership's outcomes and those of Dundee City Council and NHS Tayside. The key reasons for this are:

- One year was not a sufficient time frame, given the wider context of complex organisational change, to make an informed assessment of the impact of the Partnership's activities on people with protected characteristics;
- The process of bringing together performance frameworks and data systems did not support reporting within a one year timescale and meant that relevant data could not be made available to inform update reporting or the process of reviewing equality outcomes;
- It became apparent that there were significant advantages to the Partnership's report following on from, and being informed, but those produced by Dundee City Council and NHS Tayside rather than being produced at the same time (both organisations published update reports and revised outcomes in 2017). This was particularly in relation to understanding workforce and procurement aspects of equality mainstreaming; and,
- One year was not sufficient to undertake co-production of revised equality outcomes with people with protected characteristics, taking into account the needs of protected groups.

## Progress against current outcomes

When reviewing our progress against outcomes, the opportunity was taken to undertake to group the original outcomes statements for the purposes of reporting. We recognise that our existing outcomes need to be reviewed, revised and realigned to ensure a clear focus on the needs, interests and rights of those people who share protected characteristics.

### Outcome 1

**Users of health and social care services, their families and carers will feel safe and be safe, healthy, achieving, nurtured, active, respected, responsible and included.**

Provision of person centred care and support is one of the DHSCP Strategic Priorities. Work continues to progress towards this priority as part of the Strategic and Commissioning Plan.

Locality based planning and provision of services will support the DHSCP in recognising and understanding variations in need, and in services and supports to achieve equality of outcomes across geographical communities, communities of interest and across communities of those with protected characteristics.

### Progress

A limited amount of information is available in relation to outcomes for those with protected characteristics other than disability or age. The following gives examples of some of the information available about Dundee Citizens and about users of health and social care services and their carers, the services and supports available to them, and the contribution of these supports to the outcomes of service users and carers.

- Care and Support services in DHSCP maintain high levels of performance in relation to Care Inspectorate Standards. A high proportion of services are graded as 'good' (4) or better overall.

*Source: Annual Performance Report 2016/17*

- The National Health and Wellbeing Survey 2015 took a sample of Dundee citizens aged 18 and over:
  - 79% of Dundee respondents who were supported at home agreed that they had a say in how their help, care or support was provided.
  - 84% of respondents who received any care or support rated it as good or excellent.
  - 76% of respondents, agreed that their health and care services seemed to be well co-ordinated. There is variation in responses across GP practices ranging from 50% to 100%.

*Source: Annual Performance Report 2016/17*

- In Dundee in 2015/16 88% of adults supported at home agreed that they were supported to live as independently as possible, this compares well with the national average of 84%.

*Source: Annual Performance Report 2016/17*

- Carers of people in Dundee with care and support needs have given feedback on a number of outcomes in their life.

- 70% of Carers indicated that they had a good balance of caring and other things in their life.
- 42% of carers said caring had had a negative impact on their health and wellbeing.
- 46% of carers indicated they have a say in a services provided for the person they look after.
- 46% think that local services are well co-ordinated for the person they look after.
- 44% of carers feel supported to continue caring.

Source: Annual Performance Report 2016/17

- DHSCP along with other agencies in the Dundee Partnership have developed a Carers strategy with a strategic outcomes plan to further develop supports for carers of all ages, who live in Dundee and carers of Dundee citizens.  
[https://www.dundeehscp.com/sites/default/files/publications/caring\\_dundee\\_oct31.pdf](https://www.dundeehscp.com/sites/default/files/publications/caring_dundee_oct31.pdf)
- Encouraging people to have choice and control over the services and supports. One indicator of this is the number of people who received Self-Directed Support (SDS) options 1 and 2 which allow them to exert the highest level of influence over their services and support. Across Dundee such arrangements are not common. Overall spend has increased because the people who are receiving options 1 and 2 have complex packages of care, this provides an indication that individuals whose disability creates a high level of barriers to achieving outcomes have been enabled to have choice and control over how their outcomes are met. See Table 1.

Table 1

SDS Option	2015-16		2016-17	
	Individuals	Cost	Individuals	Cost
Option One	58	£928673	60	£1087024
Option Two	22	£96279	30	£308726

Source: Social Care Survey, Scottish Government

- 977 people in Dundee were recorded with a diagnosis of dementia in March 2017, a relatively high number. NHS Tayside Standard expects there to be minimum of 50% rate of diagnosis. Dundee is performing well against this standard, with a 65% diagnosis rate. This increases the health and wellbeing of these individuals and their families post diagnosis. Specialist support provided over an extended period, is essential for people with dementia and their families and carers to support them to live as well as possible and prepare for the future. 99% of those diagnosed had received support that meets national standards in the previous 12 months.
- A Power of Attorney Campaign was supported by local awareness raising events in Dundee. Initial data gathering indicates an increase in Power of Attorneys and this will continue to be monitored over coming years.
- 88 % of Dundee respondents to a recent Customer Survey supported at home agreed that their services and support had an impact on improving or maintaining their quality of life.

