

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

City Chambers
DUNDEE
DD1 3BY

19th October, 2022

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Joint Board which is to be held remotely on Wednesday, 26th October, 2022 at 10.00 am.

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

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434205 or by email at committee.services@dundeecity.gov.uk by 5pm on Friday, 21st October, 2022.

Yours faithfully

VICKY IRONS
Chief Officer

AGENDA

1 APOLOGIES

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 CHAIRPERSON'S REMARKS

4 CHAIRPERSON AND VICE-CHAIR PERSON

(a) CHAIRPERSON

The Integration Joint Board is asked to note that term of office of Chairperson held by Dundee City Council has lapsed and that in terms of Standing Orders this would now require to be filled by a voting member from NHS Tayside Board.

The Integration Joint Board is asked to note that position and that NHS Tayside Board has nominated Pat Kilpatrick as Chairperson.

(b) VICE-CHAIRPERSON

The Integration Joint Board is asked to note that term of office of Vice-Chairperson held by NHS Tayside Board has lapsed and that in terms of Standing Orders this would now require to be filled by a voting member from Dundee City Council.

The Integration Joint Board is asked to note the position and that Dundee City Council has nominated Councillor Ken Lynn as Vice-Chairperson.

5 PERFORMANCE AND AUDIT COMMITTEE – APPOINTMENT OF MEMBERSHIP AND CHAIR

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

(a) MEMBERSHIP

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

The Integration Joint Board is asked to note the position.

(b) CHAIRPERSON

The Committee will be chaired by a person not being the Chairperson of the Integration Joint Board and will be nominated by the Integration Joint Board. The current voting membership on the Committee is Pat Kilpatrick (Chairperson), Councillor Tolland, Councillor McHugh and Donald McPherson,

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

6 MINUTE OF PREVIOUS MEETING

- (a) The minute of previous meeting of the Integration Joint Board held on 24th August, 2022 is attached for approval. - **Page 1**

(b) ACTION TRACKER - Page 7

The Action Tracker (DIJB80-2022) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

7 PERFORMANCE AND AUDIT COMMITTEE**(a) MINUTE OF PREVIOUS MEETING OF 28TH SEPTEMBER, 2022 - Page 11**

(Copy attached for information and record purposes).

(b) CHAIR'S ASSURANCE REPORT - Page 15

(Report No DIJB81-2022 attached for information and record purposes).

8 MANAGEMENT OF DELAYED DISCHARGES - Page 17

(Report No DIJB75-2022 by the Chief Officer, copy attached).

9 DUNDEE AND ANGUS STROKE REHABILITATION PATHWAY REVIEW - Page 21

(Report No DIJB78-2022 by the Chief Officer, copy attached).

10 DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE - Page 29

(Report No DIJB77-2022 by the Chief Officer, copy attached).

11 GENERAL PRACTICE PREMISES STRATEGY - Page 61

(Report No DIJB76-2022 by the Chief Finance Officer, copy attached).

12 CARERS DELIVERY PLAN AND PERFORMANCE FRAMEWORK - Page 105

(Report No DIJB72-2022 by the Chief Officer, copy attached).

13 DUNDEE CITY PLAN 2022/2032 - Page 119

(Report No DIJB70-2022 by the Chief Officer, copy attached).

14 STRATEGIC COMMISSIONING PLAN - Page 147

(Report No DIJB74-2022 by the Chief Officer, copy attached).

15 FINANCIAL MONITORING POSITION AS AT AUGUST 2022 - Page 169

(Report No DIJB79-2022 by the Chief Finance Officer, copy attached).

16 IMPLEMENTATION OF THE PUBLIC SECTOR EQUALITY DUTY - Page 179

(Report No DIJB71-2022 by the Chief Officer, copy attached).

17 CATEGORY 1 RESPONDER ACTION PLAN - Page 185

(Report No DIJB73-2022 by the Chief Officer, copy attached).

**18 MEETINGS OF THE INTEGRATION JOINT BOARD 2022 - ATTENDANCES (DIJB82-2022)
- Page 191**

A copy of the attendance return for meetings of the Integration Joint Board held to date over 2022 is attached for information.

19 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday 14th December, 2022 at 10.00am.

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED JUNE 2022)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Pat Kilpatrick
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	Anne Buchanan
Non Executive Member	Donald McPherson
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Sarah Dickie
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Vacant
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
Clinical Director	Dr David Shaw
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Vacant
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

(b) CONTACTS – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Grant Archibald
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke

Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Christine Jones
Dundee Health and Social Care Partnership	Kathryn Sharp
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Anne Marie Machan



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 24th August, 2022.

Present:-

Members

Role

Ken LYNN (<i>Chairperson</i>)	Nominated by Dundee City Council (Elected Member)
Pat KILPATRICK (<i>Vice Chairperson</i>)	Nominated by Health Board (Non Executive Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Anne BUCHANAN	Nominated by Health Board (Non Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
Diane McCULLOCH	Chief Social Work Officer
Sarah DICKIE	Registered Nurse
Jim McFARLANE	Trade Union Representative
Dr James COTTON	Registered Medical Practitioner (not providing primary medical services)
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

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

Michelle RAMAGE	Dundee Health and Social Care Partnership
Arlene MITCHELL	Dundee Health and Social Care Partnership
Joyce BARCLAY	Dundee Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members

Role

Martyn SLOAN	Carer Representative
Raymond MARSHALL	Staff Partnership Representative
Christina COOPER	Third Sector Representative
Dr David SHAW	Clinical Director
Dr Emma FLETCHER	Director of Public Health

II DECLARATION OF INTEREST

There were no declarations of interest.

III MEMBERSHIP

(a) APPOINTMENT – PROXY MEMBER

It was reported that at the meeting of NHS Tayside Board held on 30th June, 2022, it was agreed that Professor Graeme Martin be appointed to the position of Proxy Member on Dundee Integration Joint Board as replacement for Dr Norman Pratt who had resigned.

The Integration Joint Board noted the position.

IV MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of the previous meeting of the Integration Joint Board held on 22nd June, 2022 was submitted and approved .

(b) ACTION TRACKER

The Action Tracker (DIJB64-2022) for meetings of the Integration Joint Board was submitted and noted.

V PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 20TH JULY, 2022

The minute of the previous meeting of the Performance and Audit Committee held on 20th July, 2022 was submitted and noted for information and record purposes.

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

(b) CHAIRPERSON'S ASSURANCE REPORT

There was submitted Report No DIJB65-2022 by the Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

VI ANNUAL PERFORMANCE REPORT 2021/2022

There was submitted Report No DIJB54-2022 by the Chief Officer submitting the Dundee Health and Social Care Partnership Annual Performance Report 2021/2022 for noting following its publication on 29th July, 2022.

The Integration Joint Board agreed:-

- (i) to note the content of the report and of the Annual Performance Report 2021/2022, available at <https://sway.office.com/wj8ufacnvn9J4Hcu?ref=Link> and with a printable version contained within Appendix 1 of the report;
- (ii) to note that the Annual Performance Report 2021/2022 was published on 29th July, 2022 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Clerk and the Partnership's Senior Management Team as detailed in section 4.2.1 of the report;
- (iii) to instruct the Chief Officer to update the Annual Performance Report with financial year 2021/2022 data for all National Health and Wellbeing indicators as soon as data was made available by Public Health Scotland as detailed in section 4.2.5 of the report; and
- (iv) to note that work would now commence to produce the first quarterly editions of the Annual Performance Report 2022/2023 as detailed in section 4.3 of the report.

VII QUARTERLY COMPLAINTS PERFORMANCE 1ST QUARTER 2022/2023

There was submitted Report No DIJB57-2022 by the Chief Officer summarising the complaints performance for the Health and Social Care Partnership (HSCP) in the first quarter of 2022/2023. The

complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Integration Joint Board agreed:-

- (i) to note the complaints handling performance for health and social work complaints set out within the report; and
- (ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and report.

Following questions and answers the Integration Joint Board further agreed to note following enquiry from Donald McPherson that at next reporting period further examination would be given to clarification of information provided in relation to complaints received and breakdown of these over the quarters indicated.

VIII FINANCIAL MONITORING POSITION AS AT JUNE 2022

There was submitted Report No DIJB60-2022 by the Chief Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2022/2023 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's continued response to the Covid-19 pandemic.

The Integration Joint Board agreed:

- (i) to note the content of the report including the overall projected financial position for delegated services to the 2022/2023 financial year end as at 30th June, 2022 as outlined in Appendices 1, 2, and 3 of the report;
- (ii) to note the costs and financial risks associated with Dundee Health and Social Care Partnership's continued response to the Covid-19 pandemic as set out in section 4.5 of the report; and
- (iii) to note that officers within the Health and Social Care Partnership would continue to carefully monitor expenditure throughout the remainder of the financial year.

IX MINISTERIAL STRATEGIC GROUP SELF ASSESSMENT FINDINGS – IMPLEMENTATION UPDATE

There was submitted Report No DIJB51-2022 by the Chief Officer providing an update on progress made to address the areas of improvement identified through the Ministerial Strategic Group (MSG) for Health and Community Care self-assessment conducted in 2019/2020.

The Integration Joint Board agreed:-

- (i) to note the content of the report, including the detailed update on improvement actions arising from the 2019/2020 self-assessment activity contained within Appendix 1 of the report; and
- (ii) to approve the proposal that the Integration Joint Board ceases to receive any separate reports on the progress of the original MSG improvement plan, with reporting on individual areas continuing via the Governance Action Plan and individual workstream reports as detailed in section 4.2.7 of the report.

X COMMUNITY WELLBEING CENTRE UPDATE

There was submitted Report No DIJB61-2022 by the Chief Officer about the progress being made to introduce a Community Wellbeing Centre as a core element of immediate support in the city for people experiencing distress.

The Integration Joint Board agreed:-

- (i) to note the progress that had been made as outlined within section 4 of the report; and
- (ii) to note the revised timescale for implementation as outlined within section 4.9 of the report.

Following questions and answers the Integration Joint Board further agreed to note that further information would be given in future reports to show care pathways and assurance in terms of governance of the matter. The need for availability of staffing and quality of staff to provide service was also highlighted as a consideration in the tendering process.

XI VETERANS FIRST POINT TAYSIDE

There was submitted Report No DIJB56-2022 by the Chief Officer, providing information about the Veterans First Point Tayside (V1PT) service, which had been delivering welfare and specialist mental health services to veterans and their family members since 2015.

The Integration Joint Board agreed:-

- (i) to acknowledge the work of V1PT in operationalising the Armed Forces Covenant across Dundee, Perth & Kinross and Angus, ensuring better access to NHS services, including pathways for ensuring 'no disadvantage' for those veterans who should receive early treatment for health problems that had resulted from military service; and
- (ii) to endorse plans to ensure future sustainability of the V1PT as outlined in sections 3.0 and 4.5.7 of the report.

Following questions and answers the Integration Joint Board further agreed to note that consideration would be given to arranging a development session on what was provided as wider support for veterans.

XII LEARNING DISABILITY STRATEGIC PLAN

There was submitted Report No DIJB58-2022 by the Chief Officer about the progress that had been made to co-produce a draft strategic plan for adults with a learning disability and adults with a learning disability and autism in Dundee "Living Well and Living Life Your Way in Dundee" (the Strategic Plan).

The Integration Joint Board agreed:-

- (i) to note the work that had been undertaken to produce the Engagement Findings Report 2022 and its content as detailed in Appendix 1 of the report;
- (ii) to approve the direction of travel outlined within the Strategic Plan as detailed in Appendix 2 of the report;
- (iii) to acknowledge that the pace of engagement and planning had been slower than initially anticipated as outlined in sections 4.7 and 4.8 of the report; and
- (iv) to remit the Chief Officer to submit a further report to the Integration Joint Board in December 2022 outlining a Commissioning Plan which would accompany the Strategic Plan.

Following questions and answers the Integration Joint Board further agreed to note the observation of Donald McPherson that it would be useful in future reports to demonstrate outcomes and these would be achieved and their impact.

XIII REQUEST TO UTILISE DUNDEE INTEGRATION JOINT BOARD RESERVES – ADDITIONAL GP CAPACITY – LOCHEE

There was submitted Agenda Note DIJB62-2022, advising that as part of the response to the Dundee Drugs Commission report, a need had been identified to enhance General Practitioner support to those with drug use problems within the city. It was proposed that an additional GP post was established at the Lochee practice as part of the directly managed GP services arrangement (2c practice.) This role would provide much needed capacity within the Dundee drug service and would play a key role in working to reduce addiction and drug related deaths in Dundee. The Lochee practice alone had over 100 people who had a drug use problem therefore developing services to support their recovery journey was essential. The post would also provide further GP capacity for General Medical Services in the Lochee practice.

The postholder would:-

- Be responsible for a cohort of stable patients, undertaking the patient's assessment, prescribing, harm reduction and stabilisation.
- Support holistic medicine, encouraging those with drug use to have physical health checks and tests.
- Liaise with the Dundee Drug and Alcohol Service.
- Be part of a dedicated team providing care to those with drug use problems.
- Oversee a small team, including Third Sector colleagues, who will offer psychosocial interventions.
- Work to develop a local GP network, sharing best practice with colleagues.

Funding for half of the post would be supported by funding provided by the Primary Care Drug Services Redesign Group for 2 years. It was proposed that the other 50% of the funding was provided by the Integration Joint Board through utilising its reserves. The total annual cost of the post was £132k therefore the Integration Joint Board was asked to authorise the release of this funding over a two-year period from its non-earmarked reserves to transfer to an earmarked reserve for this purpose.

The Integration Joint Board agreed to the terms of the note.

Following questions and answers the Integration Joint Board further agreed to note the explanation of the Chief Finance Officer in relation to use of funding from Reserves and possible future use of Reserves

XIV STRATEGIC COMMISSIONING PLAN

There was submitted Report No DIJB55-2022 by the Chief Officer providing an update on the proposed process and timescale for development of a replacement strategic commissioning plan for April 2023 onward, including review of the Integration Joint Board's Equality Outcomes.

The Integration Joint Board agreed that consideration of the matter be deferred to next meeting of the Integration Joint Board to allow for previous Strategic Needs Assessment information to be circulated to the Joint Board.

The Integration Joint Board further agreed to note following enquiry from Pat Kilpatrick that work was underway in developing a Property Strategy for the Partnership

XV NATIONAL CARE SERVICE (SCOTLAND) BILL

There was submitted Report No DIJB52-2022 by the Chief Officer providing an update on the introduction of the National Care Service (Scotland) Bill to the Scottish Parliament and on related developments to co-design the proposed National Care Service.

The Integration Joint Board agreed:-

- (i) to note the content of the report, including the summary of the National Care Service (Scotland) Bill and arrangements for co-design of the National Care Service as detailed in section 4.2 and 4.3 of the report;
- (ii) to note that arrangements were being progressed to develop a response to the Scottish Parliament Call for Views on the National Care Service (Scotland) Bill on behalf of Dundee Health and Social Care Partnership by the deadline of 2nd September, 2022 as detailed in sections 4.2.4 and 4.2.5 of the report; and
- (iii) to instruct the Chief Officer to review and update the strategic risk register to reflect the risks identified within section 6 of the report.

Following questions and answers the Integration Joint Board further agreed to note that there would be opportunity for further discussion on this topic at briefing session which was arranged to be held for the membership.

XVI MEETINGS OF THE INTEGRATION JOINT BOARD 2022 – ATTENDANCES

There was submitted a copy of the Attendance Return, DIJB66-2022, for meetings of the Integration Joint Board held over 2022.

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

XVII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that next meeting of the Integration Joint Board would be held remotely on Wednesday 26th October, 2022 at 10.00 am.

Ken LYNN, Chairperson.

ITEM No ...6(b).....

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 26TH OCTOBER 2022

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1.	23/06/21	VII(iv)	LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS	Training on Trauma Informed Leadership to be extended to the membership of the Integration Joint Board;	Strategy and Performance Service Manager	30 th July 2021	In progress	Ongoing discussions with Improvement Service. Timescale tied to national developments; session likely to follow local government elections in May 2022. Links to on-line training have been circulated in the meantime.
2.	25/8/21	IV (ii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit a report to a future Integration Joint Board meeting regarding the outcomes of the suicide prevention stakeholder event planned for November 2021 as outlined in section 4.3.4 of the report.	Chief Officer	June 2022 (Awaiting external production of report)	In progress	Event 'Suicide Prevention is Everyone's Business' was held on 23 rd November via Microsoft Teams. The event was well attended and a record of the outcomes is being produced. This will be shared once available.
3.	25/08/21	IV(iii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Dundee Suicide Prevention Strategic and Commissioning Plan for approval once this has been refreshed as outlined in section 4.3.5 of the report.	Chief Officer	August 2022	In progress	The outcome report from the event held on 23 rd November will inform the completion of a final draft of the Dundee Plan for submission to IJB in December 2022.
4.	25/08/21	IV(iv)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Tayside Suicide Prevention Action Plan 2021/2024 for approval once this had been finalised as outlined in section 4.3.5 of the report.	Chief Officer	August 2022	In progress	The outcome report from the event held on 23 rd November will inform the final draft of the Tayside Action Plan, this will be

								submitted to IJB once available.
5.	25/08/21	VII(vi)	DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE	to instruct the Chief Officer to provide a further report on progress made in the fourth year of delivering the Dundee Primary Care Improvement Plan to a future meeting of the Integration Joint Board.	Chief Officer	27 th October 2021	Complete	Report DIJB77-2022 on October IJB Agenda
6.	25/08/21	XI(iii)	ANGUS AND DUNDEE STROKE REHABILITATION PATHWAY REVISION	to request a detailed implementation plan was brought back to Dundee Integration Joint Board.	Chief Officer	27 th October 2021	Complete	Report DIJB78-2022 on October IJB Agenda
7.	27/10/21	IX(vi)	MENTAL HEALTH AND WELLBEING PLANNING IN LIGHT OF THE IMPACT OF COVID 19 ON CITIZENS IN DUNDEE	to note following enquiry from Councillor Short that the Chief Officer would examine the possibility of briefings being held for the membership of the Integration Joint Board on protected characteristics	Chief Officer	15 th December 2021	In progress	To be arranged following new IJB membership confirmed from June 2022
8.	27/10/21	XIII(iv)	CARERS STRATEGY – A CARING DUNDEE	to instruct the Chief Officer, working in collaboration with the Carers Partnership, to develop a delivery plan and performance framework to support the implementation of A Caring Dundee 2 and submit this to the IJB for approval not later than 31st March, 2022.	Chief Officer	15 th December 2021	Complete	Report DIJB72-2022 on October IJB Agenda
9.	22/06/22	VII(ii)	COMMUNITY CUSTODY UNIT	to note following enquiry from Donald McPherson on measurement of delivery of service the advice of Diane McCulloch that the Scottish Prison Service would attend a future meeting to further outline the model of delivery.	Chief Officer	December 2022	In progress	Future suitable date to be agreed

11.	22/06/22	VIII(vi)	REDUCING HARM ASSOCIATED WITH DRUG USE	to instruct the Chief Officer to submit the replacement strategic framework and delivery plan to the Integration Joint Board following approval by the Dundee Partnership.	Chief Officer	December 2022	In progress	Development work continues on the strategic framework and associated delivery plan
12.	22/06/22	XI(ii)	DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2021/2022	to instruct the Chief Finance Officer to incorporate the recommendations of the Annual Internal Audit Report into the Integration Joint Board's Governance Action Plan, presented to and monitored by the Performance and Audit Committee.	Chief Finance Officer	September 2022	Complete	Included in Governance Action Plan update report to September Performance and Audit Committee
13.	24/08/22	VI(iii)	ANNUAL PERFORMANCE REPORT 2021/2022	to instruct the Chief Officer to update the Annual Performance Report with financial year 2021/2022 data for all National Health and Wellbeing indicators as soon as data was made available by Public Health Scotland as detailed in section 4.2.5 of the report.	Chief Officer	September 2022	Complete	Information published on HSCP website
14.	24/08/22	VII	QUARTERLY COMPLAINTS PERFORMANCE 1ST QUARTER 2022/2023	Following questions and answers the Integration Joint Board further agreed to note following enquiry from Donald McPherson that at next reporting period further examination would be given to clarification of information provided in relation to complaints received and breakdown of these over the quarters indicated.	Chief Finance Officer	December 2022	In Progress	Further analysis being prepared accordingly
15.	24/08/22	X	COMMUNITY WELLBEING CENTRE UPDATE	Following questions and answers the Integration Joint Board further agreed to note that further information would be given in future reports to show care pathways and assurance in terms of governance of the matter. The need for availability of staffing and quality of staff to provide service was also highlighted as a consideration in the tendering process.	Locality Manager	October 2022	Complete	Tender programme is now complete, and provider identified. Future reports will include desired information

16.	24/08/22	XI	VETERANS FIRST POINT TAYSIDE	Following questions and answers the Integration Joint Board further agreed to note that consideration would be given to arranging a development session on what was provided as wider support for veterans.	Locality Manager	December 2022	In progress	Date to be identified for early December 2022.
17.	24/08/22	XII(iv)	LEARNING DISABILITY STRATEGIC PLAN	to remit the Chief Officer to submit a further report to the Integration Joint Board in December 2022 outlining a Commissioning Plan which would accompany the Strategic Plan.	Locality Manager	December 2022	In progress	Commissioning work is in early stages.
18.	24/08/22	XV(iii)	NATIONAL CARE SERVICE (SCOTLAND) BILL	to instruct the Chief Officer to review and update the strategic risk register to reflect the risks identified within section 6 of the report.	Chief Officer	September 2022	Complete	Risk register updated accordingly



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 28th September, 2022.

Present:-

<u>Members</u>	<u>Role</u>
Pat KILPATRICK(Chairperson)	Nominated by Health Board (Non Executive Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non Executive Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
Tony GASKIN	Chief Internal Auditor
Vicky IRONS	Chief Officer
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Liz BALFOUR	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership

Pat KILPATRICK, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of:-

James Cotton	NHS Tayside
Raymond Marshall	NHS Tayside

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 20th July, 2022 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker (PAC28-2022) for meetings of the Performance and Audit Committee.

The Committee agreed to note the content of the Action Tracker.

Following questions and answers the Committee further agreed:-

- (i) to note that in relation to actions no 25 and 33 (Delayed Discharge report), a report on capacity issues around community resources was to be tabled at the next IJB meeting along with a full Discharge Management strategic update, as well as a report on Delayed Discharge in a new format to the November PAC meeting;
- (ii) that consideration would be given by the Management Team to using colour coding to indicate on the Action Tracker when actions were overdue; and
- (iii) that consideration would be given by the Management Team to noting the briefing notes, that were issued inbetween PAC meetings, at the next available meeting of the PAC.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2022/2023 – QUARTER 1

There was submitted Report No PAC20-2022 by the Chief Finance Officer updating the Performance and Audit Committee on 2022/2023 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. The report also set out a revised approach and format for quarterly performance reports based on feedback received from Integration Joint Board members and internal audit queries.