Source: Annual Performance Report 2016/17

- There has been an increase in Hospital admission rate following a falls admission rate per 1,000 for those aged over 65 in Dundee between 2012/13 and 2016/17. This increase may reflect an increase in numbers of older people with levels of increased frailty. See Table 2

Table 2

	2012/13	2013/14	2014/15	2015/16	2016/17
Dundee falls admission rate per 1000 65+	23.8	26.1	25.0	24.7	26.0

DHSCP is working together with partners including NHS Tayside to reduce these rates.

*Source: Annual Performance Report 2016/17*

- DHSCP is responsible for delivering and supporting all partners in Dundee to optimise Adult Support and Protection for our most vulnerable service users. We have seen a rise in numbers of referrals which would indicate increased awareness among colleagues and the public about potential risks. This has corresponded with a rise in the proportion of such referrals having no further action or being supported out with the formal system. The percentage of these referrals which proceeded directly to Initial Referral Discussion and Case Conference has reduced from 285 (30%) referrals in 2010/12 to 181 (7%) referrals in 2014/16.

*Source: Strategic Needs Assessment 2016/17*

- Of the 181 referrals in 2014/16 which proceeded to Initial Referral Discussion or Adult Support and Protection Case Conference, for adults aged under 65, the main types of harm identified were welfare concerns, emotional abuse, discrimination and threat of self-harm. For adults aged 65 and over the main types of harm identified were welfare concerns, emotional abuse, financial abuse and discrimination.

*Source: Strategic Needs Assessment 2016/17*

- Contracts for all DHSCP commissioned services outline an expectation in terms of adult support and protection and are explicit in terms of health and safety and moving and handling requirements. Information on health and safety matters is shared with providers as a matter of course including medical advice alerts which are issued from the DHSCP Health and Safety Officer. Clear processes are in place for reporting any issues around individual safety and there are agreed procedures in place for identifying required improvement action.
- Dundee Citizen Survey, conducted in 2016, asked a sample of Dundee citizens aged 16 and over: "How good is your health overall?"
  - 84% of respondents rated their health as very, or fairly, good,
  - 9% who said it was fair and 7% who said it was very or fairly poor.
  - The proportion of participants stating their health was very good has increased significantly since 2015 (from 45% to 60%).

*Source: Citizen Survey 2016*

## Outcome 2

**Users of health and social care services, their families and carers will be supported to access education, training and employment.**

Work continues to progress the employability agenda as part of the DHSCP Strategic and Commissioning Plan. Health Inequalities are one of the DHSCP Strategic Priorities. This includes people with disabilities and other protected characteristics.

Local data provides strong evidence of the high levels of deprivation which is in turn associated with higher prevalence of health conditions and multiple long-term conditions. In Dundee many younger people are affected by health inequalities; experiencing health conditions earlier in life as a result of deprivation and resulting in the poor life expectancies observed in the City.

DHSCP works with partners in the city to support the employability agenda in order to optimise opportunities for education, training and employment for people living in Dundee, particularly those experiencing barriers as a result of health problems and/or disability.

### Progress

- The DD4 Network, a partnership initiative, involved local agencies targeting those furthest from the labour market living in one of the areas highest deprivation in Dundee. 14% of participants received help that enabled them to sustain their employment, 9% moved into work, another 5% received help regarding CV and applying for work, others moved into education or training and 2% were further supported by specialist employment services.  
*Source: Annual Performance Report 2016/17*
- Working Health Services provides vocational rehabilitation support for employees of small-medium sized businesses who are struggling at work or on short term absence due to a health condition. A case management model is applied along with short term rehabilitation interventions, such as occupational therapy, physiotherapy or talking therapies. The service has around 550 clients across Tayside.  
*Source: Annual Performance Report 2016/17*
- The Fit for Work initiative provided support for employees who were struggling with their health in work. Employees who are absent for four weeks or more are referred by their manager or their GP. A healthcare professional looked at their health, work and any psychosocial difficulties. A return to work plan could be produced to enable safe and effective return to work.  
*Source: Annual Performance Report 2016/17*
- DHSCP is the lead agency for the Single Health and Work Gateway which is currently in the “set up phase” will run as a pilot until 2020. This will integrate employability and health services (including Fit for Work, Working Health Services and a new unemployed element). This service will support people to stay in work, support those who are off sick from work and support people with health conditions or disabilities back into work.

Outcome 3

Users of health and social care services, their families and carers will have improved physical and mental well-being, will experience fewer health inequalities and will be able to live independently and access support when they need it.