The Committee agreed:-

- (i) to note the content of the summary report;
- (ii) to note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3) of the report; and
- (iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3) of the report.

Following questions and answers the Committee further agreed:-

- (iv) that Kathryn Sharp would send information on the descriptions of standard and complex delays to Councillor McHugh;
- (v) that Kathryn Sharp would discuss with Lynsey Webster, Senior Officer, the possibility of including information on bed days lost as well as rates; and
- (vi) that consideration would be given to using more nuanced colour coding in the report.

V FALLS PERFORMANCE

There was submitted Report No PAC21-2022 by the Chief Finance Officer providing a further analysis of falls related admissions and assurance regarding the preventative and pro-active work being undertaken.

The Committee agreed:-

- (i) to note the content of the report and the analysis of falls related hospital admissions detailed in section 5 and Appendix 1 of the report; and
- (ii) to note the current model for prevention and rehabilitation and how this linked with the wider socio-economic situation.

Following questions and answers the Committee further agreed:-

- (iii) that Matthew Kendall would send further information on the falls pathway to Councillor McHugh.

VI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT

There was submitted Report No PAC22-2022 by the Clinical Director providing assurance regarding matters of Government policy directives and legal requirements. This aligned to the safe, effective and person centred quality ambitions of NHS Scotland.

The report was brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership Integration Scheme. Clinical Governance was a statutory requirement to report, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee was asked to provide their view on the level of assurance the report provided in regard to clinical and care governance within the Partnership. The timescale for the data within the report was from June, 2022 to July, 2022.

The Committee agreed:-

- (i) to note the exception report for the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group as detailed in Section 2 of the report; and
- (ii) to note that the authors were recommending that the report provided reasonable assurance.

Following questions and answers the Committee further agreed:-

- (iii) that Matthew Kendall would send information on the risk matrix to Councillor McHugh; and
- (iv) that consideration would be given to making a special case for additional funding for drug services.

VII DUNDEE INTEGRATION JOINT BOARD AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC23-2022 by the Chief Finance Officer providing an update on the substantive completion of the previous years' internal audit plans as well as progress against the 2022/2023 plan. In addition, the report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to the IJB.

The Committee agreed to note the continuing delivery of the audit plans and related reviews as outlined in the report.

VIII CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2021/2022

There was submitted Report No PAC25-2022 by the Chief Finance Officer providing a summary of the gradings awarded by the Care Inspectorate for Dundee registered care homes for adults/older people and other adult services in Dundee for the period 1st April, 2021 to 31st March, 2022.

The Committee agreed:-

- (i) to note the content of the report and the gradings awarded as detailed in the Performance Report which was attached as Appendix 1 to the report and highlighted in section 4.2 of the report;
- (ii) to note the significant changes to the scale and scope of Care Inspectorate led inspections carried out in 2021/2022 due to the COVID-19 pandemic as outlined in section 4.1.2 of the report; and
- (iii) to note the range of continuous improvement activities progressed during 2021/2022 as described in section 4.3 and Appendix 1 of the report.

IX GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC24-2022 by the Chief Finance Officer providing an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed to note the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 which was attached to the report.

X DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC26-2022 by the Chief Finance Officer providing an update in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the report;
- (ii) to note the extract from the Strategic Risk Register attached as Appendix 1 to the report;
- (iii) to note the Archived Risks detailed in section 6 of the report; and
- (iv) to note the recent work and future work on Pentana Risk Management System in section 7 of the report.

XI ATTENDANCE LIST

There was submitted Agenda Note PAC27-2022 providing attendance returns for meetings of the Performance and Audit Committee held over 2022.

The Committee agreed to note the position as outlined.

XII DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held on Wednesday, 23rd November, 2022 at 10.00 am.

Pat KILPATRICK, Chairperson.

ITEM No ...7(b).....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
26 SEPTEMBER 2022

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB81-2022

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 28th September 2022.

Issues to highlight to the Board

- I welcomed everyone to the meeting and noted this would be my final meeting as chair of the PAC given I would be taking up the position of Chair of the IJB from October.
- The Action Tracker was discussed by the committee in detail resulting in further requests for officers to consider regarding the formatting and content of the tracker for future presentation to the committee. A discussion took place regarding the formal noting on agendas of IJB member briefing notes circulated in between IJB and PAC meetings. Officers will consider how best this can be done.
- The first performance report for 2022/23 (2022/23 Quarter 1) was presented to the committee with members taking the opportunity to further scrutinise the content of the report through a range of detailed questions. Further information was requested to assist members understanding of the information presented including the distinction between standard and complex delays in relation to delayed discharges.
- A specific performance report was provided in relation to Falls given Dundee has had the highest rate of admissions to hospital across all the IJB's in Scotland since 2019. The committee was provided with further in-depth data on the age profile and localities in which the rates were highest as well as further contextual information to provide some explanation as to why the Dundee performance continues to be poor. This includes the impact of the high levels of deprivation in the city as well as more specific service delivery models in the local area compared to other areas in Scotland. Indeed the model of care in Dundee ensures that a high percentage of those who are frail and have had a fall are admitted to a ward for fuller assessment and monitoring before being discharged to home. The committee was also given an overview of the range of interventions and preventative approach being taken to improve services as well as further analysis planned to assist in further development. The committee was given a reasonable level of assurance following the presentation of the report.
- The Clinical Care and Professional Governance Assurance report presented to the Committee provided a reasonable level of assurance of arrangements in place. Given the range of risks highlighted around drug and alcohol services it was agreed that a special case is made to seek additional Scottish Government funding to enhance local services.
- A further detailed report was provided on the outcome of Care Inspectorate Gradings for registered care homes for adults and older people as well as other adult services for

2021/22. It was noted that due to the continuing impact of the COVID-19 pandemic and to reduce pressure on care providers over that time, fewer services (18) received an inspection carried out by the Care Inspectorate during the year. Some care services identified as high risk or experiencing a COVID-19 outbreak, received one or more inspections as deemed necessary by the Care Inspectorate (32 inspections undertaken in total). The report noted a mixed picture with half of these being “adequate” grades, 6 either good or very good and 6 graded as weak. The Committee heard about the Health and Social Care Partnership’s contribution to improvement and support to care providers and were provided with assurances around the support provided.

- An updated IJB Risk Register was provided which noted the same higher risks as the previous report in July remained (Staff Resources, Dundee Drug and Alcohol Recovery Service and the National Care Service). Following a review of the risk register, four strategic risks have been archived given their historical nature or having been superseded by new risks (Impact of EU withdrawal, Stakeholders not included, staff perception of integration and uncertainty around future service delivery models). The sustainability of primary care services, highlighted as a risk on the risk register, was given particular attention during the discussion such was the level of concern expressed by the committee. The report was noted.

- The Committee tracked progress of both the Internal Audit Plan and the Governance Action Plan with reports on both of these presented to the meeting.

Pat Kilpatrick
Chair

17 October 2022



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26TH OCTOBER 2022

REPORT ON: MANAGEMENT OF DELAYED DISCHARGES

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB75-2022

1.0 PURPOSE OF REPORT

1.1 This report sets out the actions being undertaken to manage and reduce the numbers of delayed discharges attributed to Dundee Health and Social Care Partnership across hospitals in Tayside. Locally, a RAG matrix has been established which lays out the daily position in relation to delayed discharges and the targets agreed. The current position in relation to complex and standard delays in Dundee is 22 and 33 respectively, totalling 55 with a target of 50 by end of October. In relation to the national Urgent and Unscheduled Care Collaborative, measurement of the Tayside 'Discharge Without Delay' rate is also measured on a weekly basis against a target of 98%. Current performance is 97.7% across Tayside.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the work being undertaken to address delayed discharges
- 2.2 Notes the work of the Urgent and Unscheduled Care Board and the associated change projects.
- 2.3 Notes performance against the Discharge Without Delay indicators remain high at 97.7%.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Investment has been identified from delegated recurring resources to Dundee Health and Social Care Partnership, additional recurring Scottish Government allocations, and National Urgent and Unscheduled Care Collaborative. Where appropriate, these investments have already been incorporated in and reported to the IJB as part of the 2022/23 Financial budget
- 3.2 These recurring investments include £5.5m to support increased capacity and new models of care, £6.5m to meet national policy relating to increased social care pay (to improve social care sector viability and secure longer-term sustainability), and £0.8m to support additional local social care sustainability.
- 3.3 £1m existing resources is to be re-invested in the Discharge to Assess social care model which is currently being reviewed and redeveloped (see section 4.5)

3.4 Non-recurring investments during 2022/23 include £0.6m to support interim and step-down care placements and packages, plus additional funding through Tayside Unscheduled Care Board funding £0.5m for tests of change to further develop team capacity and discharge pathways.

3.5 There are no additional financial implications as a result of the known and planned investments.

4.0 MAIN TEXT

4.1 The continued focus of strategic planning in Dundee remains the development of integrated, multidisciplinary services in community settings in order to shift the balance of care away from acute hospital and institutional settings towards a more community facing whole system pathway of care. While this strategy had proven itself effective prior to the pandemic, the recent combination of staff absence and turnover, increased demand and acuity have been challenging.

4.2 Availability of social care is the biggest challenge in relation to both complex and non complex delays. For a significant number of those delayed, the ability to source support packages is an ongoing challenge. This mainly surrounds internal and external care providers struggling to recruit and retain the level of staffing required. There has been a 23% increase in demand for social care services since August 2021. As at April 2019, DHSCP was providing 19,133 hours of social care per week across both inhouse and commissioned services. In the 2 years since then provision has risen by approximately 2000 hours per week. This is a broader issue within social care both locally and nationally.

4.3 In relation to adults with learning disabilities and mental health difficulties there are a number of additional challenges. One of the new housing developments was delayed prior to Covid and this has continued due to building/developer issues. There are a number of specific individuals who present differently within the community compared to within a ward environment. This can lead to challenges in sourcing residential type care both locally and across Scotland.

There is the acknowledgment locally that we require to consider developing our own provision for a specific group of individuals that have complex and challenging behaviours. A local build of a new model of support for 3 people with complex and challenging behaviour has been awaiting development since before the pandemic. The model was developed through a multi-disciplinary assessment process and it is anticipated that similar developments could be commissioned Tayside wide into the future. The model provides the benefits of a housing model but incorporates communal areas, and will be staffed by a health and social care multidisciplinary team.

4.4 Of the 22 patients currently coded as complex delays, 13 fit within the mental health or learning disability category described above. The others are delayed almost exclusively as a result of ongoing Adults with Incapacity legal processes and are accommodated out with the acute hospital. Whilst Adults with Incapacity delays remain higher than they have previously been, this continues to constitute a significant improvement both in terms of number of people and bed days lost, due to the ongoing impact of previous improvement work.

4.5 A number of actions are in place to support improvement in our delay position. These support the overall strategic intentions to shift the balance of care and support people in their own homes with integrated Multidisciplinary teams. While at times a hospital admission will be required discharge planning should start at the beginning and not the end of their stay.

Development of the existing Discharge to Assess service to create a Home First social care service which supports early discharge from the acute hospital for completion of assessment in a community setting, as well as providing care to support clinical interventions in the community as an alternative to admission. When first tested in 2018, this approach demonstrated both significant reductions in delayed discharges and improved patient outcomes and experience.

- 4.6 Continue to roll out the Planned Date of Discharge policy across all ward areas to promote good discharge planning practice and encourage improved multidisciplinary working. A member of staff has been seconded to deliver training in each ward area, incorporating use of the Trakcare patient management system, good practice in multidisciplinary working, and support for ward areas to identify their specific developmental needs in relation to this.
- 4.7 Continue to develop a Tayside wide approach to discharge planning with the Dundee Discharge Team facilitating discharge for all patients in Dundee hospitals regardless of their home location.
- 4.8 Continue to promote the embedding of discharge coordinators within ward areas as a means of further promoting multidisciplinary working which is underpinned by locally agreed good practice principles.
- 4.9 Developing tests of change which promote increased morning discharges thereby creating additional capacity across inpatient settings.
- 4.10 Reinstate weekend working within the Discharge Team following covid contingency measures, as a means of supporting discharge planning across seven days. Across Tayside, 25% of our discharges are already taking place over the weekend which is significantly higher than the current national average.
- 4.11 Continue to develop the Transitions Team based at the front door assessment area of the acute hospital which provides rapid functional assessment by an occupational therapist and which is then followed up at the point of discharge by the same professional into a community setting.
- 4.12 Continue to offer interim care home placements to any patient delayed in hospital awaiting social care provision. In addition, 8 intermediate care beds are available for Older People Psychiatry in Turriff House, and a further 6 beds for step down from hospital for older people in Menzieshill House.
- 4.13 Continue to develop improved pathways in line with the National Urgent and Unscheduled Care Collaborative.
- 4.14 Relaunch existing Enhanced Community Support Team as multidisciplinary cluster focussed team including Transitions Team, Home First and Hospital at Home.
- 4.15 Alignment of inpatient geriatric consultant workforce to the four General Practice Clusters.
- 4.16 Recruitment to 2 additional support workers, and 2 additional Advanced Nurse Practitioners to coordinate and provide clinical leadership for the community multidisciplinary cluster focussed team.
- 4.17 Relaunch of community urgent care service incorporating all of the above cluster focussed services as the renamed Dundee Enhanced Care at Home Team. A further report will be prepared which provides more detail on this development.
- 4.18 Action plan in place to improve social care availability.
- 4.19 Additional investment in social care combined with a detailed action plan to address the capacity challenges which includes recruitment, retention, embedding of fair work principles, redesigning the front door to ensure people get the right support at the right time and work to establish multidisciplinary community teams.

5.0 COMPLEX DELAYS SPECIFIC TO MENTAL HEALTH AND LEARNING DISABILITY

- 5.1 Ongoing commissioning arrangements with both accommodation and support providers to address the complex and long term needs of these service users.

There has been significant improvement work undertaken across the whole system around pathways in and out of hospital care. A whole system capacity and safety huddle is now in operation, which centres around a Mental Health Command Centre dashboard. The dashboard provides real time patient movement and service capacity.

The development of a Mental Health Discharge Hub in Dundee during 2020 has served to strengthen support for people when they are discharged from hospital. A multi- disciplinary pathway approach, as part of our overall CMH provision, continues to be taken. The Hub was developed following learning gained from adverse events reviews, which highlighted the increased risk to people in the immediate weeks following a hospital stay

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

No risk assessment required as report for information only.

8.0 CONSULTATIONS

- 8.1 The Chief (Finance) Officer and the Clerk were consulted in the preparation of this report.

9.0 DIRECTIONS

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

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

10.0 BACKGROUND PAPERS

- 10.1 None.

Vicky Irons
Chief Officer

DATE: 28 September 2022

Lynne Morman
Associate Locality Manager



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26 OCTOBER 2022

REPORT ON: DUNDEE AND ANGUS STROKE REHABILITATION PATHWAY REVIEW

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB78-2022

1.0 PURPOSE OF REPORT

1.1 This report provides the Integration Joint Board (IJB) with an update of progress made to redesign the Dundee and Angus Stroke Rehabilitation Pathway, previously reported to the IJB in report DIJB44-2021 on 25 August 2021. The development of the pathway emphasises the support and commitment to delivering effective, high quality, specialist care within the community setting.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the redesigned service delivery and financial model of the Inpatient Dundee and Angus Stroke Rehabilitation Pathway as outlined in this report.
- 2.2 Notes the transition of the stroke rehabilitation inpatient beds from Angus to Dundee with establishment of a person centred, stroke specific community rehabilitation pathway which aligns to the national Progressive Stroke Pathway and Tayside patient feedback.
- 2.3 Notes the decommissioning of Ward 7 Stroke at Stracathro Hospital (10 beds)
- 2.4 Note the developing plans for the community-based model to be brought to the IJB in February 2023.

3.0 FINANCIAL IMPLICATIONS

3.1 The financial modelling for the preferred option of the new stroke rehabilitation inpatient bed pathway estimates a resource release of around £0.4m in a full financial year.

- 3.2 Detailed workforce modelling has progressed with relevant teams to understand and refine the actual workforce models and the financial implications have been updated to reflect a revised reduction in costs of £0.437m, with these resources being shared across the relevant Directorates / IJBs as detailed in Table 1 below.

Table 1

Financial Implications	Position Reported August 21		Updated Position October 22	
	wte	FYE £'000	wte	FYE £'000
Operating Costs				
Total Revenue Operating Costs	68.80	3,700	68.32	3,714
Revenue Funding	77.88	4,100	77.88	4,151
Resource Released	9.09	400	9.57	437
Distribution of Resource Released				FYE £'000
Operations Directorate				73
Angus IJB				148
Dundee IJB				216
Total				437

- 3.3 Work is ongoing via the multidisciplinary Project Implementation Group to progress the workforce and financial plan for phase 2 of the stroke pathway redesign, where it is anticipated that further resource investment into AHP community rehabilitation model will facilitate an inpatient bed reduction through early supported discharge (as noted in 4.2.2). A further report detailing these plans will be brought to the IJB in February 2023.

4.0 CURRENT POSITION

- 4.1 The evolving model of care and rehabilitation is to be presented to the IJB's in two linked stages outlining how we will deliver this:
1. October 2022 IJB: In patient bed model with full workforce and financial plans to complete the process of the consolidation of in-patient beds within RVH.
 2. February 2023 IJB: Community based workforce and financial plans.

These stages have been drawn up in line with the Tayside Stroke Rehabilitation Framework.

- 4.2 The multidisciplinary Project Implementation Group continues to meet every two weeks and progress is under the relevant workstreams outlined below:

4.2.1 Workforce:

Medical, Nursing and AHP workforce plans have been finalised based on the new In-Patient service model

As part of the organisational change process, transition of roles is now complete for all Nursing and Allied Health Professions (AHP) staff previously located in Stracathro Stroke Unit. It is important to acknowledge that the recruitment and retention challenges remain for AHP, Nursing and medical recruitment.

4.2.2 **Rehabilitation pathways:**

The review of the Dundee and Angus stroke rehabilitation pathway recommends a community-based rehabilitation model with a single inpatient stroke rehabilitation unit (30 specialist inpatient beds) for the Dundee and Angus population based in Royal Victoria Hospital in Dundee. The next phase of the pathway development will enable the release of resources to be reinvested into the community setting so patients can receive earlier stroke specialist rehabilitation at an appropriate frequency and intensity either in their own homes or in an outpatient setting.

The Royal College of Physician Stroke guidelines give recommendations for stroke rehabilitation care based on high quality evidence or on expert opinion where research evidence is lacking:

- Hospital in-patients with stroke who have mild to moderate disability should be offered early supported discharge, with treatment at home beginning within 24 hours of discharge.
- An early supported discharge team should care predominantly for people with stroke and should provide rehabilitation and care at the same intensity as would be provided if the person were to remain on a stroke unit.
- People with stroke should accumulate at least 45 minutes of each appropriate therapy every day, at a frequency that enables them to meet their rehabilitation goals, and for as long as they are willing and capable of participating and showing measurable benefit from treatment.

The Dundee and Angus stroke pathway aims to offer those patients with mild to moderate stroke all of their stroke specialist rehabilitation in the community setting where clinically safe to do so. This would be offered at the same intensity and frequency as hospital-based stroke rehabilitation initially and thereafter at an appropriate intensity and frequency to achieve their goals. For those receiving their rehabilitation in the hospital setting, the Dundee and Angus stroke pathway aims to offer stroke specialist supported discharge to support an earlier return to the community setting to complete their rehabilitation and achieve their best life after stroke. The community AHP services will each formulate their own profession specific rehabilitation timetable to meet the patient goals.

We are continuing to develop and test new ways of working with the third sector and delivery models are progressing for the Neurological and Stroke Hub (NASH) to support patients and their families after hospital discharge and those living with stroke in the community setting. Feedback received to date through the consultation and test of change sessions has been very positive and progress is ongoing to expand further and improve accessibility and local delivery across the Angus and Dundee localities.

4.2.3 **Communication and engagement:**

Previous papers to the IJB have referenced significant communication and engagement activities with staff and people with lived experience of stroke.

4.2.4 **Quality / Patient Care:**

Providing non-acute specialist Stroke Rehabilitation Services on one site has ensured we can deliver safe, effective, high quality, person-centred care; and people, irrespective of age, have equitable access to high quality Stroke Rehabilitation. This has also ensured adequately staffed clinical teams can offer specialist in-patient Rehabilitation Services, to enhance optimal recovery and earlier discharge from hospital.

Further investment in the stroke community rehabilitation services is expected to demonstrate a positive impact on length of stay and delayed discharge. A regular review of the data is ongoing.

An impact-based assessment will be carried out to evaluate the impact of the early supported rehabilitation on inpatient bed numbers/rehabilitation waiting times/length of stay/staff and patient/carer feedback /patient outcomes.

We will work closely with other services to develop their teams to support patients receiving their rehabilitation in the community setting e.g. home care services, community nursing.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK

Risk 1 Description	Issues with the recruitment and retention of required workforce to deliver Specialist Stroke Rehabilitation Care.
Risk Category	Workforce
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (High Risk)
Mitigating Actions (including timescales and resources)	There is a rolling recruitment programme, working across the whole pathway to consolidate recruitment and retention. Consideration for rotational roles.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the level of risk inherent in the existing structure, this is manageable with the ongoing mitigation.