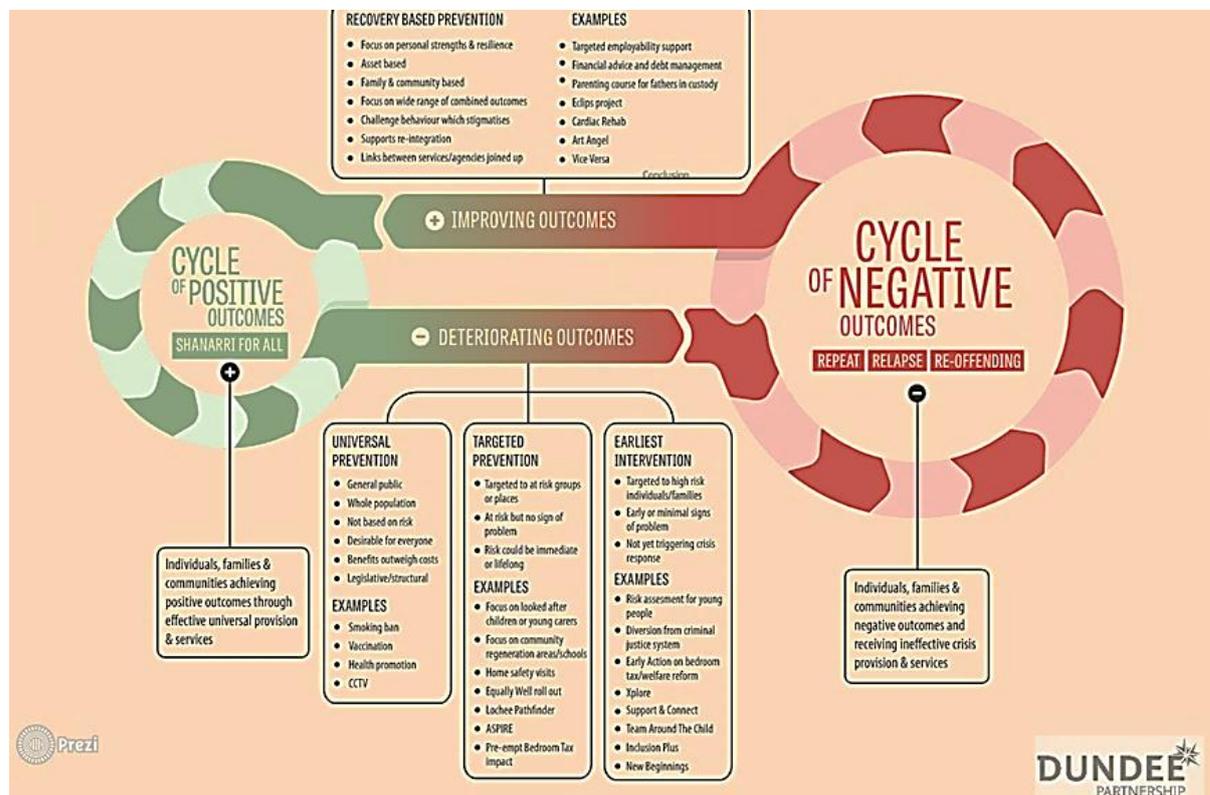
Users of health and social care services, their families and carers will experience services that reflect the needs of communities, that address health inequalities, and which shift the balance of these services towards early intervention and prevention.

Health Inequalities and Early Intervention/Prevention are included in the DHSCP Strategic Priorities.

Work is progressing towards supporting those who are furthest away from achieving outcomes to return them to a cycle of positive outcomes. In tandem with this, early intervention and preventive action is undertaken to maintain those who have positive outcomes to avoid these individuals moving into a cycle of negative outcomes.

The Early Intervention/Prevention approach has been adopted in a Framework agreed across Dundee Partnership. This Framework is represented in Diagram 1 below and more information can be found at <http://www.dundeepartnership.co.uk/sites/default/files/Prevention%20Framework%20V2.pdf>

Diagram 1



## Progress

- Learning Disability and Autism Statistics (2016/2017) indicate that 49% of adults with a learning disability and/or autism known to DHSCP receive support such as a care at home / housing support or 24 hour care home support. 47% of these adults do not receive this type of care and support but are known to DHSCP workforce who would be able to offer and signpost to increased support as necessary. For 4% of the known population there are no indicators of the level of care and support they receive. Work continues to build networks and community support which will support such adults to be signposted and referred into relevant supports should circumstances change.

*Source: Learning Disabilities Statistics Scotland, 2016/17*

- Welfare Rights Officers have been co-located with General Practices to maximise individual's benefits and finance, with the aim of improving health and wellbeing longer term and reducing inequalities. Financial gains over one year are over £1 million. A National evaluation found that every £1 invested in General Practice co-located advice generated around £39 of social and economic benefits.

*Source: Annual Performance Report 2016/17*

- Community Occupational Therapy Services in Dundee invite service users to complete a satisfaction survey on completion of service input. 71 % of those who completed the survey felt more independent after receiving Occupational Therapy support.

*Source: Internal Records DHSCP 2018*

- In preparation for introduction of the Carers Act 2016 Dundee Carers Partnership support a self-management , early intervention, prevention approach to support carers (unpaid/family and friends who provide care and support to people with disabilities) to maintain positive outcomes. E-Learning and briefing sessions have supported the workforce to recognise, identify and signpost Carers to appropriate supports. Agencies will be encouraged to sign up to a Local Carers Charter to increase awareness and city wide support.

- Health and wellbeing checks for carers over the age of 18 years, are offered by the Keep Well team at Dundee Carers Centre and other community venues. Many carers are supported beyond the initial health check and supported to engage with community based activities aimed at having a positive influence on their physical health and/or mental wellbeing. Carer feedback is very positive with significant increases in the number of carers referred and supported.

*Source: Annual Performance Report 2016/17*

- 160 DHSCP Assessment colleagues have completed training to undertake Support Plans with (unpaid, family) carers of people with a disability. It is anticipated that those carers in the greatest need of support will plan this support via a formal Carer Support Plan. This plan will cover areas such as Managing the Caring Role, Health (including emotional wellbeing and Mental Health), Finances (including employment, training and Education) and a Good lifestyle (alongside caring). Training is expected to be delivered to approximately 100 more assessors by May 2017.

*Source: Internal Records DHSCP.*

- A Care Home Liaison Team provides a dedicated service to residents living in care homes suffering mental ill health. The team provide specialist assessment and treatment to individual residents as well as facilitating training. There have been positive outcomes for

residents and families, including a reduction in hospital admissions. The team are working on developments including collaborative training and enhancing their knowledge regarding the essentials in psychological care.

- DHSCP, working with Macmillan Cancer Support and others, developed the Dundee Macmillan Improving the Cancer Journey project. The project has been shaped by local people with experience of Cancer. The Project offers tailored practical, personal and emotional support to local people affected by cancer, based on a holistic needs assessment and what matters to them. The initial stages of the project work in 2 localities with some of the highest levels of deprivation in the city.

#### Outcome 4

**Users of health and social care services, their families and carers will experience fair access to services that mitigate the impact of any protected characteristics as defined in the Equality Act 2010**

**Users of health and social care services, their families and carers will experience a workforce that is skilled, competent, and reflects the diversity of the population across Dundee communities.**

**Staff, users of health and social care services, their families and carers will be confident that information they provide, particularly in relation to the protected characteristics, will be used to make improvements to services and the way they are planned and delivered.**

Person Centred Care and Support Models of Support / Pathways of Care form one of DHSCP Strategic Priorities.

Work continues to progress this agenda as part of the Strategic and Commissioning Plan. It is anticipated that a new service user database will facilitate recording and extracting additional information about protected characteristics. This will be invaluable in measuring our equality and fairness outcomes in the future and will help us to plan and evaluate actions to address inequality of outcomes for those with protected characteristics.

Frailty and ill health (including dementia) is prevalent in the increasing ageing population in Dundee. The effect of this is an increased demand and usage of health and social care services in Dundee. The challenge is to improve outcomes for both older people and younger people affected by disability and supporting people to live independently with frailty for longer. DHSCP will continue to address equality and fairness issues and contribute to work across Dundee which is directed at achieving equality of outcome for Dundee Citizens.

Dundee City Council has introduced a new tool to support the recording of a number of different impact assessments including Socio-Economic Impact Assessments. Further progress is required to embed this new tool across DHSCP and to ensure that copies of it are published with reports submitted to relevant committees.

Dundee HSCP is represented at Equality Group meetings held by NHS Tayside and Dundee City Council.

DHSCP will set up their own Equality Group to drive forward and support Equality, Human Rights and Fairness processes and to make decisions on matters such as a British Sign Language Plan, responses to Scottish Government Consultations and Mainstreaming Equality Duties.

#### Progress

DHSCP is committed to embedding the principles of equality and human rights in the planning and delivery of good quality health and social care services. Equal opportunities are supported and encouraged. DHSCP expects supports and services which are delivered and commissioned to respond to the different needs and service requirements of people with

protected characteristics. This is in tandem and part of the focus on reducing health inequalities and mitigating against the impact of deprivation and promoting fairness.

Some of the activities progress towards this have included

- Consultation activities between the Public Protection Committees and Ethnic Minority (EM) groups, resulting in the identification of a number of service improvements e.g. women only swimming sessions to enable women from EM communities to participate in physical activity.
- Supporting Dundee Women's Aid, as a commissioned third sector partner, to secure additional funding to develop a clinical psychology service for women experiencing domestic abuse and enhance their volunteer recruitment, training and support
- Providing funding to all care homes in Dundee for relevant colleagues to take part in the Promoting Excellence Dementia Champion programme.
- The Making Recovery Real initiative has improved the ways in which we involve people with mental health issues in developing recovery focused mental health services
- Participating in the Dundee City Council Harassment Support Officer arrangements to ensure that DHSCP staff have access to advice and support from a skilled colleague who has awareness of equality issues and is trained to support early resolution (where appropriate) to potential bullying or harassment issues.
- Providing a variety of training opportunities including an Introduction to Equality and Human Rights Sessions (in Partnership with Dundee City Council). Since 2008 over 1000 staff across Dundee City Council and DHSCP have attended. The people who have attended are predominantly Social Care staff and include Third sector colleagues. These sessions continue to be held monthly accommodating around 15 colleagues each time.