Risk 2 Description	Risk around increasing numbers of patient presenting with stroke. Scottish stroke care audit data demonstrates an increase of around 20%. This increase within Tayside is reflective of data across Scotland.
Risk Category	Operational
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Mitigating Actions (including timescales and resources)	Development of the community based care and the NASH will help discharges to be facilitated and enable capacity and flow to be managed
Residual Risk Level	Likelihood 3x Impact 2 = Risk Scoring 6 (Moderate Risk)
Planned Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the level of risk inherent in the existing structure, this is manageable with the ongoing development of community based services.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

8.1 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:	
(Direction agreed August 2021, no new direction required)	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

Vicky Irons
Chief Officer

DATE: 3 October 2022

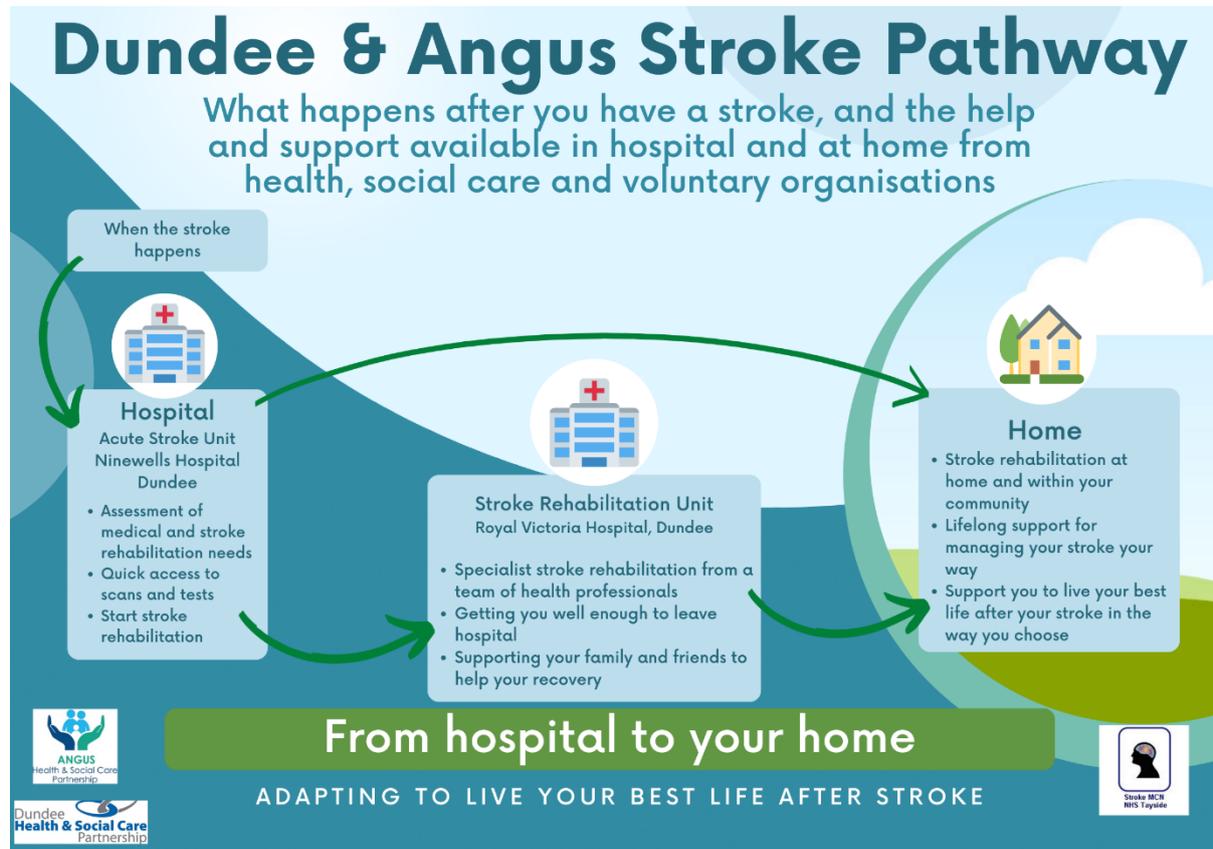
Fiona Barnett Associate Locality Manager,
Lynne Morman Associate Locality Manager

List of Appendices:

Appendix 1 – Pathway Overview Infographic

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Appendix 1



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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26 OCTOBER 2022

REPORT ON: DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB77-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Improvement Plan for 2021/22 and seek approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2022/23.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress to implement the Dundee Primary Care Improvement Plan 2021/22 (attached as Appendix 1) and the key achievements as described in 4.3.3.
- 2.2 Approves the proposed actions for Dundee Health & Social Care Partnership for 2022/23 as described in Appendix 1 and notes the proposed allocation of funding as detailed in Section 3.
- 2.3 Notes the updated funding position from Scottish Government for 2022/23 and intended use of Reserves during 2022/23, as detailed in Section 3
- 2.4 Notes that aspects of the Plan were not fully implemented by March 2022, and that practices will receive transitional payments for services they are still delivering.
- 2.5 Instructs the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1.
- 2.6 Notes the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund as noted in Section 4.2.
- 2.7 Instructs the Chief Officer to provide a further report on progress made in the forthcoming year of delivering the Dundee Primary Care Improvement Plan to a future IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 Funding for delivery of the Dundee Primary Care Improvement Plan (PCIP) (the Dundee Plan) for 2021-2022 was agreed by the IJB in 2021 (Article VII of the minute of meeting of 25 August 2021 and report no DIJB40-2021 refers). There has been an increase in delivery and spend in year 4 (2021/22), however this was still lower than planned, in part due to the impact of the pandemic, and part workforce and premises issues. The actual spend is detailed in Table 1 below.

Table 1 2021/22 spend against allocation

	<i>Approved PCIF Allocation</i>	Actual Funding / Expenditure
	£'000	£'000
SG Allocation*	4,716	4,728
Plus B/F underspend	2,173	2,173
Forecast Expenditure -		
VTP	378	220
Pharmacotherapy	829	589
CT&CS	1,078	890
Urgent Care	781	377
FCP / MSK	420	359
Mental Health	280	126
Link Workers	210	192
Other	534	201
Total	4,509	2,955
Year End Carry Forward	2,380	3,945

*After receipt of locally agreed inter-IJB reallocation of funding from Angus IJB and Perth & Kinross IJB

- 3.2 During the 4 years of the Primary Care Improvement Plan, the individual work stream areas have developed at a varying pace, however all areas can demonstrate an increased investment during the period, as highlighted in Table 2 below

Table 2 Year-on-year comparison of annual spend

	2018/19	2019/20	2020/21	2021/22
	£'000	£'000	£'000	£'000
VTP	76	157	171	220
Pharmacotherapy	208	352	494	589
CT&CS	50	355	772	890
Urgent Care	43	125	241	377
FCP / MSK	0	150	255	359
Mental Health	6	81	157	126
Link Workers	0	153	192	192
Other		88	247	201
Total	383	1,461	2,528	2,955

- 3.3 The development of the Dundee Plan and the associated financial plan for 2022/23, as well as the recurring cost of this plan, are summarised in Table 3 below. These figures continue to be refined as learning is gained from the tests of change that are taking place and the models being developed, along with dynamic reviews of skill-mix where recruitment challenges are being experienced. Table 3 details the anticipated funding allocation for 22/23 and current year cost of the plan, along with indicative spend in 2023/24 and expected recurring expenditure. The 22/23 costs include non-recurring elements which are either one off projects to support this work or may be required longer term for which other funding will need to be identified, such as through redesign of current services. Forecast expenditure for 2022/23 includes a provision for assumed pay award uplift. These plans have had to be rapidly reviewed given the Scottish Government Allocation letter received in August as noted in 3.4 below.

Table 3 Proposed 2022/23 Financial Plan

	2022/23 Planned Spend	Indicative 2023/24 Spend	Indicative Full Year Cost (Recurring)
	£'000	£'000	£'000
Assumed SG Allocation *	1,150	5,095	5,095
Utilisation of b/f Reserves	3,945	0	0
Forecast Expenditure -			
VTP	437	437	437
Pharmacotherapy	842	1,131	1,131
CT&CS	1,383	1,661	1,661
Urgent Care	749	1,019	1,019
FCP / MSK	427	507	507
Mental Health	228	300	300
Link Workers	220	220	220
Total	4,292	5,275	5,275
Strategic Earmark / Contingency	500	250	250
Additional Non-Recurring			
Additional FCP/MSK		128	
Digitalisation of paper GP records	200		
Other **	401	411	tbc
Total	601	539	0
Assumed in-year slippage	-298	To be reviewed	To be reviewed
Projected Total Annual Spend	5,095	6,064	5,525
In Year (Over)/Underspend	0	-965	-426

*Including receipt of locally agreed inter-IJB reallocation of funding from Angus IJB and Perth & Kinross IJB

** Expenditure levels being reviewed and alternative sources of funding being sought

3.4 The Scottish Government Allocation letter was issued on the 11 August. There was a commitment to the £170 million nationally but this envelope would include reserves held by Integration Authorities for Primary Care Improvement Fund (PCIF). They will also make two in year allocations on a 70:30 basis with the second tranche allocated based on confirmation of latest spend and forecasts in November. The letter reinforced the need to deliver all of the priorities within the MOU but that particular focus should be on Pharmacotherapy, CT&CS and vaccination transformation programme.

3.5 Additional points within the letter include:

- VTP is largely moved from general practice and this should allow PC Improvement Plans to intensify their focus on other transformational activity
- In relation to the introduction of Mental Health and Wellbeing in PC service programme (and funding, which is not yet confirmed) partnerships are requested to use additional funding to build on existing investment from PCIF and other funding streams, to create capacity
- Criteria have been broadened so that investment can be used beyond developing MDT staff to include a wider range of costs, such as premises, training, digital, and fixed term contracts and redesign and change management, if agreed with the GP Sub-Committee.
- Scottish Government will ensure additional funding is available to apply agenda for change uplifts and ensure the fulfilment of the terms of the MOU2. Any further investment will be subject to joint assessment and benefits case at each annual budget round.

3.6 The impact of this change is that we had anticipated receiving £4.8million this year but because of the level of PCIF reserves there will be no allocation in the first tranche and it is

unclear what the second allocation will be. A number of areas of care had been progressed using the underspend and additional areas were planned for this year, which would help to progress the overall plan with an aim to try to “catch up”. As noted in previous reports recruitment has been the key reason for slippage, which is similar across many of the boards away from the central belt. These workforce challenges remain, although key areas are improving. The current commitment to workforce plans in each area should be progressed but the planned use of non-recurring funds for 22-23 and the planned over commitment for 23-24 using reserves is now being reviewed and potentially impacts on current year recruitment.

- 3.7 A number of potential additional investment opportunities are currently being considered on a Tayside-wide basis to further support Primary Care infrastructure and resources through areas such as premises improvement and IT. A Strategic Earmark has been incorporated into the 2022/23 plan to allow the Dundee Primary Care Improvement Group to progress these plans if regional and local leadership determine the proposals should be approved via existing Governance arrangements (as described in 3.10 and 4.2).
- 3.8 It is anticipated that the impact of the pandemic should be less than in the previous 2 years. However given the current rates, and impact that has had on teams, it has made the current position challenging and may impact this year. It is anticipated that this risk is much less than in previous years.
- 3.9 Recruitment and retention of sufficient staff at the appropriate skill-mix continues to be a significant risk, and this has been a major contributing factor in slippage to date.
- 3.10 The financial management of the Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director, as agreed previously, with the monitoring of this budget overseen by the Dundee Primary Care Improvement Group. The Local Medical Committee remains core to this process and has to agree all plans, including finance.
- 3.11 There remains a short term commitment to support GP recruitment and retention. The anticipated number of GPs in the career start pathway is not yet known so there is a degree of uncertainty around this cost. PCIF is not a long term funding source so other sources of funding are being sought, although no progress has been made with this in the past year. It has been highlighted to Scottish Government as a gap and related risk.
- 3.12 Transitional payments are required to practices for the 3 agreed core areas which should have been implemented by April 2022. Guidance on this has not yet been received from the Scottish Government. Information which was received in 2021 (and was in the previous paper in August 2021) is noted below in table 4 for completeness. It is unclear what the scale of these payments will be or how this will be resourced.

Table 4

Priority Area	Policy Position
Vaccinations	Those vaccinations included in the Additional Serviced Schedule, such as childhood vaccinations and immunisations and travel immunisations to be removed from GMS Contract regulations by 1st October 2021. Where GPs remain involved in the delivery of some vaccinations on 2022-23 this will be covered by a nationally negotiated Transitional Service arrangement
Pharmacotherapy	NHS Boards are responsible for providing a level One Pharmacotherapy service to all practices for 2022-23, with a nationally negotiated Transitional Service arrangement in place where this is not achieved.
Community Treatment and Care Services	A Community Treatment and Care Service must be provided by the Board by 2022-23 with a nationally negotiated Transitional Service arrangement in place where this is not achieved.
Urgent Care	Legislation will be amended so that Boards are responsible for providing

	an Urgent Care service to practices for 2023-24 with recognition this must fit with wider urgent care redesign work regionally and nationally.
Additional Professional Roles	Further work will be undertaken to articulate the 'end point' for the additional professional roles by the end of 2021.

4.0 MAIN TEXT

4.1 Context

4.1.1 The IJB has previously considered papers setting out the context and challenges within primary care (report DIJB51–2017, article IX of the minute of the meeting held on the 19th December 2017 refers) and the implications of the General Medical Services (GMS) contract and related memorandum of understanding (report DIJB9-2018, article IX of the meeting held on the 27th February 2018 refers) and subsequently the plans for years 1-3. The Primary Care Improvements Plans consists of a Tayside wide Primary Care Improvement Plan (the Tayside Plan) which sets out the high level regional and local improvements. This Tayside Plan is expressed locally at a Dundee level through the detailed Dundee Primary Care Improvement Plan (the Dundee Plan). These plans have previously been discussed and agreed with the most recent plan for 21/22 being on the 25th August 2021 (report DIJB40-2021, article VII of the minute of the meeting held on 25th August 2021 refers).

4.1.2 This paper details the progress against the actions set out in year 4 of the Dundee Plan, associated expenditure, and details the proposed actions and spend for year 5 (2022/23). The Tayside Plan, incorporating the Dundee Plan, was approved by each Integration Authority, the Local Medical Committee (LMC) and NHS Board. The Tayside Primary Care Improvement Plan was previously supported and the Dundee plans for years 1 to 4. This report updates these plans and sets out the priorities for implementation in year 5.

4.1.3 The following are the nationally agreed priorities for the primary care improvement plans which started in 2018:

- The Vaccination Transformation Programme (VTP)
- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care (now due 2023)
- Additional professional roles - such as musculoskeletal focused physiotherapy services and mental health
- Community Link Workers (referred to as social prescribers).

4.1.4 The Scottish Government and British Medical Association (BMA) released guidance in December 2020 which reinforced their commitment to delivery of the 2018 GMS contract, but noted that the timeframe had been reviewed with delivery deferred to 2022, other than for urgent care which is deferred to 2023. Subsequent guidance was that 3 areas should be implemented by March 2022 as noted in section 3.12 above.

4.2 Dundee Governance

4.2.1 The Dundee Primary Care Improvement Group (DPCIG) was established in 2018 with a remit to develop the Dundee Plan and take responsibility for implementation going forward. The Tayside General Medical Services Contract Implementation and Advisory Group supports work at a regional level, ensuring sharing of practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board. There are also a number of regional and local sub groups which lead the development of the service areas. Given the breadth of the range of services that sits within this overall context this is broad ranging and a number of these have much wider links.

4.2.2 The financial management of the Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director. The DPCIG has responsibility for

the distribution and monitoring of the use of the Dundee allocation of the Primary Care Improvement Fund. Planning is in conjunction with the GP Sub Advisory Committee, and funding is approved by the Local Medical Committee.

- 4.2.3 Reporting to the Scottish Government continues every 6 months for both financial governance and more detailed progress of delivery.

4.3 Progress

- 4.3.1 Overall there has been significant progress in year 4 with most of the 7 work streams, however some work streams, such as mental health, have reduced due to challenges with recruitment and retention. The annual expenditure for each work stream is shown in table 2 above (section 3.2)

- 4.3.2 The use of technology, such as video consultations and via phone, has continued with many services still using these as part of service delivery. However there has been an increasing return to face to face appointments for many services, especially more recently.

- 4.3.3 The progress against all the key areas is outlined in Appendix 1. Key achievements include:

- There has been further shift of vaccinations as part of the Vaccination Transformation Programme. The extended adult flu programme in 2021/22 was delivered jointly with NHS Tayside, Dundee HSCP, with all practices supporting the delivery. However more of the programme was delivered centrally than in the previous year, alongside Covid vaccines. The centralised team also vaccinated staff, residents in nursing homes, and those who are unable to travel to a vaccination centre. Shingles and pneumococcal vaccines have also now moved to the central vaccination teams, along with less frequently administered vaccines like tetanus.
- The First Contact Physiotherapy (FCP) team who assess for musculoskeletal issues work across all 4 clusters and have since the start of the pandemic. The team have also continued to predominantly deliver via phone or video consultations but have now moved back to a mixed model including increasing face to face assessments. There was agreement to additional posts as demand for FCP far exceeds the current capacity but these posts remain unfilled as unable to recruit. A recent review of the service across Tayside has identified a number of areas for development and change.
- The Pharmacy Locality Team continues to provide a lot of support to practices. A number of changes and developments are outlined in appendix 1. Again recruitment issues, especially for qualified pharmacists, have impacted on the developments that have progressed with a limited amount of new capacity in the past year.
- The Care and Treatment Team have continued to develop their role and provide a wider range of support, in more locations than previously. However limited space continues to create a limiting factor for recruitment of staff. All areas of the contract that were seen as core roles are now in place, however there are only around 50% of bloods samples able to be taken by the team so that the requirement to shift this work by March was not met. It is of note that many practices also wish to retain elements of this internally for a range of reasons. There have been delays with appointments at times especially for ear care. This was due to high demand as practices have not delivered this for the past 2 years.
- The Urgent Primary Care Team continues to expand and develop. A lead ANP is now in post as well as a nurse consultant, and a number of trainee and qualified ANPs have been recruited. The team are developing to have an integrated care home and home visiting team, aligned with clusters. There is however still limited support for practices and not all practices are yet involved. The increased senior capacity will allow more training posts to be developed. The trainee and advanced paramedics who were withdrawn by Scottish Ambulance Service at the start of the pandemic will be part of the model going forward, with an anticipated start date for early autumn.
- The Patient Assessment and Liaison for Mental Health Service (PALMS), led by the psychology team, has had significant staffing challenges in the past year with a consequent reduction to the number of practices with this support. The model is being developed to include mental health nurses as a component of the delivery and these posts have been successfully recruited to in the last few weeks (although not all staff

have started.) This will mean that by the end of 2022 all practices should have the service.

- The Social Prescribing Link Workers have been able to continue to support all practices. A number of tests of change have been undertaken to develop how the team work with people and practices as outlined in the appendix. Referrals are not yet back to pre-covid levels but are increasing.
- 4.3.4 Additional funding allocated to Dundee HSCP for Mental Health and Wellbeing in Primary Care is anticipated from the Scottish Government. However this funding has not yet been confirmed and plans submitted to the Scottish Government are awaiting approval before additional work can progress. This funding will increase over the next 3 years. This is being developed along with Primary Care Improvement Funds and Action 15 mental health monies. The PALMS service and social prescribing link workers are very much a key part of a primary care model.
- 4.3.5 Workforce recruitment, retention and development has impacted on a number of services as noted above and in previous years reports. This has had a significant impact on both delivery and spend.
- 4.3.6 Suitable clinical space has continued to impact on service delivery. Covid restrictions reducing recently is starting to help a bit. A number of projects are underway including Broughty Ferry Health Centre and McKinnon Centre, and back scanning of paper notes to create space in practices. A number of practices also received funds to allow space development through Scottish Government improvement funds, which was managed by the HSCP. The recent closure of Ryehill medical practice has allowed a number of the services noted here to start delivery in that area to provide local access.
- 4.3.7 The constraints of physical buildings for a number of services will impact on the pace of development over the coming years. There is also considerable interest from other teams, particularly in secondary care, of using care and treatment services to deliver aspects of care locally for people. There is broad support for this intention but there is currently not space, or resource, to progress this significant shift in workload from secondary care and specialist teams. It would require budget transfer to allow this to progress and significant infrastructure development and investment. The initial phase of a Dundee Primary Care Premises Strategy is underway, and will lead to a more detailed analysis of longer term requirements. Staff resource to support this work is being reviewed.

4.4 Plans for 22/23

- 4.4.1 Work stream leads have been developing their plans and this is reflected in Appendix 1 in the detailed plans. Any further waves of Covid will impact on these plans.
- 4.4.2 Plans in Dundee are evolving and are outlined in Appendix 1, with the current estimate of costs. Key aspects of this include:
- The transfer of vaccinations from general practice to the NHS Tayside vaccinations teams is now complete, although this will be the first year where practices have not been involved in the flu programme. Flu will be delivered alongside the covid vaccinations from September onwards, in a phased way, linked to age.
 - Care and treatment services are reviewing a number of pathways. The increase in phlebotomy services is dependent on further recruitment and space being available
 - For pharmacotherapy consolidating new posts and developing the teams who have had significant change. Development of the hub model will, if aligned with additional recruitment, allow further areas of care to move to the service.
 - The change to the model within urgent care to have an integrated care home and home visiting team will be tested and rolled out across practice as capacity of advanced practitioners, from a range of professional backgrounds, allows. .
 - First Contact Physiotherapy Service will progress a number of changes to the service to provide care, including self care where appropriate, in a range of ways and settings.

- The Link Worker team will continue to support practices while embedding new roles and ways of working with practices.
- The PALMS service will develop a refreshed model with nurses as key to the service delivery. This will be evaluated as it develops and rolls out across practice in the coming months.

4.4.3 Further information is awaited from the Scottish Government in relation to a revised MOU to clarify expectation and the financial impact of transitional payments to practices being funded for those services not fully transferred.

4.4.4 The developments within information systems for PCI teams have been positively received. The planned GP IT reprovisioning has started and will roll out across Tayside in the next 12 months. The system changes also provide opportunities for Vision Anywhere to be more integrated with practices and improve communication as new functionality becomes available. There will also be enhanced reporting of outcomes.

4.4.5 NHS Tayside communications team have supported the development of information to increase awareness of the public of the evolving nature of teams linked to general practice. However the level of knowledge and understanding of these new services is still limited and requires a greater focus. Surveys of practice staff, service staff, and people receiving care have been undertaken recently. The data has not yet been collated but staff and patients surveys both had a high rate of response. These findings, once available, will be key to influencing plans for the coming year.

4.5 Next Steps

4.5.1 The Primary Care Improvement Group will continue to support and monitor the development of the programme and its impact. Plans will be progressed on the assumption that there will not be a significant impact of Covid, beyond what is already known, and this will be revised if required. Actions will be progressed as outlined in Appendix 1 to implement the plan.

5.0 POLICY IMPLICATIONS

5.1 This report has not been screened for any policy implications in respect of Integrated Impact Assessment. More detailed assessments will be part of each service development.

6.0 RISK ASSESSMENT

6.1 Risks 1 – 3 were identified in 2018 and remain current with risk 4 added in 2020 and risk 5 in 2021. There has been some change in risk and mitigating actions. More detailed operational risks will be identified and managed within each service in more detail and managed by the Dundee Primary Care Improvement Group.