*Source: Internal Records DCC Learning and Organisational Development DCC*

- Training and Learning is also offered on specific topics on matters such as Deaf/Blind Awareness, communication with people with barriers, Gypsy Traveller Awareness as well as opportunities for funding individual employees for specific further education.
- Men across different cultures quite often express a view that community activities often seem to be dominated by women and revolve around activities that are traditionally female activities. Although men are not excluded from these activities some local men identified that this was not what they were looking for. Across Dundee there has been support to develop Men's Sheds to provide a place for men (and others) to gather and participate in a variety of activities whilst supporting each other in a relaxed environment.
- Dundee Violence Against Women Partnership has developed a co-ordinated response to commercial sexual exploitation and prostitution. This includes dedicated research which focuses on the experiences and needs of the women who are involved in prostitution and

looking to identify what responses would be most effective to support the women to exit prostitution. Services will be restructured in line with the outcomes of the research project.

- Equality and Diversity Champions have been active in NHS Tayside for over 9 years. The Champion's role has been positively evaluated empowering staff to challenge behaviours and promote a positive culture of diversity in NHS Tayside. The Champions role is to promote equality and value diversity within the organisation. Currently the HSCP has approximately 20 champions. We will work with NHS Tayside to increase this number.
- DHSCP uses the same approach as Dundee City Council for Equality Impact Assessment (EQIA). There is a poor record for published EQIA reports for Integration Joint Board reports. Although these reports include statements confirming confirm that Equality Impacts have been assessed and risks considered. For the period April 2016 –February 2018 there were 7 EQIA reports published with IJB reports and 2 for Performance& Audit Committee Reports.

## 2018/2019 priorities

A number of key priorities have been identified for the coming year:

### Establishment of Short life working group

The Integrated Strategic Planning Group has agreed that a short life working group will be established to give clear recommendations in relation to how Equality Issues are supported, governed, monitored and driven forward by the HSCP.

### Review of Equality Outcomes

A key priority for the short-life working group during 2018/19 will be the review the Partnership's existing equality outcomes to ensure that they are fit for purpose, reflect the desired outcomes of affected communities and are fully aligned to the revised outcomes published by Dundee City Council and NHS Tayside in 2017. It is intended that a revised set of outcomes be available for submission to the IJB in early 2019.

### Engagement with Equality Groups

Equality and Human rights Commission guidance states that public authorities must take reasonable steps to involve people who share a relevant protected characteristic and anyone who appears to represent the interests of those people in reviewing a set of equality outcomes. The short-life working group will ensure that revised equality outcomes are co-produced with affected people, utilising and strengthening existing engagement mechanisms. It is recognised that this will require careful planning and significant expertise from across a range of stakeholders, including people who share protected characteristics.

We will work with the Communication and Engagement sub group of the Integrated Strategic Planning Group, along with our Dundee City Council, NHS Tayside and Community Planning Partners to ensure that equality groups are able to participate and engage with us in the planning, delivery and review of services. This will include not just those services targeted specifically at equality groups, but also our "mainstream" services and our community planning contributions.

### Impact Assessment and Fairer Scotland Duty

From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, will come into force across Scotland. The new duty places a legal responsibility on public bodies, including Integration Joint Boards to 'pay due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies will also be required to publish a short written assessment showing how they have fulfilled the duty. Guidance to support the implementation of the new duty is expected to be published by the Scottish Government in advance of 1 April 2018. The short-life working group will give consideration to how the Partnership's implementation of the Fairer Scotland Duty can be aligned within existing duty under the 2010 Act and existing commitments within the Strategic and Commissioning Plan to address health inequalities.

The HSCP has adopted the Integrated Impact Assessment tool developed by Dundee City Council. We need to ensure that the tool continues to be fit for purpose and that it is implemented across the Partnership. The tool will be reviewed to ensure that the requirements in relation to socio-economic assessment and carers' assessment are met. Appropriate training and organisational development plans will be developed and implemented.

### Working with our Partners

We will continue to work with our statutory partners to develop, implement and support an appropriate model of co-operation and mutual support in relation to the Public Sector Equality Duty, with a specific focus on employee information and procurement aspects of duties under the Act.

Links to Commissioning

We will explore how our commissioning activity, both internal and external, can better support the delivery of equality outcomes.

Future Reporting

In order to reflect our desire to fully mainstream our equalities work (including our obligations in relation to fairness) we will explore how we integrate our equalities (and fairness) reporting as part of the Annual Performance Report of the Health and Social Care Partnership.