Risk 1 Description	There is a significant risk that Dundee may not recruit or develop the workforce to deliver all of the commitments in this plan given the scale and breadth of the plan. This applies across a number of professions, including pharmacy, nursing (advanced nurse practitioners) and mental health practitioners. This will directly impact on the delivery of services described.
Risk Category	Workforce, operational
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	All services are planning with this risk at the forefront and looking to maximise skill mix as much as possible to reduce this. Longer term national work to provide increased undergraduate training will support this but not within the timescales of the year plan. The most significant risks currently are with the pharmacy team and advanced practitioners with key risks to both areas of not meeting

	deadlines.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 2 Description	There is a risk that we will have inadequate infrastructure to support the delivery of the Plan, both in terms of IT infrastructure and systems, and buildings/premises. This risk remains but the premises risk is now greater than the IT risk as a number of aspects of the IT issues have been resolved. The risk regarding lack of suitable premises remains.
Risk Category	Technological, Environmental, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	The IT infrastructure has been positive and is either in place or in the process of being rolled out, with a small number of exceptions where some systems are not able to be adapted for the context of this work. This reduces the risk for IT and data. Some space has been able to be identified and a number of projects are underway that will create small amounts of additional space. This is not always in the most desirable locations in terms of patients' access.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 – High
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9 - High
Approval recommendation	This risk should be accepted.

Risk 3 Description	There is a risk that the finance allocated via the primary care improvement fund will not adequately meet all the costs to implement the plan, and that resource will have to be identified from other sources, or services will need to be smaller than anticipated. The risk levels are unchanged since the last report. There is a related risk linked to underspends noted below.
Risk Category	Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	Other sources of funding will be identified as opportunities arise. Finance is a key component of planning and ensuring the most cost effective models are progressed. Where models with variation in costs are tested in different parts of Tayside there will be a judgement made as to cost effectiveness of these models prior to roll out.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 4 Description	The current Covid-19 pandemic has delayed aspects of implementation of the PCI plan locally and when combined with recruitment and infrastructure issues has led to key services not being in place by March 2022, and therefore transitional payments being required in 22/23.
Risk Category	Operational, Political, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	There are limited actions that can be taken at this time point to reduce this risk given the uncertainty of the future occurrence of the coronavirus and the ongoing competing demands for both clinical and managerial capacity.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring -12 - High
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 5 Description	Delays with implementation mean there is a financial underspend which has increased due to further delays with recruitment and in some cases finding appropriate space. This creates a political and reputational risk at a time when general practice teams are under huge pressure, and where there is an increasing demand on these teams due to supporting care while waiting for secondary care input. This also means that transitional payment to practices will be required this year and no budget has been identified for this. A number of short term projects have started and others are being considered. The change of approach by the Scottish Government to underspends means that the flexibility in use of the funding and the ability to use broader criteria (as outlined in the allocation letter) is now very limited.
Risk Category	Operational, Political, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	Increasing numbers of staff who can be recruited beyond the recurring budget on a short term basis will allow expansion of teams to support the wider primary care team and capacity. Longer term funding shifts will be required to sustain this longer term which would create pressure. An ability to commit beyond the budget, but noting the likely slippage and turnover, allows the budget to be optimised and minimise the risk of funding being reduced in forthcoming years, noting there is likely to be in year slippage linked to recruitment and turnover of staff..
Residual Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

7.1 The Clinical Director, Chief Finance Officer, Head of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. The Dundee Primary Care Improvement Group has developed the paper at appendix 1.

8.0 DIRECTIONS

8.1 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

9.1 None.

Vicky Irons
Chief Officer

DATE: 30 September 2022

Shona Hyman
Senior Manager
Service Development & Primary Care
Dundee HSCP

David Shaw
Clinical Director
Dundee HSCP

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB40-2021
2	Date Direction issued by Integration Joint Board	26 October 2022
3	Date from which direction takes effect	26 October 2022
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes – DIJB45-2018, DIJB33-2019, DIJB36-2020 and DIJB40-2021
6	Functions covered by direction	Specific actions relevant to NHS Tayside in the Tayside Primary Care Improvement Plan and Dundee action plan.
7	Full text of direction	Dundee IJB directs NHS Tayside to implement, with immediate effect, the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan (Appendix 1).
8	Budget allocated by Integration Joint Board to carry out direction	The provision of premises and the implementation of IT systems by NHS Tayside as required by this Direction are not specifically funded from the IJB/PCI budget.
9	Performance monitoring arrangements	Performance will be reviewed on a regular basis, (currently 2 monthly,) by the DPCIG
10	Date direction will be reviewed	March 2023 (or earlier if required).

Commitment	Actions Delivered 2022-23 (or expected to complete)	Comment	Lead Officer	2021-22 Spend (£k)	Actions to be Delivered 22-23	Proposed Spend 2022-23 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
1. Vaccination Transformation Programme (regional approach)	<p>Actions completed Vaccine Transformation plans are now complete and in place for all vaccinations. Pneumococcal, shingles, flu and out of schedule vaccinations are being delivered by the Public Health led Tayside Adult vaccination service.</p> <p>Actions partially completed The travel vaccination service is currently being provided by Tayside Adult vaccination teams on an interim basis.</p> <p>Actions outstanding Whilst a Service Level Agreement has been negotiated and in place with local Community pharmacies. The delivery of travel vaccines will not transfer to commence in Pharmacies until June when the national Vaccination Management Tool will be amended to include travel vaccines.</p>	<p>Significant progress made following successful extended flu and covid vaccine programmes in 2020/21</p> <p>CLO letter now received confirming extended flu programme for 2022/23</p>	Daniel Chandler Immunisation Co-ordinator	£220k	<p>Continued recruitment and retention of permanent vaccination workforce. Ongoing property review and sourcing of premises when leases expire or not renewed.</p> <p>Deliver backlog of pneumococcal and Shingles vaccinations commencing May 2022 with view to catch up before winter flu campaign commences in September.</p> <p>Deliver extended flu programme for 2022/23 maximising opportunity for co-administration with covid winter vaccination programme</p>	£437k (but travel vaccines not yet finalised)	Current risks surrounding extension of existing premises and continued use of HCSWs for vaccination workforce if protocol no longer valid post pandemic status.
2. Pharmacotherapy Services	<p>Actions completed Hub model for level one service has been</p>	Two hubs are now in place with a third planned.	Elaine Thomson / Jill Nowell	£589k	<p>Set up 3rd hub.</p> <p>Continue to progress with</p>	£842k	Recruitment remains an issue and is unlikely to

<p>(regional approach)</p>	<p>developed and tested</p> <p>Pharmacotherapy assistants have been appointed are currently in training.</p> <p>Actions partially completed Attempts to recruit staff have continued but with very limited success despite advertising a range of posts.</p> <p>Implementation of education and training frameworks for technicians has been partially successful. Some pharmacists have been supported to undertake independent prescribing course.</p> <p>Actions outstanding While the career start programme has been developed only one pharmacist was appointed and they subsequently went on maternity leave so no progress.</p> <p>No progress made in managing expectations of practices and defining what of pharmacotherapy is realistically deliverable.</p>	<p>Suitability of space remains an issue with one hub located in a shared office space which is far from ideal.</p> <p>SG funding to support training of pharmacy technicians has resulted in two trainee technicians in Dundee but this is placing additional pressure and strain on the pharmacy team</p>			<p>career start programme.</p> <p>Define educational pathway for both pharmacists and pharmacy technicians in Primary Care and develop plan to support implementation.</p> <p>Work with GP colleagues to develop systems and processes to manage interface communication and support workflow management in GP practices to utilise skill mix of GP and practice pharmacy teams appropriately.</p> <p>Define proportion of pharmacotherapy service that is realistically deliverable given recruitment issues.</p>		<p>improve as nationally, and across all sectors of pharmacy, there is a shortage of suitably qualified pharmacists and pharmacy technicians. It is highly likely that any vacancies will not be filled.</p> <p>Increasing demand on the service from both workload and to support training of pharmacists and technicians is resulting in low morale and job satisfaction with the risk that more staff will leave the service.</p> <p>Given current staffing capacity full delivery of the GMS contract was not by April 2022 and practices will be eligible for payments as a result of this. Transition payment guidance from the SG not yet received.</p>
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<p>3. Musculoskeletal (MSK) Services First Contact Physio</p>	<p>Actions completed</p> <p>FCP stakeholder feedback collected and reviewed; acknowledgement that mainstream MSK service and an MSK self referral system integral to success of FCP within primary care</p> <p>Actions partially completed</p> <p>Funding agreed for further FCP recruitment to increase capacity and reduce variation in number of clinics released per week. Recruitment of further FCP clinicians is a challenge nationally.</p> <p>Accurate data collection to review impact of FCP on other parts of the MSK pathway / service and on GP appointments. MSK waiting lists have increased during Covid, coupled with significant staff vacancies it will take some time to re-establish the required capacity</p> <p>Actions outstanding</p> <p>Data collection to determine number of MSK presentations in primary care and who is appropriate for FCP / GP / ANP / Self Management.</p>	<p>Demand continues to exceed capacity of service.</p> <p>Mainstream MSK capacity reduced in order to provide increased flexibility / cover for high levels of unexpected short term absence (sick leave / covid leave).</p> <p>Recruitment to Highly Specialist Physiotherapy roles has remained challenging and is a national issue.</p> <p>FCP capacity impacted by removal of MATS self referral service and virtual first model (25% of patients currently utilising virtual then in-person appointment).</p>	<p>Matthew Perrott, Integrated Manager (Occupational Therapy & Physiotherapy – Outpatients)</p>	<p>£359k</p>	<p>Prioritise and implement actions from recent Tayside FCP stakeholder event.</p> <p>Confirm accommodation within primary care settings for FCP Hubs across city.</p> <p>Return to in-person appointments as default to avoid appointment duplication and increase capacity, patient & staff satisfaction and reduce DNA's linked with telephone calls. Option of virtual appointment will remain to ensure accessibility of service.</p> <p>Establish FCP role in extended Primary Care MDT. Clinicians to attend regular cluster meetings to improve communication links and work with practices to ensure appropriate use of the FCP service.</p> <p>Qualitative patient experience survey to evaluate and influence development.</p> <p>Data collection to determine number of MSK presentations in primary care and who is appropriate for FCP / GP /</p>	<p>£427k plus £128k</p>	<p>Lack of capacity to meet demand from GP practices.</p> <p>The evolving role of practice reception staff as care navigators is key to effective utilisation of the FCP service.</p> <p>There is still no mechanism to record to EMIS directly</p>
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	<p>Qualitative patient experience survey to evaluate and influence development.</p> <p>Outcome manager reporting within Vision continues to be progressed by Digital Directorate.</p>				ANP / Self Management.		
<p>4. Mental Health Services</p> <p>PALMS - Dundee</p>	<p>Actions completed PALMS has recruited two Band 6 CMHN posts (Action 15 monies) working across three practices, demonstrating importance of increased skill mix and appropriate competencies to support further roll out of PALMS. This test of change supported the move towards recruitment of more Band 6 CMHNs. It highlighted that Band 7 CAAPs do not hold appropriate competencies to hold this post.</p> <p>Brief Interventions test of change was carried out as well. This showed positive outcomes for both patients and clinicians. It was identified that this will help attract more clinicians to the post but also help with retention of staff. It also supports patients in the community who do not necessarily meet criteria for</p>	<p>There are currently 20 practices with no cover. 3 out of the 4 practices that have PALMS, have limited cover available.</p>	<p>Dr Helen Nicholson-Langley, Consultant Clinical Psychologist</p> <p>&</p> <p>Dr Lucie Jackson, Counselling Psychologist / Service Deputy</p>	£126k	<p>Increasing the skill mix to include a greater proportion of Band 6 CMHNs resource, with Band 8A Psychologists oversight for each Cluster is also anticipated. Establish a sustainable model of delivery with sufficient workforce.</p> <p>To work with other Mental Health & Wellbeing (MH&W) practitioners and services to establish low intensity group based interventions at community/practice level to increase access, and speed of access to appropriate interventions.</p> <p>Continue to work with other MH&WB practitioners/services to influence and develop pathways of care for people presenting with MH difficulties in primary care – the right person to</p>	£228k	<p>Recruitment of mental health staff, across professions remains a significant challenge. This is mainly in line with recruitment of Psychologists.</p> <p>PALMS development must be integrated with wider MH&WB strategic work in Dundee.</p> <p>Physical space in practices remains a practical constraint. Whilst remote working has been successful. There are anticipated challenges relating to admin and IT systems should PALMS move to the Hub & Spoke model. Until further development of</p>

	<p>main stream mental health services and would benefit from up to 4 low intervention sessions – skill based practice.</p> <p>PALMS 3-Year Pilot report was completed. This highlighted the importance of the service within Primary Care (based on GP & patient feedback) but also some areas for further development moving forward.</p> <p>Closer work has been undertaken with the Listening Service and Sources of Support to identify the provision of each service required across different areas of Dundee based on the population needs. Draft flow chart of these services has been completed for both practices and patients – due to be distributed.</p> <p>Actions partially completed Recruitment and retention of staff has been one of the biggest challenges for PALMS over the last year. A number of steps have been taken to address this by moving towards recruitment of more Band 6 CMHNs and developing the PALMS clinicians' role</p>				<p>the right service at the right time.</p>		<p>systems is secured, this will not be possible.</p> <p>Additional funding received for MH&WB in Primary Care from Scottish Government – will link closely with PALMS and link workers.</p>
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	<p>further. The A4C Band 6 Job Description for CMHN posts within PALMS has been submitted to the job evaluation matching panel but has yet to be reviewed or confirmed. This has been clearly identified as the main challenge to the service with ability to deliver PALMS reliant on the recruitment of nursing staff. PALMS RAG status has been identified as Red. Following HR advice, post advert went live with a CMHT job description and interviews were completed on 1st June 2022 – 5.0wte candidates verbally accepted the job offer.</p> <p>Actions outstanding Whilst PALMS was rolled out across 14 Dundee based GP practices, due to a number of clinicians leaving the post, this has now resulted in a very limited cover across 4 GP practices.</p> <p>A Hub & Spoke model has been tested. This raised some concerns about this model of delivery given the current IT systems in place. Clinicians and GPs also reported additional challenges with MDT working when not based in</p>	<p>Job went back to advert for 1.0wte. The hope is to recruit 6 full-time (or equivalent in part-time) Band 6 CMHNS to re-establish the pre-existing cover of PALMS across Dundee by the end August / September 2022.</p>					
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	the same practice. Until there is further development of systems (namely Docman and communication between SCI-Gateway and TrakCare), it will not be possible to safely adopt this model.						
5. Link Workers / Social Prescribing	<p>Re-established physical link workers presence in practices that permit this.</p> <p>Introduced greater skill mix and gained admin support.</p> <p>Developed and delivered a test of change in one practice to support staff to triage, signpost and refer patients to services directly where appropriate.</p> <p>Produced a resource pack for all practices to support staff to direct patients directly to services.</p> <p>Undertook significant promotion with practices to re-establish the service and encourage referrals particularly from new practices.</p> <p>Provided information about the service on GP practice websites. Also incorporated the resource pack.</p>	<p>20 of the 24 practices now have link workers on site for part of the week.</p> <p>The admin post is not funded from PCIFs and some reimbursement will be sought from this source over the longer term.</p> <p>This test of change is currently being evaluated. It appears to have been a positive experience for all involved.</p> <p>The pack is also made available to mental health services.</p> <p>This is time consuming but</p>	Sheila Allan, Community Health Inequalities Manager	£192k	<p>Consolidate and expand the current model working alongside practice staff and a wide range of other services.</p> <p>Be closely involved in developments within the PALMS group and more broadly with the new PC/MH MDT monies.</p> <p>Use the learning from test of changes to develop the service and its systems and processes.</p> <p>Update the resource pack regularly and promote its use across all practices.</p> <p>Continue to build relationships with practices who are new to the service.</p> <p>Provide a social prescribing link worker perspective at relevant SPGs and for other developments such as the</p>	£220k	<p>Referral are increasing and link workers are seeing many patients affected by the cost of living crisis. This will be monitored in case capacity becomes an issue.</p> <p>As cases may become more complex, care will continue to be taken to ensure that staff at different bands are assigned to appropriate patients.</p> <p>Need to manage carefully signposting/ referral from practice staff to ensure that patients who need to see link workers benefit from the service, and similarly, those who do not require that level of support are signposted directly.</p>

	<p>Worked with E-health to formulate new systems for the link worker team and finalise a move to Vision Anywhere.</p> <p>Developed and delivered a test of change in one GP cluster to try booking patients directly onto the Vision 360 electronic system</p> <p>Participated in the PALMS group to help develop the current model and guide the progression of Mental Health MDTs.</p> <p>Participated in the national Community Link Worker Network.</p>	<p>builds relationships and produces positive results.</p> <p>NHST currently producing a ref guide to ensure that hyperlinks in the pack are linked to a website.</p> <p>Link workers are inputting data into Emis and Vision Anywhere for the time being.</p> <p>This is currently being evaluated. Learning will guide how the service moves forward with appointments.</p> <p>This will be developed further via new monies looking to expand the PC/MH model.</p>			<p>new Community Wellbeing Centre.</p> <p>Pursue additional funding for admin support and support workers to get nearer to project model covering all practices,</p> <p>Contribute to discussions around provisional changes to the service management structure.</p>		<p>In addition, there may be other pressures on practice staff and this work might be deprioritised.</p>
6. Urgent Care	<p>Actions completed</p> <p>Additional 4 ANPs recruited</p> <p>Roll out of Care home</p>		Allison Fannin (Integrated Manager – Urgent Care)	£377k	PCIP Urgent care patient pathways to be fully integrated with Cluster focussed Enhanced Care Teams	£749k	Links to wider urgent and unscheduled care are in place. The vast majority of

	<p>support to 14 practices</p> <p>TOC re integrated model for service to support urgent care home and home visits implemented in one practice</p> <p>Accommodation secured for expanding team</p> <p>Actions partially completed</p> <p>Lead ANP post recruited to</p> <p>Alignment of model to new Cluster focussed enhanced care model</p> <p>NHS Tayside ANP Governance Framework adopted and work ongoing to ensure all ANPs meet the requirements of the draft framework</p> <p>Actions outstanding</p> <p>Finalise agreement with SAS re advanced paramedic contribution to model</p> <p>A range of governance measures is yet to be agreed for all Urgent Care Services</p>	<p>There were delays to recruitment of lead ANP which has impacted on progress</p> <p>Agreement that advanced paramedic and trainees will work as part of Dundee urgent care model but not yet able to release staff</p>			<p>Implementation of Home visiting model to be continued</p> <p>Advance paramedics to join the team</p> <p>Further recruitment in line with agreed budgetary timescales</p> <p>Administrative support to be reviewed and recruited to</p> <p>Governance arrangements across urgent/enhanced care services to be agreed and implemented</p>		<p>urgent care remains delivered by general practice teams.</p>
<p>7.</p>	<p>Actions completed</p> <p>1. Phlebotomy services</p>	<p>1. Inequity of</p>		<p>£890k</p>	<p>Funding secured and upgrades agreed with</p>	<p>£1,383k</p>	<p>Identification and access to suitable</p>

<p>Care and Treatment Services</p>	<p>available city wide with exception of urgent bloods due to capacity.</p> <ol style="list-style-type: none"> 2. Chronic disease monitoring provided city wide. 3. Ear care service fully available city wide. A waiting list exists due to lack of premises 4. Leg ulcer management fully available city wide 5. Wound care fully available city wide 6. Injection administration available city wide (not vaccines) 7. 1st NMP now qualified and supporting improved person centred care <p>Actions partially completed</p> <p>Actions outstanding</p> <ul style="list-style-type: none"> • CTAC phlebotomy services under review to integrate secondary care phlebotomy • Review of CTAC specialist wound care provision including NPWT direct pathway development 	<p>availability across the city due to lack of suitable premises with 1-2 week waiting list in some areas.</p> <p>Extension of clinics to include 7 day working and early/late openings to maximise service availability</p> <p>2 - Clear protocols for CDM types in development</p> <p>3 - 6 full sessions for ear care running with a view to increase to 10 to reduce waiting list if premises can be secured. SG monies utilised to purchase aural equipment and Diploma training for Senior nurse and 1 other</p> <p>Priority given to meet MoU2 delivery</p> <p>Lack of premises</p>	<p>Cath Cook Nurse Manger DHSCP</p>		<p>relevant stakeholder for premises in Broughty Ferry Health Centre and Mackinnon Centre. Work to commence June 2022</p> <p>Negotiations with local transport service to provide access to outlying areas, reduce carbon foot print and create ease of access for patients. Continue to identify suitable accommodation to ensure equity of services</p>		<p>accommodation remains the biggest risk for CTAC services. Whilst it is recognised that premises have been identified for refurbishment, there are delays to this work and is impacting on the successful completion of agreed phlebotomy services role.</p> <p>There remains a significant request from secondary care to deliver phlebotomy and specialist wound care within CTAC.</p> <p>This requires further discussion and development with relevant stakeholders. It is widely supported in principle but resource and space remain significant challenges.</p>
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		remains problematic to allow expansion of some services Single pathway and additional resource required for all phlebotomy services to be integrated					
8. Premises, Infrastructure and IT Systems	<p>Actions completed</p> <p>A number of practices submitted bids for premises improvement funding from Scottish Government allocation, these were reviewed and five practices were prioritised. All works are underway or completed except for one practice.</p> <p>Actions partially completed</p> <p>A survey has been sent to general practice teams to establish if their current buildings are fit for purpose and this will feed into the developing primary care premises strategy.</p> <p>There are ongoing discussions at a cluster level and Health and Social Care Partnership level in relation to practice</p>	<p>A number of practice buildings required investment to allow possible covid/respiratory patients to be seen safely in practices.(This was funded via other sources.)</p> <p>There has been limited progress with leases and loans in Dundee for a range of reasons.</p>	<p>Shona Hyman, Senior Manager Primary Care.</p> <p>James Henderson, Property asset Manager, NHS Tayside</p> <p>Tracey Wyness, Senior Project Manager, Digital Directorate</p> <p>Nicola Stevens, PC Programme Manager</p>	<p>Not funded via PCIF</p>	<p>Completion of work by practices from the Scottish Government Improvement Grants via HSCP.</p> <p>Work with colleagues in the 3 HSCP areas, and with Public Health Scotland to look at mapping and boundaries, and feed this into planning ongoing sustainable models of care.</p> <p>Support the implementation of digital solutions of support across pathways, using all possibly opportunities to promote this. This includes Medlink, but is likely to include other digital solutions. Ensure that PC linked teams are aware of these developments and can utilise as well as core</p>	<p>£40k (towards infrastructure costs)</p>	<p>The direct award for GP IT reprovisioning should support the ongoing use of Vision Anywhere for PC improvement linked work. There is an increasing interest in use of this system from other teams whose clinical context is mainly primary care.</p> <p>Posts have been identified as required for 3 key areas linked to property. 1 to scope space utilisation and costs linked to this in PC buildings. 2 – a post to develop a process and progress leases and loans to meet deadlines. 2- a post to develop and</p>

	<p>boundaries. Practices continue to look to reduce the size of area within their boundary. There are a number of outstanding boundary requests for practices who cover in the area around Dundee. There are ongoing discussions as to how best to provide care in these areas.</p> <p>Work is being progressed by the third sector to support access to devices to allow Near Me for those who would be digitally excluded normally, and this information is being shared.</p> <p>Work with colleagues in Angus to assess the impact of Flo for BP management and how links to other technologies and software programmes which can support this area of care</p> <p>Continue to promote the use of Near Me/Consult Now as an option for practices/services to engage with reviews/consultations.</p> <p>The online platform MedLink to support the information gathering required for LTC routine reviews and other reviews</p>			<p>practice teams.</p> <p>Continue to link with third sector colleagues to develop and offer opportunities to utilise digital care regardless of personal access to devices</p> <p>Complete project for backscanning of paper records across all practices.</p> <p>Work with practices to identify potential capital projects, if funding becomes available. (Via improvement grants in particular)</p> <p>Complete the initial phase of a Dundee Primary Care Premises Strategy. Subsequently develop more detailed plans as to key areas for development/investment required.</p> <p>Complete works to Broughty Ferry Health Centre (phase 1) and Mackinnon.</p> <p>Complete scoping for phase 2 required for Broughty Ferry Health Centre (to increase space for practice team and linked staff, and those</p>	<p>£350k (from PCIF underspend as prev agreed))</p>	<p>progress a PC premises strategy across Tayside.</p>
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	<p>(new patients, medication reviews) has been procured for all Tayside practices, therefore DHSCP will support practices to utilise this technology.</p> <p>Back scanning of notes project has started and a small number of practices completed or underway with the majority to be completed in 22-3</p> <p>There is agreement to develop posts which focus on aspects of property as there are a number of key risks linked to this.</p> <p>Actions outstanding</p> <p>The development of a Dundee Primary Care Premises plan has commenced but is still in the early stages of development.</p> <p>Work to increase space in Broughty Ferry Health Centre and MacKinnon Centre</p>				<p>services who provide health care in this area.).</p> <p>Work with colleagues across HSCPs and NHS Tayside to agree resources and recruit to key posts to progress aspects of premises related work, including leases and loans.</p>	To be finalised	
<p>9.</p> <p>Workforce Planning and Development</p>	<p>Actions completed</p> <p>All teams have been reviewing the roles within the team to identify what would help with both recruitment and retention</p>	<p>The constraints created by lack of space, and geography, means co-location of teams</p>		<p>£195k</p>	<p>Review (across Tayside) if the PC jobs website is sustained.</p> <p>Work with colleagues across Tayside to</p>	<p>£250k</p>	<p>No long term funding has been secured to ensure the continuation of recruitment and retention</p>

	<p>particularly teams such as the locality pharmacy team and PALMS where retention has been a significant issue. A number of new roles are being developed to enhance and broaden skill mix within the team.</p> <p>The Primary Care jobs website has been maintained and actively promoted. Unable to directly assess impact of this on recruitment however.</p> <p>The Career Start programme for GPs has remained active and was funded via PCIF again this year.</p> <p>Pharmacy teams have replicated a Career Start type programme for pharmacists.</p> <p>Actions partially completed Work to develop advanced nurse practitioner roles within the context of primary care improvement is progressing with a Tayside wide group undertaking a needs assessment which links to the Tayside ANP framework. The needs of general practice teams will</p>	<p>is not realistic in many cases for PCI. This has been exacerbated by covid.</p> <p>Practice nurses continue to feel uncertain about the future of their role in some practices.</p>			<p>continue to develop advanced practitioner roles in primary care teams.</p> <p>Consider other roles which may be evolving and could support this area of care. (One example would be physician associates)</p> <p>Work with the newly appointed Senior Nurse for Primary Care to support practice nurses, recognising the critical skills and knowledge they have, the breadth of care they deliver and the opportunities for further development of their role.</p>		<p>programme (for GPs) including Career Start</p>
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	<p>be included as part of this work alongside other NHS Tayside employed primary care roles.</p> <p>Actions outstanding There has been no development progressed with regard to a shared culture due to the ongoing pressures created by covid and remobilisation of general practice teams.</p> <p>Work with organisational development colleagues to consider how to create cohesive teams, focussed on the person at the centre of a pathway, which also recognises the pivotal role of the GP as a leader.</p> <p>Consider if a wider range of training experience will help recruit and retain staff locally.</p>						
10. Sustainability/ scalability	<p>Actions completed</p> <p>The Scottish Government prioritised three areas of the contract for implementation by March 2022 (VTP, Pharmacotherapy and Care and Treatment Services). Pharmacotherapy as noted above is partially implemented with VTP and</p>	<p>More detailed guidance around urgent care is still awaited.</p>			<p>Assess the impact of legislation which will mandate NHS Boards to ensure delivery of aspects of the PCIP. Progress any actions required to ensure this is implemented.</p>	<p>Not yet known</p>	

	<p>Care and Treatment Services more broadly in place. (Although there remain ongoing developments.)</p> <p>Actions partially completed</p> <p>A review of models of delivery and the impact they are having has been limited because of the impact of covid however, some teams such as the PALMS service have had a significant review and redesign</p> <p>Actions outstanding</p> <p>Identify other sources of funding which may be able to support the shift of some of the work within PCI, recognising that money can not be transferred from practices</p>						
<p>11.</p> <p>Practice Staff Development</p>	<p>Actions Completed</p> <p>We have worked with the Chief Nurse for Primary Care to develop a network for practice nurses for education and peer support although this has been poorly attended to date.</p> <p>Actions Partially completed</p>	<p>We are aware that practice nurses continue to have concerns around their longer term future</p>			<p>Work with the newly appointed Senior Nurse for Primary Care to support practice nurses, recognising the critical skills and knowledge they have, the breadth of care they deliver and the opportunities for further development of their role.</p>	<p>Under development</p>	

	Practices have considered both care navigation and workflow as services have remobilised but this has been on a practice by practice basis and not more formally through Primary Care Improvement Plan						
12. Evaluation	<p>Actions completed</p> <p>Tayside level review of Pharmacotherapy and First Contact Physiotherapy which is informing the plans for the model moving forward.</p> <p>Actions partially completed</p> <p>Patient and general practice staff survey to assess impact and awareness of the changes linked to the Primary Care Improvement plan have both been circulated but the results are not yet collated.</p> <p>Actions outstanding</p> <p>Other actions have had limited progress due to covid.</p>	The national health survey has new questions linked to the wider primary care team. These will be reviewed and any actions required considered.	<p>Service leads</p> <p>PH Intelligence Team</p> <p>LIST team</p>		<p>Once the feedback surveys have been collated consider any recommendations and how this impacts on current service delivery.</p> <p>Plan further qualitative work once the results of survey known.</p>		

<p>13.</p> <p>Communication and Engagement</p>	<p>Actions completed</p> <p>NHS Tayside public website now has information on the range of services developed as part of primary care improvement work.</p> <p>The national media campaign in relation to the role of the reception staff within general practice has been promoted locally to increase the public's awareness of the role that reception staff have in ensuring they access the right person to deliver the care they require.</p> <p>Some work streams have developed patient/public groups to help inform developments</p> <p>Key messages were agreed for most workstreams and have been widely shared including via social media.</p> <p>Actions Partially completed</p> <p>Social prescribing team have regularly shared positive patient stories. Other services have still to commence this</p> <p>Actions outstanding</p>	<p>The NHS Tayside public website (add link) continues to be developed.</p> <p>The perception of reception staff as gatekeepers rather than care navigators has a negative impact on the ability of these skilled staff to support access to the right person for care.</p> <p>The public perception (and media portrayal) of lack of face to face GP appointments is unhelpful, at a time when more people than ever are accessing GP and PC team appointments, often more quickly than previously.</p>	<p>NHS T comms team</p>		<p>Continue to develop a range of methods of sharing information, and wider engagement, as services and capacity develops</p> <p>Consider how patient stories across work streams can be shared with the public to illustrate evolving services.</p>		
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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26 OCTOBER 2022

REPORT ON: GENERAL PRACTICE PREMISES STRATEGY

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB76-2020

1.0 PURPOSE OF REPORT

1.1 The General Practice (GP) Premises Strategy sets out the position and ambition for GP premises. It identifies the priorities, provides criteria on the management and investment in GP property and includes recommendations and actions across the next 20 years.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

- 2.1 Notes and approves the Dundee General Practice Premises Strategy as set out in Appendix 1 to this report.
- 2.2 Approves the release of £150,000 of funding from reserves to support the establishment of a premises programme manager post over a 22 month period as outlined in section 4.6.5 of this report.
- 2.3 Instructs the Chief Officer to bring back progress reports to the IJB on an annual basis.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The costs associated with the work will be funded through a combination of mechanisms and funding sources including the Primary Care Improvement Programme fund, Scottish Government capital funds and reconfiguration of current budgets held by the IJB.
- 3.2 Each element of work will require detailed work up and cost benefit analysis before progressing if needed to public consultation, building warrant and planning application stages.
- 3.3 It is recommended that the IJB utilises some of its reserves to support the establishment of a premises programme post on a fixed term basis at an estimated cost of £150,000 to enable the work on the strategy to be progressed.

4.0 MAIN TEXT

4.1 This GP Premises Strategy provides a building block for the wider NHS Tayside premises strategy.

This document sets out three questions:

1. Where are we now?
2. Where do we want to be?
3. How do we get there?

4.2 Where are we now?

This section includes:

- Geographical study of population dispersal of those registered to GP practices in Dundee, along with new build plans and GP premise locations.
- A Dundee GP Practice Survey, which saw all 23 practices respond, provides insights into the current challenges including leases, workforce and lack of space prohibiting progress with Primary Care Improvement Programme projects.

4.3 Where do we want to be?

This includes a review of key documents and initiatives that guide the GP premises strategy. They range from the national level, such as General Medical Services Contract; to the Tayside level such as the Tayside Strategic Plan; to the Dundee level including the Dundee City Plan.

4.4 How do we get there?

In this section the document moves to a more practical footing setting out the criteria on which to determine a work plan to delivery on the IJB's agreed priority areas:

- Health inequality.
- Early intervention and prevention.
- Localities and engaging with communities.
- Models of support/pathways of care.

4.4.1 There are 4 high level criteria to support decision making. They are:

- A community focused model for delivery of health and social care.
- Premises that are of good quality and fit for purpose.
- A sustainable general practice service.
- Appropriate geographical coverage across Dundee city.

4.5 Thirteen recommendations have been distilled out and ordered in terms of priority. Each recommendation has a stated action and owner. These actions will move the GP Premises Strategy to a work programme to support the delivery of what is needed.

4.6 The suggested immediate actions are:

ACTION 1: The Primary Care Improvement Programme is a national priority with deliverables due by 31 March 2023 so identify as quickly as possible the barriers and progress the opportunities. (Owner: Shona Hyman).

ACTION 2: DHSCP to take a strategic view on longer term need and viability of individual premises (rationalisation). Where a lease is due to expire, apply an agreed process including risk, clinical need and functionality. (Owner: Gail McClure)

ACTION 3: Set out a programme of works with key tasks and timeline. (Owner: Primary Care Premises and Implementation Group)

ACTION 4: Complete an Equality Impact Assessment and undertake a patient survey on their views including use of digital/phone appointments, willingness to travel and for which services etc

4.6.1. Current Work Programme:

- Broughty Ferry Health Centre refurbishment, commences summer 2022
- MacKinnon Centre – change of room usage to commence after Broughty Ferry as room being used to support Broughty Ferry decant
- Westgate Car Park extension to increase provision of spaces
- Broughty Ferry Health Centre accommodation review which has some primary care funds but not been progressed. Clinical management team to establish services needing to be housed.

4.6.2 Work plan across next 5 years

- To have dealt with leases and loans and funded modifications to premises including room additions and IT systems
- To have put forward options that look at new builds in areas that are underserved
- To support applications that use funding for achieving 'net zero' for example installation of ground source pumps and LED lighting.
- To have submitted a Strategic Assessment for Scottish Government capital investment - see Appendix 2.
- Continue a programme of work to maintain the quality and standards of current buildings

4.6.3. Work plan next 5 to 10 years

- New build work

4.6.4. Work plan next 10 to 20 years

- To have reviewed the changing population and health requirements and put in place plans to meet needs
- To reduce the carbon footprint through the provision of services that is accessible to patients by foot or bicycle.

4.6.5 Programme Management

In order to drive forward the GP Premises Strategy in addition to other elements of the IJB's evolving Property Strategy; additional capacity is required at a management level. It is proposed to establish a Programme Manager Post at a cost of approximately £150k for an initial 22 month period. It is proposed that this is funded through utilising IJB reserves over that period and the IJB is asked to earmark reserves for this accordingly.

5.0 POLICY IMPLICATIONS

- 5.1 This report has not been screened for any policy implications in respect of Equality Impact Assessment however it is recognised that the work programme will require Equality Impact Assessments to be undertaken.

6.0 RISK ASSESSMENT

The GP Premises Strategy does not contain an explicit risk assessment however the document does identify the key risks and these are detailed below:

Risk 1 Description	Agreeing a GP Premises Strategy is key to enabling Dundee HSCP to deliver the Primary Care Initiatives Programme. Without a clear strategy, there is a risk of being unable to secure funding at a local, regional or national level.
Risk Category	Strategic and operational
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme Risk)
Mitigating Actions (including timescales and resources)	Agreement of criteria to enable the work programme to move forwards and to ensure there are ideas in the pipeline so opportunities for additional funding are not lost.
Residual Risk Level	Likelihood 2x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 1 x Impact 2 = 2 (Low Risk)
Approval recommendation	Given the impact of the mitigating actions this risk is deemed to be manageable

Risk 2 Description	A lack of strategy may prevent good decision making when reviewing lease renewals for premises.
Risk Category	Strategic and operational
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme Risk)
Mitigating Actions (including timescales and resources)	Agree action2 in the Strategy to enable rationalisation of premises and lease process to be prioritised.
Residual Risk Level	Likelihood 2x Impact 4 = 8 (High Risk)
Planned Risk Level	Likelihood 1x Impact 4 = 4 (Moderate Risk)
Approval recommendation	Given the impact of the mitigating actions this risk is deemed to be manageable

Risk 2 Description	A lack of strategy may mean that those taking up GP Roles will not join the Dundee workforce as unable to see the future direction of the city.
Risk Category	Strategic and operational
Inherent Risk Level	Likelihood 3 x Impact 3 = 9 (High Risk)
Mitigating Actions (including timescales and resources)	Clear vision for general practice, opportunities and clarity on risks and opportunities available to GP joining a Dundee practice
Residual Risk Level	Likelihood 2x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 2x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the impact of the mitigating actions this risk is deemed to be manageable

7.0 CONSULTATIONS

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

The document was circulated to the following colleagues and groups for review and comment:

- Cluster Leads include GP Sub members 28 July 2022
- DHCSP Management Team 5 August 2022
- Primary Care & Infrastructure Plan Group 19 August 2022
- Property Strategy Short Working Life Group 23 August 2022
- Dundee HSCP Primary Care Clinical Management Team 19 August 2022

The work programme will include consultation with the citizens of Dundee.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 The GP Premises Strategy provides the list of documents that have informed in – see page 32

Vicky Irons
Chief Officer

DATE: 30 September 2022

REPORT AUTHORS

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Dundee HSCP

General Practice Premises Strategy

Date of document: 30 September 2022

Version: 1.0

Document Owner: Dr David Shaw, Clinical Director, DHSCP

Document Lead Author: Julia Martineau, Programme Manager, Primary Care DHSCP

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1. EXECUTIVE SUMMARY

1.1. Introduction

The Dundee General Practice (GP) Premises Strategy is intended to provide:

- meaningful information on the current GP estate portfolio
- sign posting to future GP premise requirements
- key recommendations and next steps.

Dundee has 23 practices providing care to a population approaching 171,000 people.

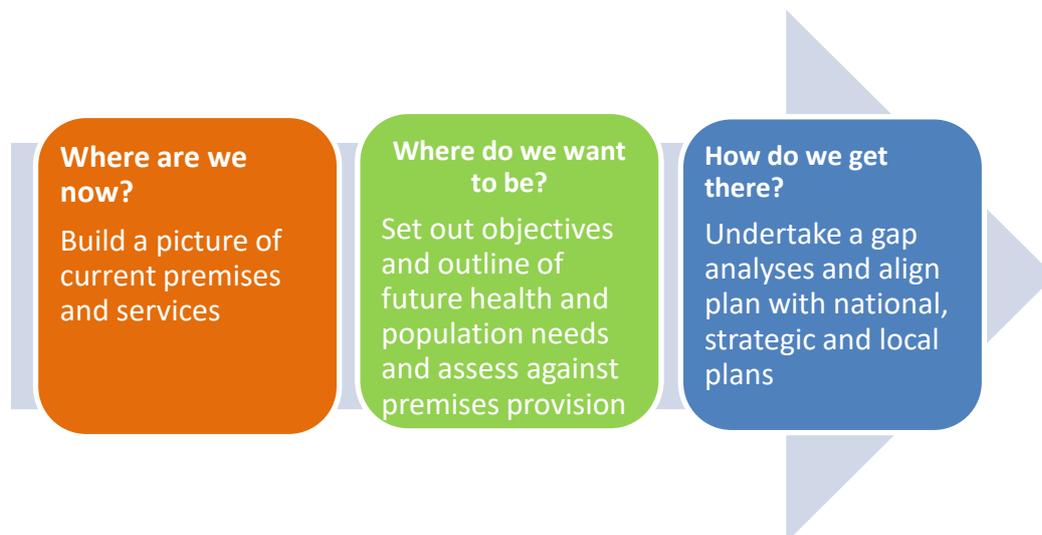
This Premises Strategy draws on a number of sources, details are included in the appendix. They are:

- National, regional and local visions
- National health care drivers
- GP contractual levers
- Dundee Health and Social Care Partnership (DHSCP) Primary Care Improvement Plan
- Population and health statistics for Dundee
- Dundee GP Practice survey responses

The scope of the strategy is GP premises. It excludes other premises providing primary care services.

1.2 Approach

This strategy will cover three questions:



1.3 Summary

This document reviewed key directives and initiatives from central and local government and their impact upon general practice premises. In parallel, the findings of an online survey of Dundee practices reflected back from the front line both an agreement with the ambitions but also hurdles to deliver them. Four broad criteria have emerged on which to assess work programme priorities:

- i) Looking towards a community focused model delivering health and social care.
- ii) Ensuring premises are of good quality and fit for purpose.
- iii) Providing support to general practice to enable sustainability.
- iv) Ensuring appropriate geographical coverage.

In order to progress the work, 13 recommendations are set out giving immediate and longer term actions to move this strategy to be action focused.



Practice	Cluster	List Size
1. Invergowrie Medical Centre	C3	1881
2. Muirhead Medical Centre	C4	8102
3. Westgate Medical Practice	C4	12944
4. Lochee Health Centre	C3	3965
5. Ancrum Medical Centre	C3	3613
6. Ancrum One	C3	4772
7. Downfield Surgery	C3	8502
8. Hawkhill Medical Centre	C4	11862

Practice	Cluster	List Size
9. Coldside Medical Practice	C3	9181
10. Taycourt Surgery	C4	9526
11. Nethergate Medical Centre	C4	7567
12. Hillbank Health Centre	C3	7934
13. Erskine Practice	C1	7689
14. Mill Practice	C1	8535
15. FMG – Wallacetown H.C	C1	9482
16. Maryfield Medical Centre	C1	6135

Practice	Cluster	List Size
17. Terra Nova	C1	6095
18. Princes Street	C2	8963
19. Taybank	C2	9404
20. Park Avenue	C1	4926
15a. FMG – Douglas (Branch)	C1	
21. Newfield Surgery	C1	4204
22. Grove Health Centre	C2	6075
23. Broughty Ferry H.C.	C2	9231

Figure 1: Map Showing Dundee General Practices Locations
 Data from Public Health Scotland GP Workforce & Practice Pop April 2022
 (note Ryehill dispersals from 01.07.22 are included where relevant)

2. WHERE ARE WE NOW?

2.1 Geographical Spread

There are 23 GP practices in Dundee. The geographical spread of GP practices across Dundee is uneven, with only 3 practices north of the Kingsway A90 road and a group of practices located within the Stobswell area. Please see map on page 5.

2.2 Clusters

The Dundee practices form 4 clusters and their geographical grouping across the city is illustrated below:

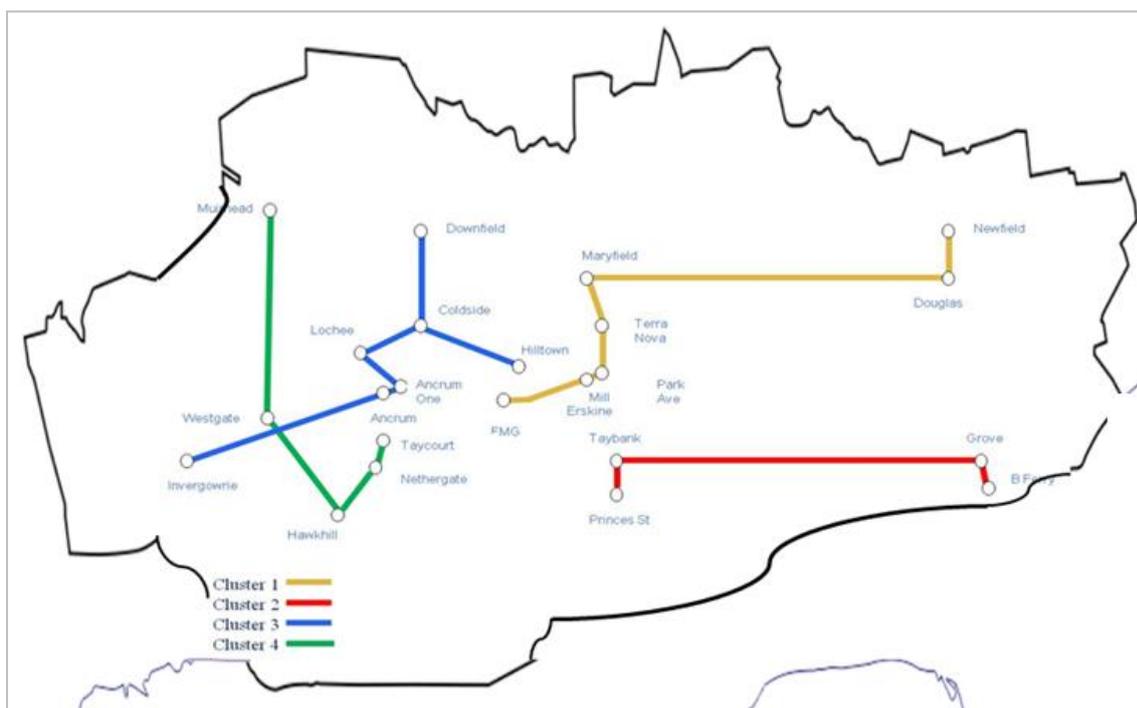


Figure 2

The 4 clusters vary in both list size and population characteristics as the charts below illustrate. This in turn impacts on the demands on services and the service provision.