***An accessible version of this report will be made publically available following approval of the full report by Dundee Integration Joint Board***

**References**

DHSCP Annual Performance Report

[https://www.dundeehscp.com/sites/default/files/publications/dhscp\\_annual\\_performance\\_report\\_aug17.pdf](https://www.dundeehscp.com/sites/default/files/publications/dhscp_annual_performance_report_aug17.pdf)

Social Care Survey 2017

<http://www.gov.scot/Topics/Statistics/Browse/Health/SocialCareSurvey>

DHSCP Strategic Needs Assessment 2017

[https://www.dundeehscp.com/sites/default/files/publications/dhscp\\_strategic\\_needs\\_assessment.pdf](https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_needs_assessment.pdf)

Dundee Citizen Survey

*[dundeecity.gov.uk/sites/default/files/publications/citizensurvey2016.pdf](http://dundeecity.gov.uk/sites/default/files/publications/citizensurvey2016.pdf)*

Learning disability Statistics Scotland

<https://www.sclد.org.uk/wp-content/uploads/2017/12/2017-Learning-Disability-Statistics-Scotland.pdf>

## Integrated Impact Assessment Report

**Committee Report No:**

**Document Title:** DHSCP Mainstreaming Equality Progress Report

**Document Type:** Other

**New/Existing:** Existing

**Period Covered:** 30/03/2018 - 31/03/2018

**Document Description:**

This report contains updates about Dundee Health and Social Care Partnership Equality Outcomes as required by The Equality Act 2010.

**Intended Outcome:**

To advise the Integration Joint Board of progress towards Equality Outcomes.

**How will the proposal be monitored?**

Through DHSCP Equality Group (The Report recommends that this group be developed)

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**A. Equality and Diversity Impacts:**

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

**Equality and diversity Implications:**

The report contains progress towards Equality Outcomes and recommends about future activity. It is anticipated that rights and needs of people with any of the protected characteristics will be supported with the recommended activity.

**Proposed Mitigating Actions:**

n/a

**Is the proposal subject to a full EQIA? : No**

The report contains progress towards Equality Outcomes and makes recommendations about future development. It is anticipated that rights and needs of people with any of the protected characteristics will be supported with the recommended activity.

**B. Fairness and Poverty Impacts:****Geography**

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

**Household Group**

<b>Lone Parent Families:</b>	Positive
<b>Greater Number of children and/or Young Children:</b>	Positive
<b>Pensioners - Single/Couple:</b>	Positive
<b>Single female households with children:</b>	Positive
<b>Unskilled workers or unemployed:</b>	Positive
<b>Serious and enduring mental health problems:</b>	Positive
<b>Homeless:</b>	Positive
<b>Drug and/or alcohol problems:</b>	Positive
<b>Offenders and Ex-offenders:</b>	Positive
<b>Looked after children and care leavers:</b>	Positive
<b>Carers:</b>	Positive

**Significant Impact**

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

**Fairness and Poverty Implications:**

It is anticipated that the actions taken to protect the rights and meet the needs of people with protected characteristics will be benefit to a portion of citizens affected by issues of poverty as some the barriers created by protected characteristics are more likely to result in poverty or be a result of poverty.

**Proposed Mitigating Actions:**

When planning and evaluating activity to protect the rights and meet the needs of people with protected characteristics DHSCP will continue to monitor and assess the fairness and poverty implications.

**C. Environmental Impacts****Climate Change**

<b>Mitigating greenhouse gases:</b>	No Impact
<b>Adapting to the effects of climate change:</b>	No Impact

**Resource Use**

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

**Transport**

<b>Accessible transport provision:</b>	No Impact
<b>Sustainable modes of transport:</b>	No Impact

**Natural Environment**

<b>Air, land and water quality:</b>	No Impact
<b>Biodiversity:</b>	No Impact
<b>Open and green spaces:</b>	No Impact

**Built Environment**

<b>Built Heritage:</b>	No Impact
<b>Housing:</b>	No Impact

**Is the proposal subject to Strategic Environmental Assessment?**

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

**Proposed Mitigating Actions:**

n/a

**Environmental Implications:**

n/a

**D. Corporate Risk Impacts****Corporate Risk Implications:**

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

**Corporate Risk Mitigating Actions:** n/a

ITEM No ...4.....



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

**REPORT ON:** TRANSFORMATION OF LOCHEE HEALTH CENTRE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB16-2018

## 1.0 PURPOSE OF REPORT

This report outlines to Dundee Integration Joint Board proposals to transform the Lochee Health Centre and seek the support of the IJB to proceed to the next phase of the programme.

## 2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and supports the development of Lochee Health Centre as described in the report and associated floor plan at Appendix 1;
- 2.2 Requests to NHS Tayside that it releases the provision made within its Capital Plan for primary care developments of £250k plus VAT to enable the required structural changes to be made.
- 2.3 Instructs the Chief Officer to take forward the necessary arrangements to deliver the programme of work.

## 3.0 FINANCIAL IMPLICATIONS

The capital cost of the project, including associated fees and VAT is estimated to cost around £250k plus VAT. This includes furniture, equipment, IT infrastructure and devices.