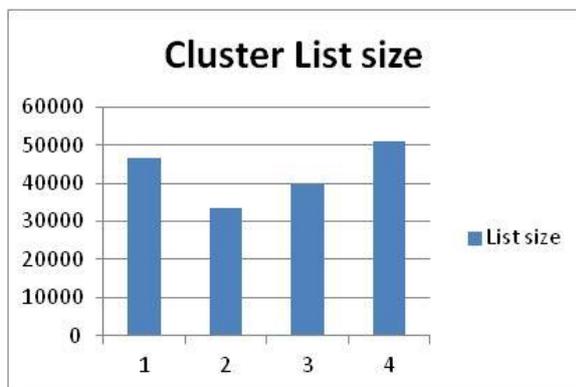


Figure 3

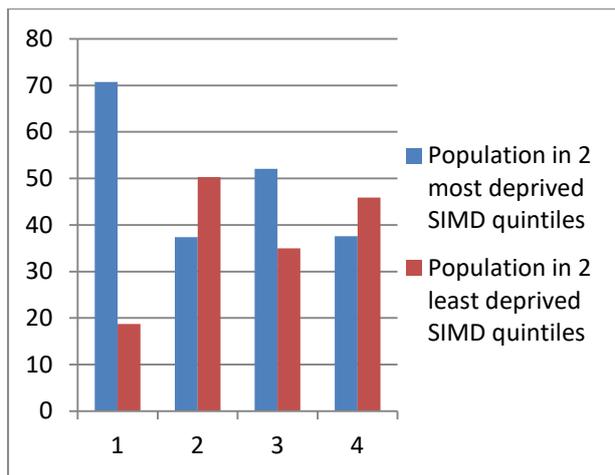


Figure 4

The graph below shows the % of each age cohort who are registered with a practice in each cluster. The demographics demonstrate further the differences between the clusters. Data is based on rates per 1000 practice population and was provided by Public Health Scotland.

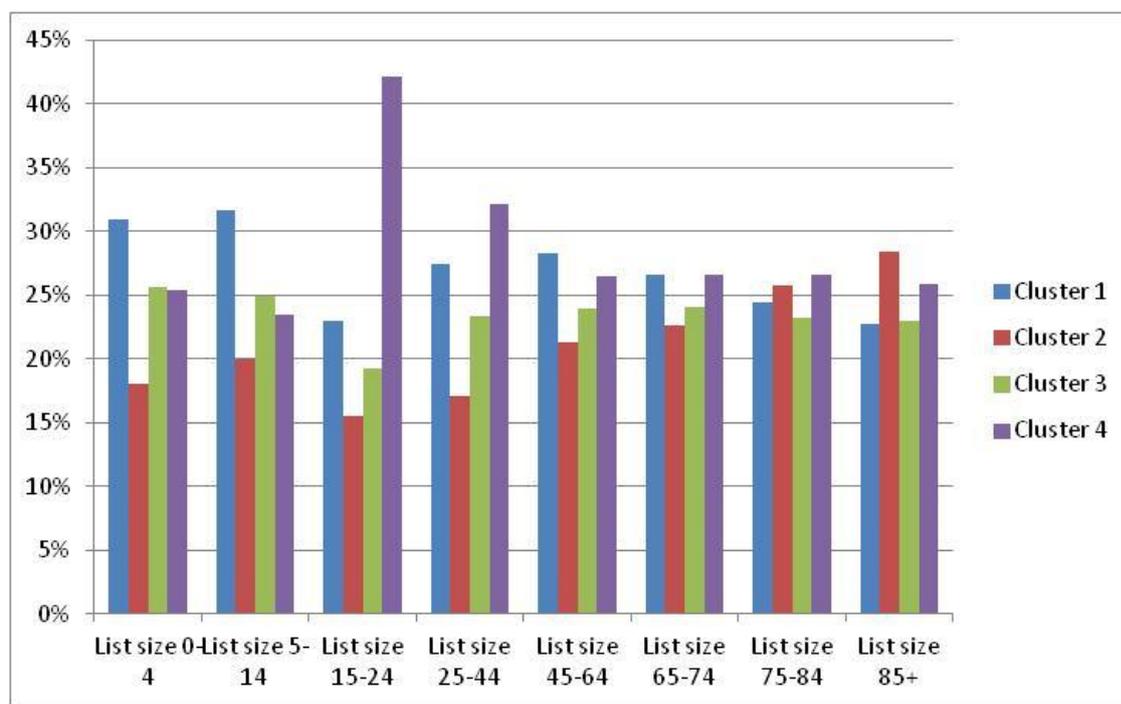


Figure 5

2.3 Recent Practice History

In the chart below the changes in general practice across Tayside are shown along a timeline. Analysis from GP Online in April 2022 found that small GP practices nationally have halved in number since 2015. Locally, we have seen Lochee and Maryfield practices moving to 2C status, meaning the practices are now operated by NHS Tayside. The remaining 21 practices are classed as 17J practices meaning they are GMS standard, nationally negotiated.

It is increasingly evident that smaller practices, those of <5000 patients, are becoming less viable. They tend to be single handed rather than partnership so lose the economies of scale of a larger partnership and are more challenging for those working in them as there is no one to share the load.

The closure of practices increases the patient number at the remaining, neighbouring practices. In Dundee, the Ryehill practice was the most recent closure on 30 June 2022.

Other mechanisms used by practices to help manage capacity are (i) Closing a list for the short term, for example, until a GP vacancy is filled and (ii) Changes to a practice boundary which restricts new patient registrations. Historically in Dundee, practice boundaries have been wide but practices have increasingly been reducing their boundary to help manage their practice list size and to reduce travel time for home visits.

The chart below shows the changes to practices across Tayside between 2004 and present day.

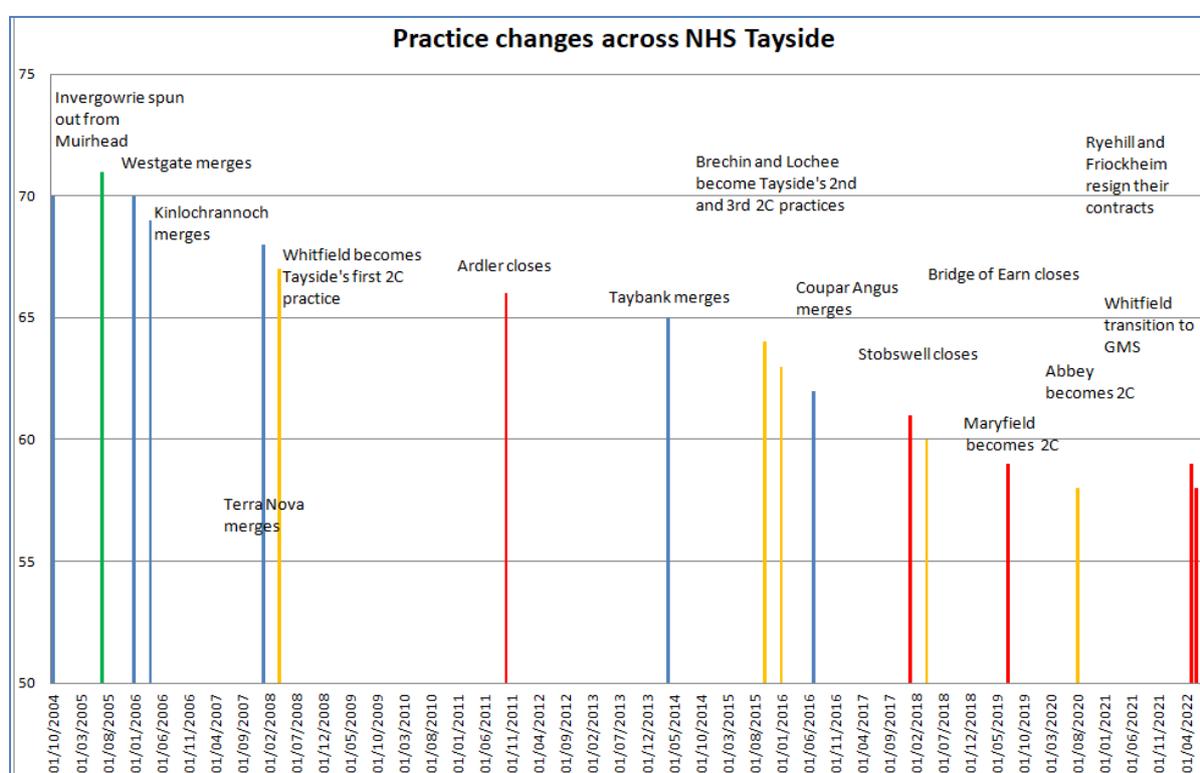


Figure 6

2.4 Practice Survey Results

A picture of Dundee GP premises is provided by the results of an online survey undertaken in June 2022. Please click link for a copy of the [Dundee GP Premises Survey](#) or see Appendix 1.

All 23 practices in Dundee responded and the results are shared below.

- 15 of the 23 practices are based within purpose built facilities.
- The Practice responses to questions about space availability and suitability at their premises are shown in the pie charts below:

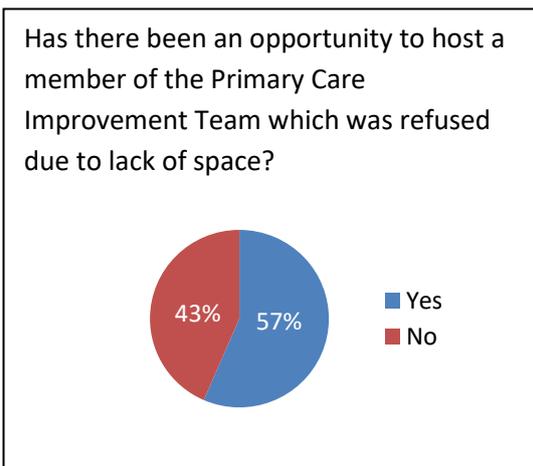
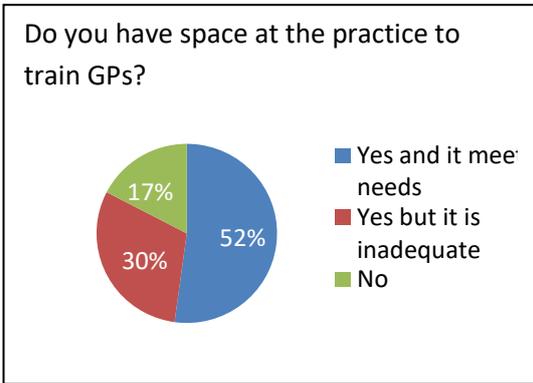
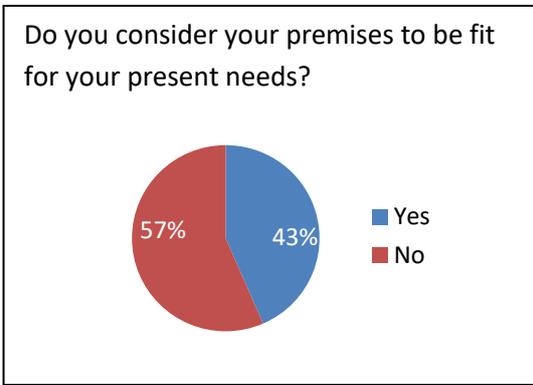


Figure 7

- c. Where practices said yes a member of the PCIP (Primary Care Improvement Plan) team was refused due to lack of space at the practice they were asked to say which PCIP members.

Practices were able to select more than one member type. The graph below shows there were a total of 15 missed opportunities to move forward with the PCIP work programme.

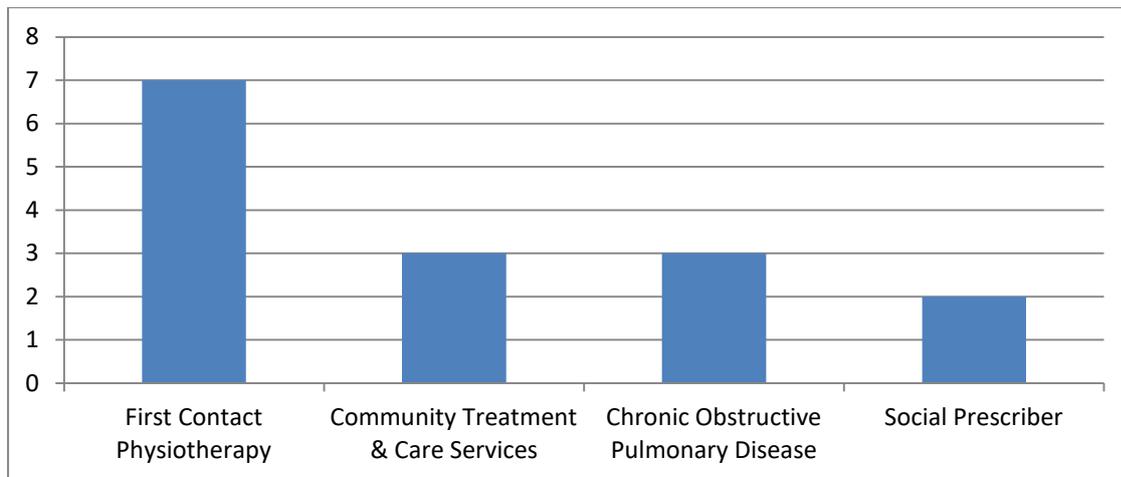


Figure 8

d. Practices were asked about modifications needed to their premises now. Practices were able to select more than one modification and the results are shared in the graph below:

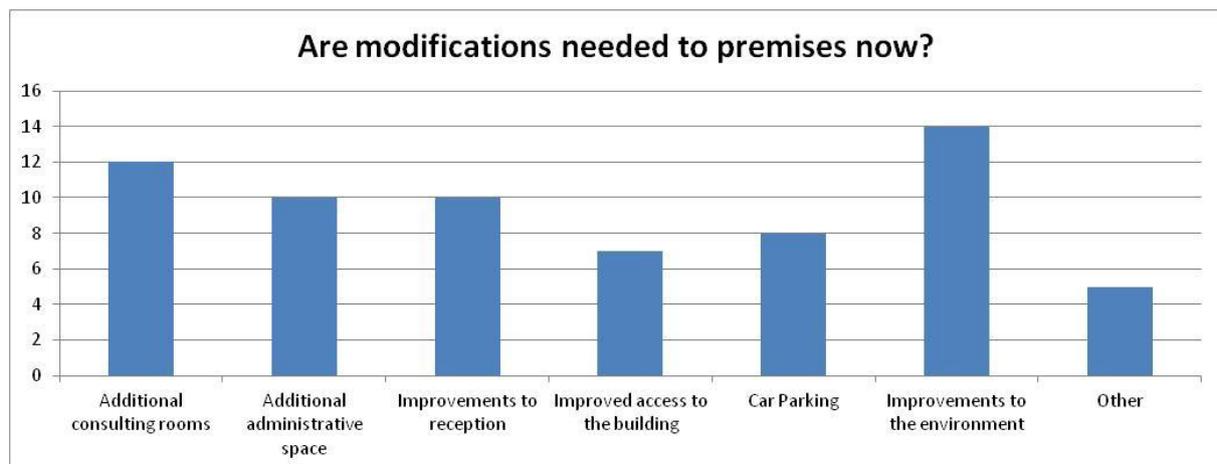


Figure 9

e. The pie chart below shows the practice tenure type with 74% of Dundee practices still owned or leased by GPs.

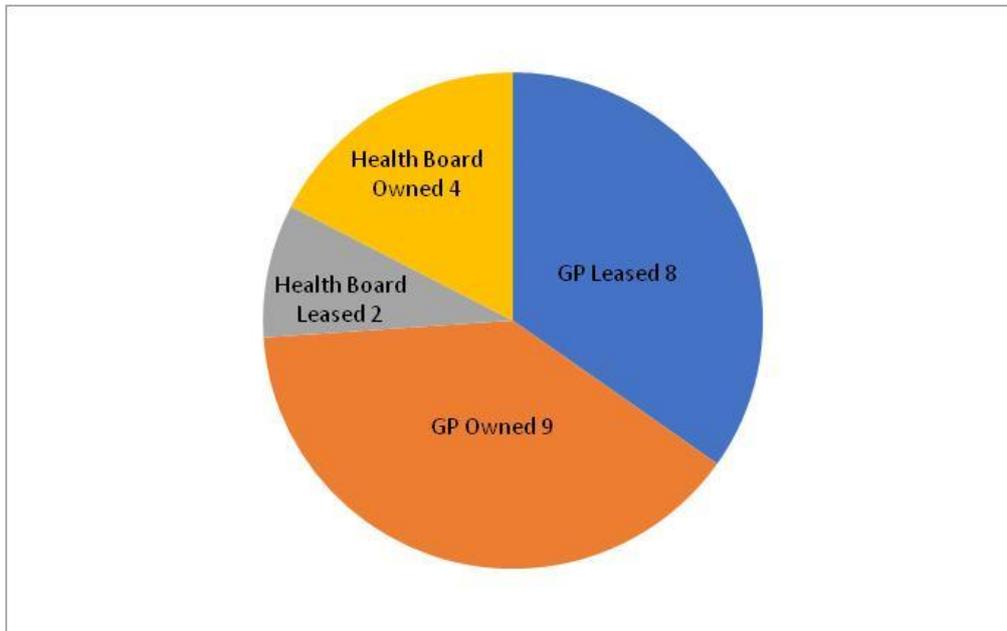


Figure 10

f. The graph below shows the leases due to expire up to 2036.

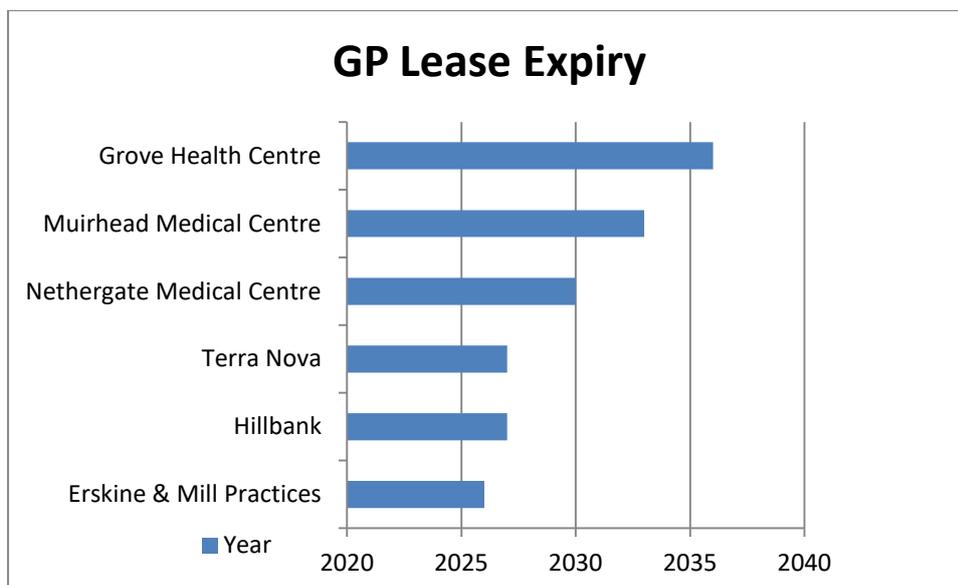


Figure 11

Loans – Two practices have GP sustainability loans from the GP sustainability loan scheme agreed in principle. These are free secure loans to support the transition to a model where GP contractors are no longer required to provide their premises and NHS Tayside take on responsibility. As set out in the National Code of Practice for GP Premises (30 Aug 2018), “no GP contractor will need to enter a lease with a private landlord. Health Boards will, over the course of the next fifteen years, take on the responsibility for negotiating and entering into leases with private landlords and the subsequent

obligations for maintaining the premises from GP contractors who no longer want to lease privately”.

Modifications - Practices were asked in what year was the last modification or extension to their premises. Three practices did not give a year, but for those who responded, the number of responses by practice and by year-band is shown below. The data suggests 6 practices have not had any work done in over 12 years. This result chimes with an earlier Dundee Survey in April 2022 which found 11 practices reported significant work was needed including workspace requirements.

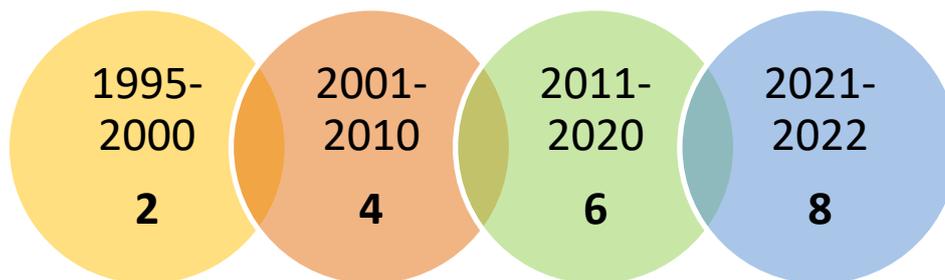


Figure 12

6 practices had successfully applied for grants, relating to the practice building or infrastructure in the preceding 3 years.

2.5 Other Factors

2.5.1 General Practice Workforce

The GP Workforce and Practice List Sizes (Dec 2021) provides the national picture and the change to workforce has an impact on the premises strategy.

- i) Ageing workforce: Nationally around one-third of GPs are aged 50 years and over, suggesting the move to multidisciplinary teams must continue at pace and this will include a requirement for premises space to enable it.