## 4.0 MAIN TEXT

### Background

- 4.1.1 The existing Lochee Health Centre is a two-story, traditional 1970's building of predominantly brick construction. It was designed specifically as two separate facilities; one a GP Practice and the other a health centre, co-located but with no real prospect of sharing or integration. It has two entrances and exits, multiple waiting areas and physical barriers in the form of locked security doors separating its two main accommodation wings.
- 4.1.2 Over the years the building has been subject to minor refurbishment to meet the needs of the various services using it. None of the refurbishments attempted to improve access, utilisation or space sharing across the two parts of the building and this remains a major limiting factor.
- 4.1.3 In a recent review conducted by the Transformation Programme Property Team with support from Primary Care Services and Dundee Health and Social Care Partnership (H&SCP) it was determined that there is a lack of appropriate clinical accommodation in one wing of the building and generally poor use of the available clinical accommodation in the other. This is caused mainly by a limited ability to share clinical and support spaces, which further limits the resident services' ability to deliver modern multi-disciplinary models of care. It has also resulted in significant duplication of public areas including reception and waiting. The signage and way-finding were also found to be poor and confusing, and the flow of patients and staff into and

around the building was restrictive and generally inefficient. A number of clinical consultation rooms are being used as offices and storage is generally poorly distributed and underutilised.

4.1.4 The health centre is owned by NHS Tayside and is currently a base for the following services:

- Lochee Medical Practice (in 2017 changed from independent contractor to salaried GP model)
- Community Health Inequalities Team
- Source of Support Social Prescribing
- Community Paediatric Optometry
- Community Podiatry
- Speech and Language Therapy
- Substance Misuse Services
- Community Nursing (adults and children)
- Community Dietetics
- Anti-coagulation Service
- Community Midwifery
- It's Good to Talk/ Listening Service.

4.1.5 A short life working group was established to assess the feasibility of incorporating the Local Care Centre principles in the existing facility. The group was tasked to:

- identify the current usage of the building
- capture the future requirements of each of the building users
- incorporate the service redesign output from the Dundee H&SCP
- incorporate the new Primary Care multi-disciplinary team model of care
- identify options to maximise the availability of clinical/consultation spaces
- identify options to remove the existing duplication, waste and restrictions
- incorporate open plan, shared administrative areas
- incorporate training, meeting and staff development areas
- align patient and staff access, way-finding and flow with current best practice.

4.1.6 The group has now completed this work and has developed outline proposals which meet the objectives set out above and which will deliver a multi-disciplinary hub for provision of services within one of the localities with the greatest health needs in the city.

4.1.7 The programme of work, assuming a two phase workplan, indicates that the refurbishment should be completed in approximately 14 weeks and therefore will be within the 2018/19 financial year.

## 4.2 Engagement

4.2.1 Staff briefing sessions have taken place at Lochee Health Centre with all staff groups having input into the proposed developments. This has allowed the identification and planned resolution of issues raised.

4.2.2 Communication with the patient group and local community groups in Lochee has proved challenging for the Practice. They have been unable, after a number of attempts, to form a working Patient Participation Group (PPG).

4.2.3 A wide range of stakeholders have been involved in the development of the wider proposals. They include:

- Primary Care
- Strategic Planning Group
- Social Work
- Allied Health Professionals (AHP)
- Community Nursing
- NHS Transformation Team
- NHS and Dundee City Council Property Teams

- A range of primary care groups including General Practice Advisory Committee, and the Dundee Cluster lead/GP sub meeting, NHS Tayside GP sub Committee, and NHS Tayside Health Board Funds local third sector organisations such as Gowrie Care

### 4.3 Strategic Links

- 4.3.1 This project supports the strategic aims of person centred, community based care in keeping with the 20:20 Vision. The objective is also to ensure that this is delivered as safely and efficiently as possible in line with NHS Tayside Clinical Services Strategy and the Primary Care Strategy.
- 4.3.2 The Dundee Health and Social Care Strategic and Commissioning Plan 2016-2021 sets out a number of key strategic shifts that are required to support need to address health inequalities, demographic changes and fiscal constraints. In particular this sets out the ambition to deliver services in localities in a way which reduces health inequalities, supports prevention and delivers services that are designed in coproduction with individuals, their families and their communities. The aspiration is that services will be delivered by multidisciplinary teams based in a number of community facilities across the city.
- 4.3.3 There have been challenges in identifying suitable accommodation to meet the strategic aims and this project therefore represents an initial step towards this. The intent is that the asset delivered from this project will support the implementation and roll-out of locality working across Dundee and the creation of a Lochee community service base. The Lochee area is one such area that has particular challenges in terms of multiple levels of deprivation, high levels of premature mortality and significant percentage of the population experiencing poor health outcomes.

### 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

<b>Risk 1 Description</b>	Delay to the project completion and an increase in cost if a two phased approach cannot be agreed for the project.
<b>Risk Category</b>	Finance and Operational
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	Project Team to work with services to identify suitable alternative locations for service delivery during the construction period.
<b>Residual Risk Level</b>	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is a High Risk Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is a High Risk Level)
<b>Approval recommendation</b>	Given the importance and potential benefits of this development the risk should be accepted.