The chart shows % of All GPs aged 50+ years between 2011 and 2021

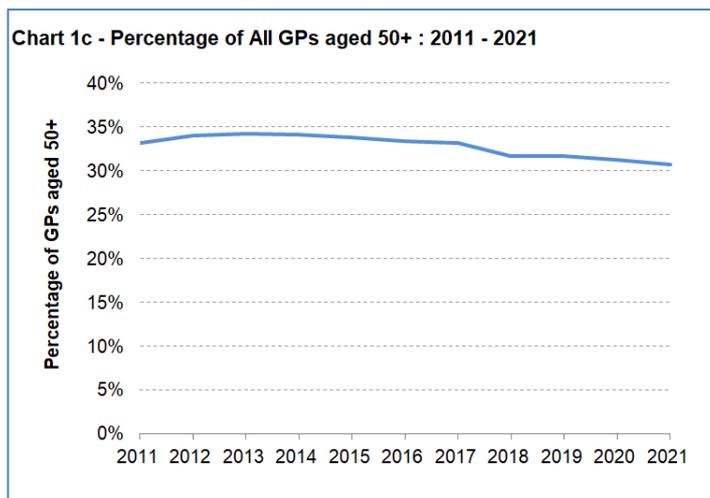


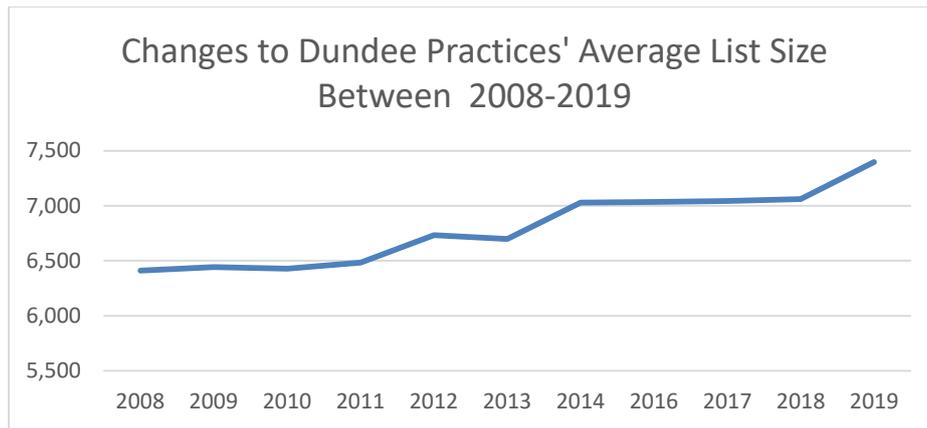
Figure 13: Source: PHS General Practice GP Workforce & List Sizes

The national result is reflected locally with a Dundee HSCP survey undertaken in November 2021 which found 22% of Dundee practices have two or more GP partners over 55 years old.

- ii) The practice nurse workforce is also an ageing population. Data from Public Health 2017 showed all Dundee practice nursing staff falling within the age range 45-54 years meaning those still in post will also be over 50 years of age. The practice nurse role is increasingly important in enabling general practice to provide services as reflected in the Health & Care Experience Survey 2021/22 which reports a 4% increase in respondents who said they received most of their treatment or advice from a nurse.

The same Public Health data showed a younger age profile for Health Care Support Workers who were all aged under 45 years.

- iii) Fewer Practices: The number of practices in Scotland is decreasing. In Dundee 2 practices have closed within the past 5 years. The transfer of patients to remaining practices puts further strain on practices that already have insufficient capacity and space.
- iv) Increasing Demand: The chart below shows the list size for Dundee practices has increased year on year between 2008 and 2019.



Source: PHS General Practice GP Workforce & List Sizes

Figure 14

v) Changing list sizes

The table below shows list size changes by practice between 2004 and 2022, with a net change of an additional 6,663 patients.

Practice	2004	2022	Difference
Downfield Surgery	6426	8502	2076
Westgate Medical Practice***	10925	12944	2019
Tay Court Surgery	7784	9526	1742
Grove Health Centre	5452	7065	1613
Princes Street Surgery	7675	8963	1288
Muirhead Medical Centre	7047	8102	1055
Newfield Surgery*	3189	4204	1015
Erskine Practice	6776	7689	913
Invergowrie Medical Practice**	1146	1881	735
Ancrum One	4066	4774	708
Coldside Medical Practice	8514	9181	667
Hawkhill Medical Centre	11075	11682	607
Broughty Family Healthcare	8706	9231	525
Ancrum Medical Centre	3212	3613	401
Park Avenue Medical Centre	5043	4926	-117
Mill Practice	8752	8535	-217
Family Medical Group	9704	9485	-219
Hillbank Health Centre	8304	7934	-370
Terra Nova Medical Practice**	6726	6095	-631
Lochee	4872	3695	-1177
Nethergate Medical Centre	8973	7567	-1406
Maryfield Medical Centre	7984	6135	-1849
Taybank Medical Centre	9119	6404	-2715
Net Change			6663

Figure 15

- vi) New ways of working: The changing face of the GP workforce includes an increase in salaried GPs as shown in the headcount by GP designation graph below. This change has implications for premises in terms of the ownership of GP premises buildings and the risk to NHS Tayside in terms of financial costs.

The chart shows national headcount of GPs in post by designation between 2011 and 2021

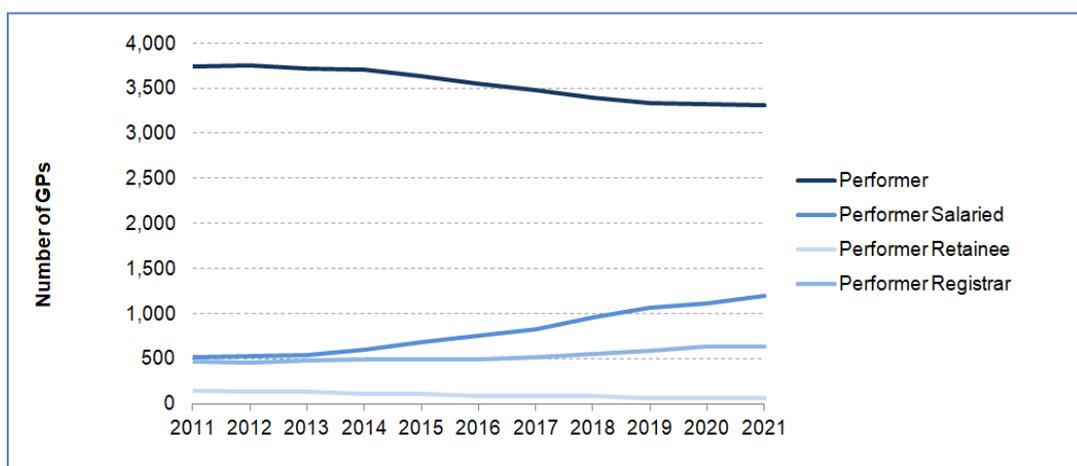


Figure 16 Source: PHS General Practice GP Workforce & List Sizes

- vii) New ways to deliver services: Other changes to the delivery of health care include: An increase in auxiliary services provided by non GP colleagues, for example the delivery of some PCIP services.

There are also changes to the mode of consultation which is being driven by a number of factors including technology, patients and clinicians and the impact of the Covid-19 pandemic. The latter linked to an increase in hybrid consultations (telephone, virtual and face to face). Conversely, these changes to consultation mode enable more remote-based solutions and opportunity to use clerical rather than clinical spaces.

- viii) Digital Consultations: The Near Me Tayside Group Short Life Working Group reviewed the use of Near Me technology across Primary Care in Dundee. The group is encouraging the use of Near Me Video Consultations as a further option in the choice of consultation types offered to patients. As the graph shows, whilst this is a valuable consultation tool in certain settings, it appears not to be widely used in Dundee. There is decline in use as Covid-19 restrictions have lifted. Further exploration into increasing uptake within targeted populations such as students may be a useful next step.

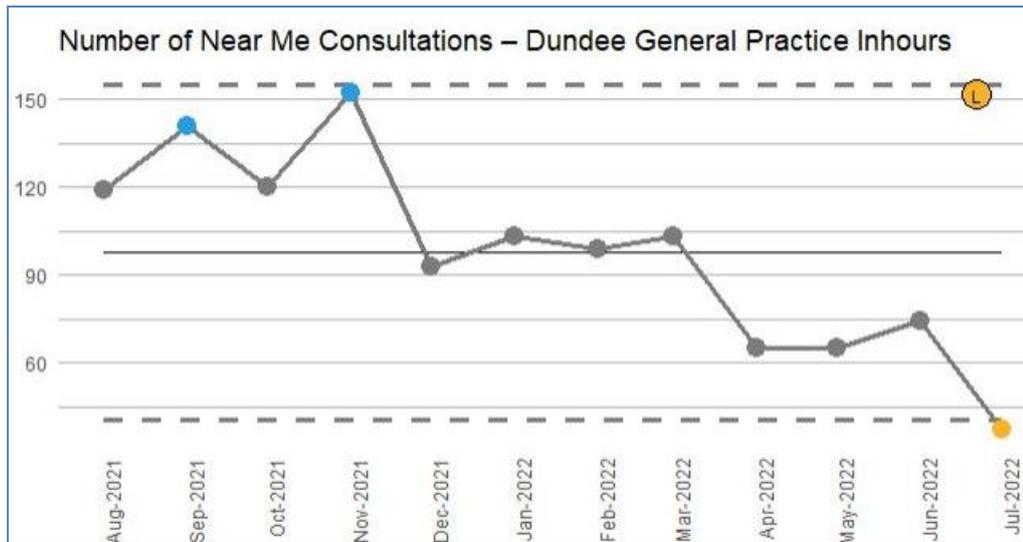
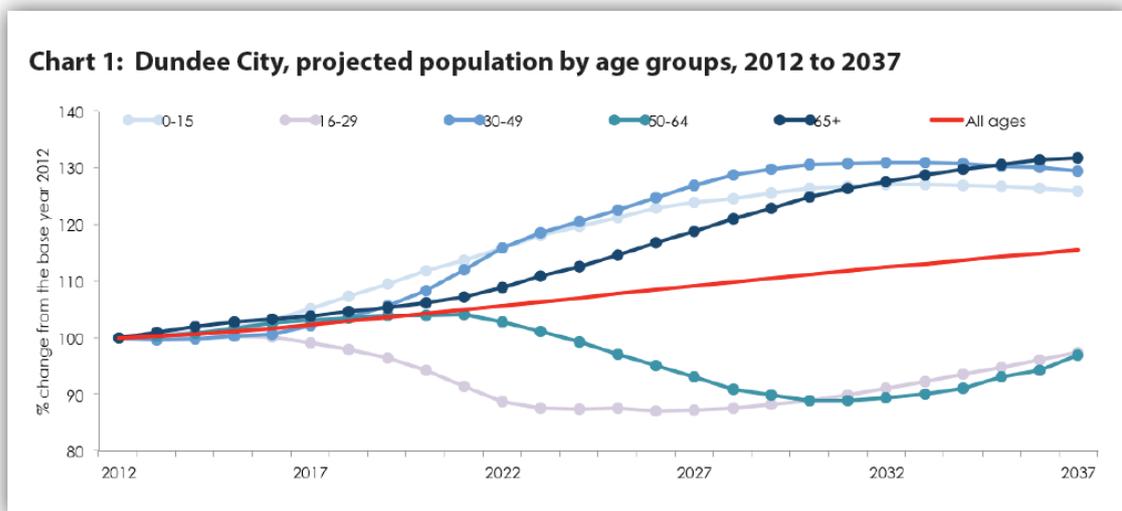


Figure 17

2.6 Dundee Population

2.6.1 Age Profile

The chart below shows the projected population over the years to 2037, due to both in-migration and increased life expectancy. As the population ages, there is an expectation of an increase of 45% in the population aged over 75 years by 2037. (SNA Data)

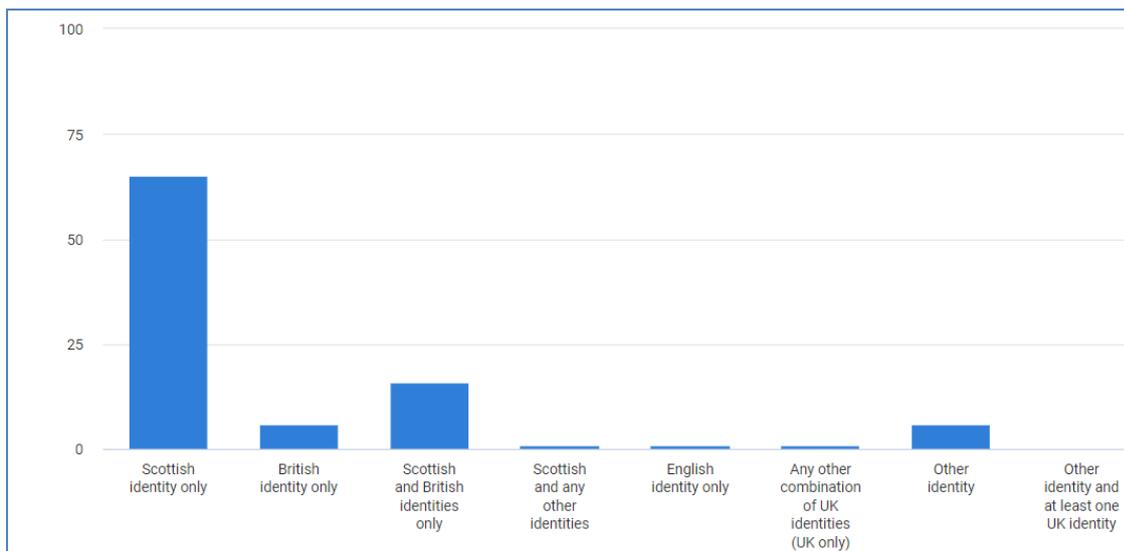


Source: NRS Mid Year Population Estimates

Figure 18

2.6.2 Ethnicity

The chart below shows the ethnic minority breakdown for Dundee in 2011:



Source: <https://www.scotlandscensus.gov.uk>

Figure 19

2.6.3 Population Spread

The graph below shows the number of people in each area as at June 2020 (source Public Health Scotland).

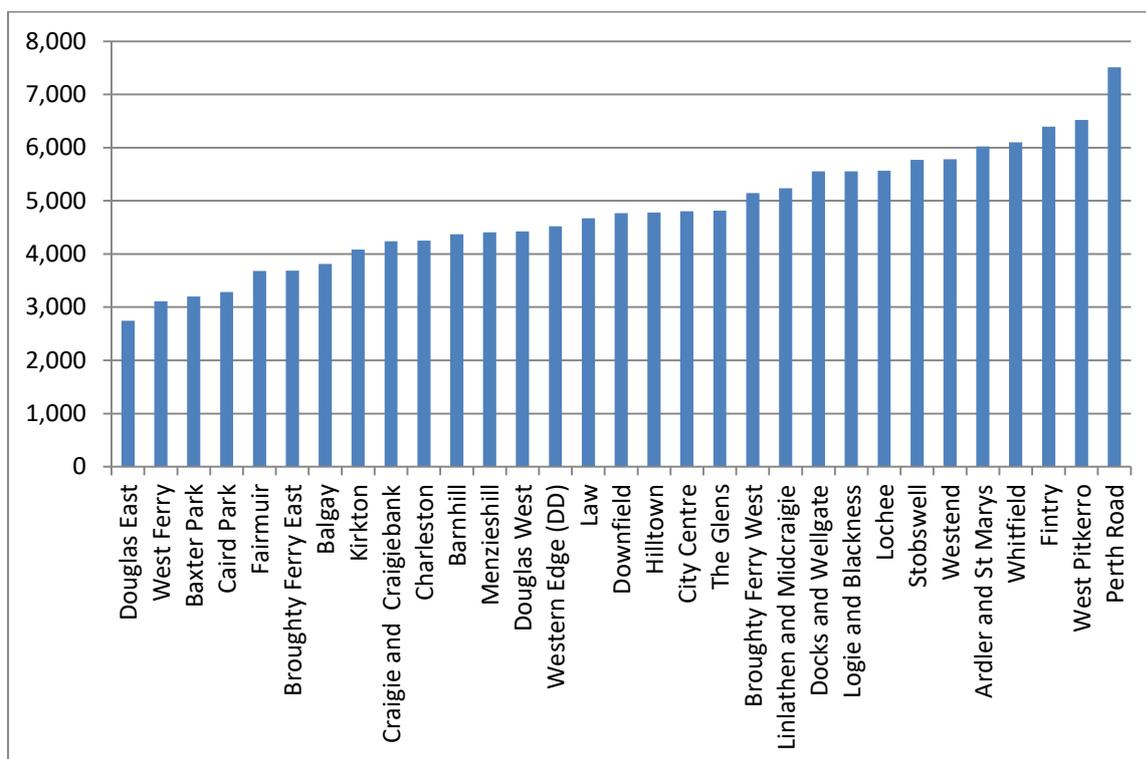


Figure 20

Place of residence: There are approximately 171,000 patients registered with a Dundee GP Practice and 90% of patients registered reside in Dundee with the majority of the remaining patients (>9%)

living in either Angus or Perth & Kinross. The approximate breakdown is provided by Public Health below using 2018 GP practice populations by postcode.

Patients Registered with Dundee GP Practice	Patients place of residence
10734	Angus
154795	Dundee City
12	Fife
5811	Perth & Kinross
271	Other/Unknown
171623	Total

2.7 Dundee Health

2.7.1 Long term Conditions

The DHSCP Strategic Needs Assessment (SNA) highlights that long term conditions prevalence is higher in Dundee compared with Scotland and the prevalence of 4 long term conditions (cancer, diabetes, depression and asthma) has increased.

Add to that, the data from the SNA shows the numbers of people on registers by cluster. Although clusters vary in population size, it combines to paint a picture of long term condition need and where particular services are needed most.

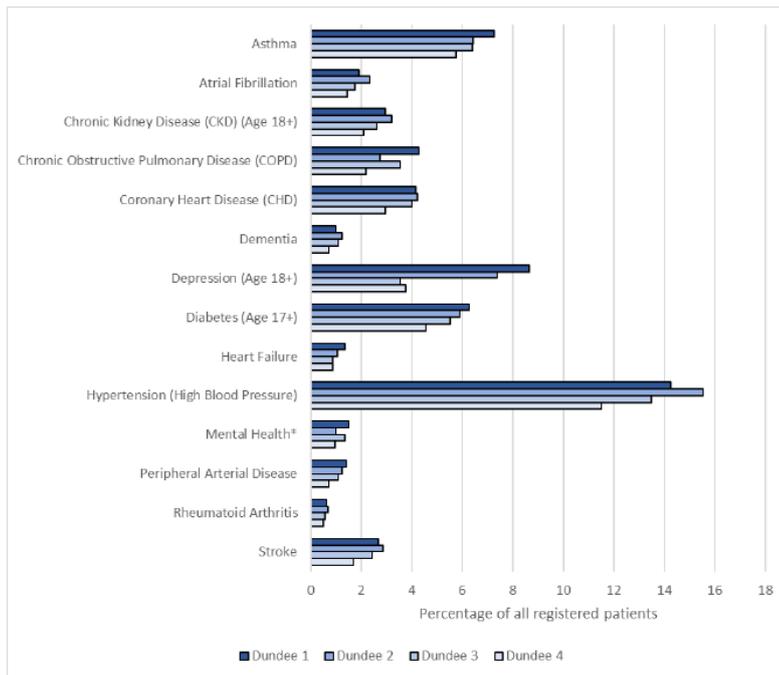
Figure 45: Numbers of people on GP practice cluster registers for selected long-term conditions

	Dundee 1	Dundee 2	Dundee 3	Dundee 4
Asthma	3,385	2,126	2,531	3,037
Atrial Fibrillation	896	773	693	770
Coronary Heart Disease (CHD)	1,947	1,394	1,588	1,564
Chronic Kidney Disease (CKD) (Age 18+)	1,378	1,058	1,037	1,105
Chronic Obstructive Pulmonary Disease (COPD)	1,991	903	1,405	1,156
Dementia	464	410	430	375
Depression (Age 18+)	4,032	2,444	1,397	1,977
Diabetes (Age 17+)	2,933	1,953	2,177	2,405
Heart Failure	639	347	344	451
Hypertension (High Blood Pressure)	6,658	5,143	5,343	6,073
Mental Health: Register defined as schizophrenia, bipolar affective disorder or other psychoses.	703	325	533	499
Peripheral Arterial Disease	660	403	424	370
Rheumatoid Arthritis	290	220	216	256
Stroke	1,243	949	959	892

Source: General practice disease prevalence data, Public Health Scotland (last data available: January-March 2019)

Figure 21

The SNA provides data on numbers of people on GP practice cluster disease registers, as a percentage of all registered patients. The results are shared in the chart below with hypertension, diabetes, depression and asthma the leading diseases.



**Mental Health: Register defined as schizophrenia, bipolar affective disorder or other psychoses.
Source: General practice disease prevalence data, Public Health Scotland (last data available: January-March 2019⁸)*

Figure 22

2.7.2 Dundee Deaths

The Scottish Public Health Observatory is a collaboration led by Public Health Scotland providing a picture of the Scottish population health. The graph below shows deaths at all ages for Dundee compared with Scotland average (the red line) and highlights 9 areas (left hand side, orange bars) that are worse than Scotland with Western Edge (right hand side, blue bar) above the Scotland average.

Deaths all ages

Intermediate zones compared against Scotland - 2018-2020

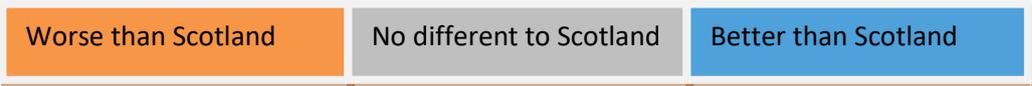
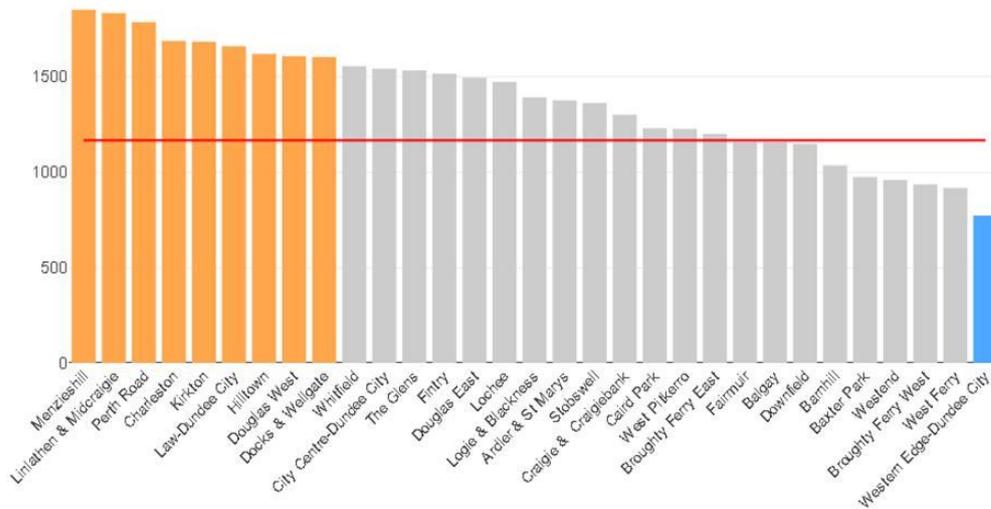


Figure 23

2.8 Inequality

2.8.1 Ageing Population

The Dundee population is ageing but, as a result of inequalities, particularly deprivation, many people enter older age with pre-existing health conditions. These patients have a need for higher levels of health and social care at an earlier stage than people of the same age in other parts of the city or other areas of the country. In Dundee there are 188 SIMD data zones of which 70 are ranked within the 20% most deprived in Scotland. (Source SNA).