### 7.0 CONSULTATIONS

As indicated in section 4.2.3, a range of people have been involved in developing the plans and consulted on the developments proposed. The practice team have offered a range of opportunities for their patients to contribute to this process, with limited success, other than discussion at individual level. The Clinical Director, Head of Service - Health and Community Care, Chief Finance Officer, Associate Director Primary Care, Locality Manager Lochee, and the Clerk were consulted in the preparation of this report. Proposals have also been consulted with the Integrated Strategic Planning Group.

## 8.0 BACKGROUND PAPERS

None.

## 9.0 DIRECTIONS

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

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

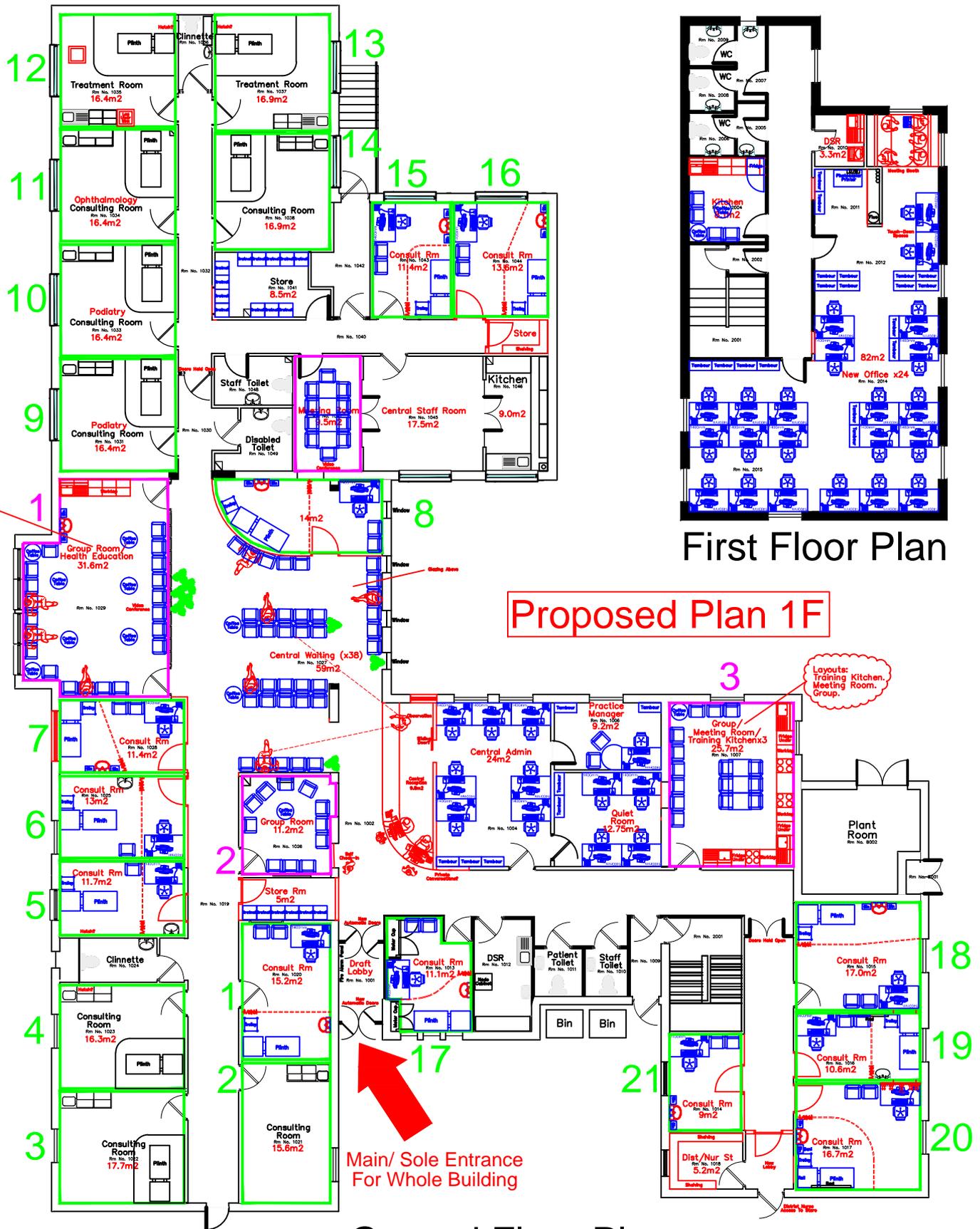
David W Lynch  
Chief Officer

DATE: 8 March 2018

Michelle Watts  
Associate Medical Director  
Primary Care  
NHS Tayside

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Senior Manager  
Service Development & Primary Care  
Health & Social Care Partnership

Arnot Tippet  
Project Manager  
NHS Tayside



First Floor Plan

**Proposed Plan 1F**

**Ground Floor Plan**  
**Lochee Local Care Centre**