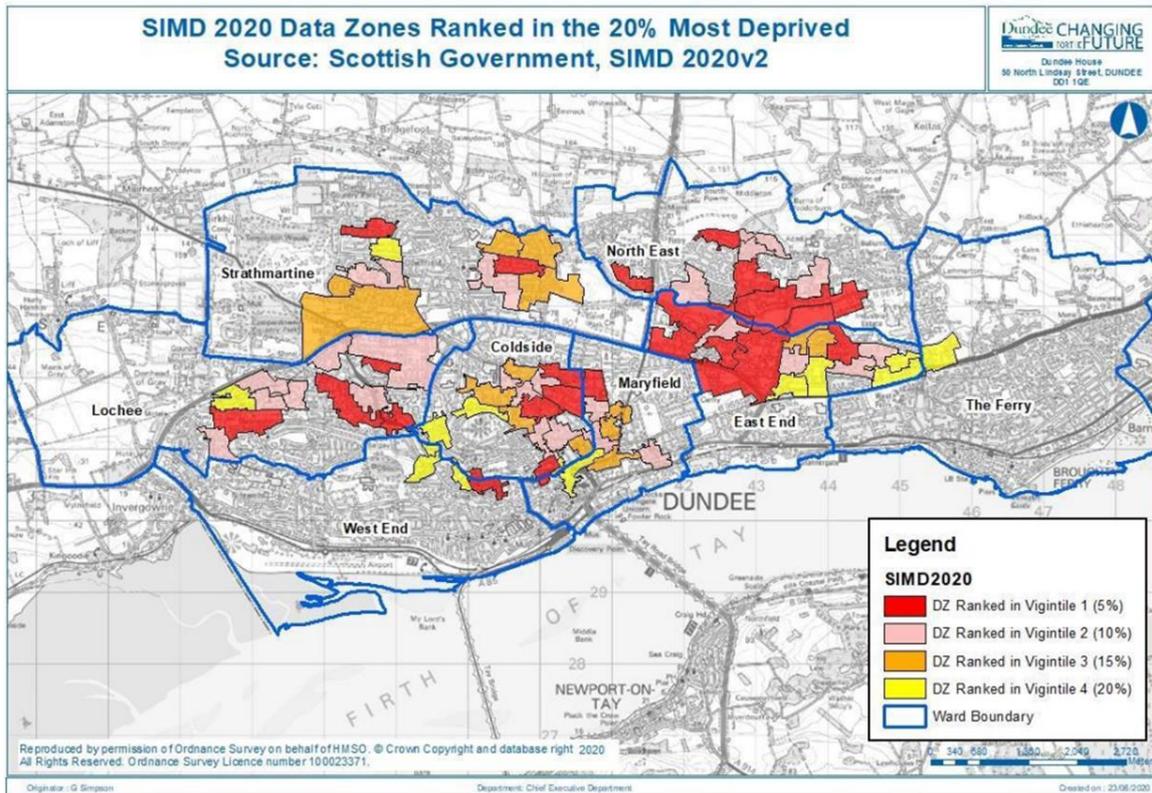


Figure 24

2.8.2 Wards/LCPPs

Local Community Planning Partnerships (LCPPs) have been established in each of the 8 Wards in Dundee and there is variation within those LCPP areas:

- Only 3 of the 8 LCPP areas have lower rates than Scotland as a whole for people aged 16-64 who have one or more health condition.
- Only 1 of the 8 LCPP areas has lower rates than Scotland as a whole for people aged 65+ who have one or more health condition.

2.8.3 Deprivation

The Strategic Needs Assessment (SNA) noted the East End and Lochee are the LCPP areas with the highest levels of deprivation and have the highest rates of people experiencing multiple health conditions compared with the more affluent parts of Dundee and Scotland.

Data from the Scottish Public Health Observatory (ScotPHO) shows those areas that have the highest income deprivation together with the Scottish average. (Figure 25 below)

Population income deprived

Intermediate zones compared against Scotland - 2017

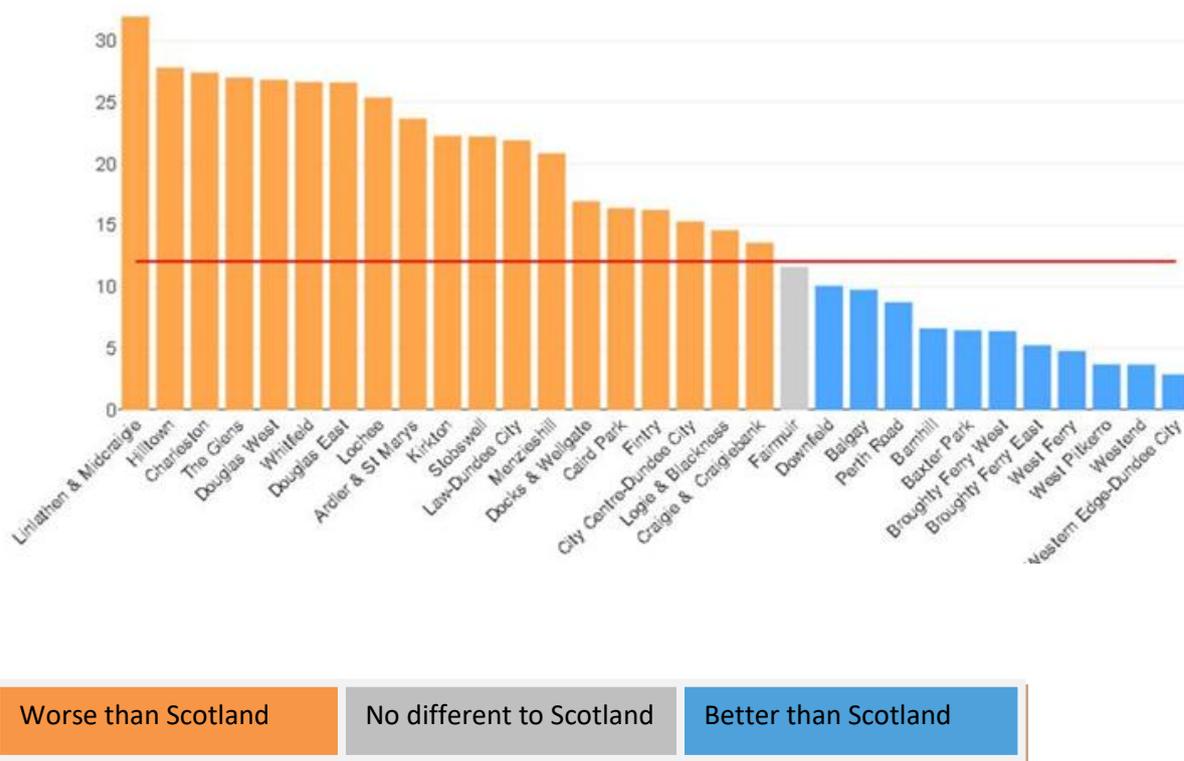


Figure 25

The current picture for Dundee premises from the recent premises survey highlights many are not fit for purpose and is impacting on opportunities for change or innovation. There is need for remedial work to improve the space available and the amenity. This is compounded by increasing demand on services, by the closures of neighbouring practices and an increasingly older population with greater health needs. Premises also impacts on GP recruitment and retention as the profession seeks freedom from premises liability.

2.9 Engage Dundee

Engage Dundee 2021 was an opportunity for the people of Dundee to tell us about what is important to them. The survey yields some great insights and included asking respondents “Do you agree that you can access support, information and services where you live about your physical health and well being?”. As the table shows the 825 respondents reflected significant differences in experience which should be taken into account as part of premises decision making.

Ward	% of respondents from that ward
Coldside	74.5%
East End	67.5%
Lochee	55.0%
Maryfield	78.7%
North East	56.7%

Strathmartine	61.2%
The Ferry	No data
West End	84.4%

3. WHERE DO WE WANT TO BE?

In this section, the national, regional and local drivers are set out. It is important to draw together the various perspectives and ambitions as part of developing a community focused response to health, care and social needs.

3.1 THE NATIONAL PICTURE

We are seeing significant change to the way general practice services are delivered, including services, workforce and premises and also the programme of work for general practice is set at a national level.

The key documents, setting out the national drivers on where we want to be are:

National Clinical Strategy for Scotland 2016

The vision for health and social care services in Scotland up to 2030 includes *‘planning and delivery of primary care services around individual communities’*.

General Medical Services (GMS) Contract in Scotland 2018 (BMA / Scottish Government)

This GMS contract ‘underpins a new distinctively Scottish Medical Services contract’ as it recognises that general practice is *‘essentially a collaborative endeavour’* with ‘multidisciplinary teams required to deliver effective care’. The refocusing of the GP role as expert medical generalists builds on core strengths of general practice. This will mean tasks currently done by the GP can be carried out by members of the wider primary care team. The contract delivery is underpinned by a Memorandum of Understanding, now in its second iteration, which runs until 31 March 2023.

National Code of Practice for GP Premises 2018 (BMA/ Scottish Government)

Alongside the move to multidisciplinary teams, the National Code recommends moving general practice towards a service model that does not require GPs to own their premises. To support this transition, the Scottish Government has established *GP Premises Sustainability Funding to assist* those who no longer wish to own or lease premises themselves. It is anticipated this will remove a significant barrier to GP recruitment.

Primary Care Improvement Plans (PCIP)

Building on both the Contract and the Code, the Scottish Government refocused the GP role as *expert medical generalists*, with general practice at the heart of the healthcare system where *multidisciplinary teams* come together to inform, empower and deliver services in communities for those people in need of care.

To make the vision a reality, and to support the role of the GP, Integration Authorities have a statutory role in commissioning primary care services and service redesign that will deliver the primary care improvement plan with its *six priority services*:

1. Vaccination Transformation Programme

2. Pharmacotherapy
3. Community Treatment and Care Services (CTAC)
4. Urgent Care
5. Additional Professional Roles (eg First Contact Physiotherapy and Mental Health & Well Being)
6. Community Link Workers

Other national policies steer the direction; for example, the six Public Health Priorities (2018) which can shine a light on the Scottish Government direction of travel; for example, the vision set out for Housing to 2040.

3.2 ACROSS TAYSIDE

Tay Strategic Plan 2016-2036

NHS Tayside has set out its response to the national vision with the TAYplan Strategic Plan 2016-2036. This plan, reviewed every 4 years, centres on place and how quality of place is really important for people's quality of life. It states '*community, healthcare, education and sporting facilities are best located at the heart of the communities they serve*'. The plan mentions Dundee's target of 480 new homes per year. Based on an occupation of 2.16 people per house, that is an additional 1036 people per year.

NHS Tayside Asset Management Update 2020 to 2030

The Asset Plan for Tayside sets out the *current state of primary care premises*, noting the required areas of change are:

- The sustainability of the number of practices
- The anticipated demand to assign leases and properties to the Board
- The significant number of services housed in poor/aged/inappropriate accommodation
- The likely demand for growth to be accommodated in practice with already high demand.

3.3 WITHIN DUNDEE

At a local level, the HSCP believes that by working together across organisations the population of Dundee city can be healthier, with fewer inequalities and able to provide high quality, cost effective services that align with the needs of the city's population. This includes moving to a locality based model, where general practice is part of a wider health and social care eco system providing care to members of its community. The details are set out in the Dundee Health & Social Care Partnership Strategic and Commissioning Plan 2019-2022 and extension 2022-2023.

For example, Newfield, Lochee and Invergowrie provide future models of health care provision as they move to a gradual rebalance of care provision that is local to patients, is community focused and is a multi agency approach making the practice at the heart of the community. The services should provide everyone with a good experience, of feeling supported by services that meet both mental and physical needs and act responsibly with the funding available.

The table below shows the areas in metres² of each practice, based on the District Valuer's 2018 table top exercise on behalf of the Scottish Government. It gives an overall square meterage based on DV assessment for rent reimbursement purposes. NHS Tayside expenditure on premises is said

to be higher than other areas however this is anecdotal and should be viewed with caution for a number of reasons:

- The floor area may not reflect clinical space.
- There may be a difference between the GMS footprint and the size of the building.
- It may include a branch surgery.
- It may include a large reception waiting area or be a building with lots of corridors.

It is also worth reiterating that with more services looking to move to primary care and increasing multi-disciplinary working, a key enabler will be GP premises that have fit for purpose space. These services include:

Link working: At present 2 practices remain unable to provide space for a Social Prescriber Link Worker.

ii) The PALMS (Patient Assessment and Liaison Mental Health Service) is currently recruiting into posts and anticipates a PALMS clinician in every practice by October 2022 but space is anticipated to be a restriction.

iii) Community Treatment and Care clinics are held across a number of practices and also within the MacKinnon Centre, Ardler Community Centre and Ryehill.

Practice	M ² (see note)	List Size 2022	M2 per patient
Ancrum Medical Centre - 1	298	3613	0.08
Ancrum Medical Centre - 2	298	4774	0.06
Arthursstone - Erskine Practice	660	7689	0.09
Arthursstone – The Mill Practice	616	8535	0.07
Broughty Ferry Health Centre	486	9231	0.05
Coldside Medical Practice	398	9181	0.04
Downfield Surgery	559	8502	0.07
Grove Health Centre	622	6075	0.10
Hawkhill Medical Centre	964	11862	0.08
Hillbank Health Centre	870	7934	0.11
Invergowrie Medical Practice	76	1881	0.04
Lochee Health Centre	364	3695	0.10
Maryfield Medical Centre	810	6135	0.13
Muirhead Medical Centre	325	8102	0.04
Nethergate Medical Centre	568	7567	0.08
Newfield Medical Practice	137	4204	0.03
Park Avenue Medical Centre	230	4926	0.05
Princes Street Surgery	376	8963	0.04
Tay Court Surgery	267	9526	0.03
Taybank Medical Centre	780	6404	0.12
Terra Nova Group Practice LLP	497	6095	0.08
Wallacetown Health Centre	356	9485	0.04
West Gate Health Centre	785	12944	0.06
Note: PCS have only 2018 desk top exercise by District Valuer for			

Dundee's Joint Integration Board has set out Dundee's broad strategic priorities, and key areas of focus and delivery. These being a response to factors including Dundee's '*low life expectancy, too many people living in deprivation and the health equality gaps between communities*'.

There are 4 key priority areas:

1. Health inequality
2. Early intervention and prevention
3. Localities and engaging with communities
4. Models of support/pathways of care.

The plan includes recognition of *changing patterns of demand* for health and social care including:

- The proportion of over 75 years in Dundee – who tend to be the highest users of health and social care services – will increase significantly.
- The continuing shift in the pattern of illness towards long term conditions, particularly the growing numbers of older people with multiple conditions and complex needs such as dementia.
- An enhanced focus on population wide public health responses to health and wellbeing issues such as obesity, mental health and those with drug use problems.
- Every person and family to have access to enhanced community based provision.

Dundee Primary Care Improvement Plan (PCIP) 2021-2022

The Dundee PCIP takes the six priority areas in the national PCIP and for each area there is a Lead Officer assigned with delivery and managing the risks and issues. It notes *the lack of space within general practice* which impacts on the ability to host First Contact Physiotherapy services, mental health staff and CTAC services. This was reflected in the Practice Survey. It also references an ambition to develop this document to provide a Dundee Primary Care Premises Strategy and to recognise the importance of practice boundaries, and how practices, clusters and teams will link.

Dundee City Plan 2017-2026

Dundee's City Plan is a key part of the premises jigsaw as here the wider economic, environmental and social aspirations for Dundee are captured. It strengthens the case for Dundee's priorities to be a focus on *health inequalities and person centred care*. It also includes an ambition to modernise primary care services with a specific focus on general practice. The city plan supports the Partnership's objective to move towards a property estate of *co-location of general practice with other health and social care professionals* in order to improve integrated care.

Dundee's Climate Action Plan (2019) has set a pathway of transition to a net-zero and climate resilient future by 2045. This will be supported through the provision of community servicing GP premises enabling residents to live within a smaller carbon footprint.

Dundee's City Centre Strategic Investment Plan 2020-2050 includes ambitions around doubling the city centre residential population and exploring activities to ensure more services and facilities are introduced to the city centre including GP, dentists, and psychiatric services. This will contribute to an increase in the footfall which is a consideration for the city centre located practices.

Finance

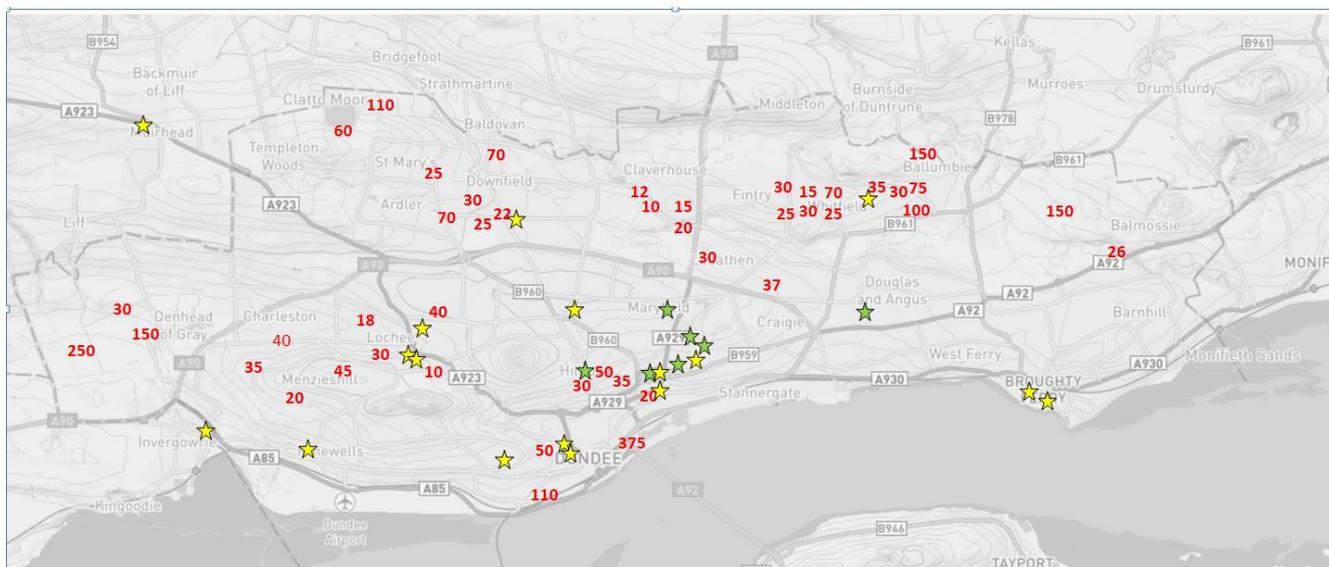
NHS Tayside Performance and Resources Committee receive regular reports on property strategy progress, finance and performance. This GP Premises property strategy must align with the Tayside-wide strategy and its ambitions. It must also support the delivery of key financial targets.

Dundee Housing

Using information from the Dundee Strategic Housing Investment Plan 2019-2024, the map below shows the new housing planned for Dundee in relation to general practice locations. The boundaries between NHS and Council services are not coterminous.

The Tay Strategic Plan identifies the regeneration/priority areas as:

- Hilltown
- Whitfield
- Lochee
- Mill O’Mains



★	Practices without space issues in 2022
★	Practices with space issues in 2022
00	Number of houses planned to be built

Figure 26

Workforce Recruitment and Retention

Challenges and ambitions outlined in workforce strategies, including Dundee Council’s Our People and Workforce Strategy 2019-2022, provide the basis for exploring what the premises requirements are for staff groups and teams. The GP premises strategy to be linked in to this ongoing work.

Environment Policy

The city-wide Sustainable Energy and Climate Action Plan promotes sustainable ways of working and the reduction of carbon emissions. For example, to increase the number of electric car charging points and from 30 May 2024, vehicles not meeting the low emissions zone (LEZ) standards will be excluded from the city area within the A991 Inner Ring Road.

Stakeholder Engagement

Workforce: Capturing the primary care health team’s view of the quality of their environment may be useful for a practice to do. An assessment of existing premises to include circulation of space, staff areas, building efficiency, health and safety including slips and trips etc can be done using a tool such as <https://www.sehd.scot.nhs.uk/gpweb/1/index1.html>.

Patients: This Strategy does not include the service user perspective and this is a key recommendation.

4. HOW DO WE GET THERE?

This strategy sets out the ambitions for Dundee health and social care provision to develop premises that enable and support health and social care services that are the focal point within a community. This will enable residents in Dundee to access the services they need within their own community. The causes of poor health largely lie outside the health system but equitable access to health care is vital. Any reshaping of services will need to meet challenges of health inequality. This includes the requirement of public bodies, under the Fairer Scotland Duty (2018), to actively consider how they could reduce inequalities of outcome in any major strategic decision and to publish how they did it.

General practice premises provide a wide variety of services although not all practices are able to provide all services; reflecting other factors, for example the need for a service to be of sufficient size to develop an expert, robust workforce. It is anticipated premises will be open between 0800 and 1800 Monday to Friday although not all services will be available between those hours. The service provision will be developed having recognised the changing landscape, the need to respond to the needs of the patient within that community and the requirement to face challenges with determination and innovation.

To move this strategy forwards, means selecting where to focus energy and resource. The four criteria identified by this document will help identify the work programme:

Criteria	Activity	Suggestion
Community focused model delivering health and social care	Using Lochee and Whitfield as community model templates, undertake reviews with practices in terms of their readiness and ability to embrace this model.	Shorter term: progress practices that have already begun working towards the model. Longer term: plan how to move a practice towards the model.
Good quality and fit for purpose premises	Using the GP practice survey responses, work with practices currently unable to deliver Primary Care Improvement services due to premise constraints	Shorter term: contact Primary Care Improvement services to identify where there are gaps in provision and work with practices on finding solutions to enable service delivery.
Sustainable general practice services	Actively work with practices to ensure they operate out of fit for purpose buildings.	Link to current work on lease assignment framework and risk assessments and identify maintenance requirements.

Appropriate geographical coverage	Review the service provision across Dundee.	Review of service provision and unmet need and patient satisfaction.
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A number of recommendations and actions are given below with suggested levels of priority.

4.1 IMMEDIATE PRIORITIES

Recommendation 1: Map PCIP opportunities and barriers

Around 50% of the Dundee practices do not consider their premises fit for their present needs. A similar number of practices flagged that a lack of space hampers opportunities to pursue ideas, the ability to have pharmacy or phlebotomy within the practice and the ability to train GPs when demand for education and training has increased in recent years within Dundee. These examples demonstrate how premises can impact on wider programmes of work eg the PCIP.

ACTION 1: PCIP is a national priority so need to understand before 31 March 2023 which PCIP opportunities are not being progressed due to premises barriers and agree funding to move forward.

Recommendation 2: Plan for lease renewals and loan requests

Dundee HSCP to work in partnership with NHS Tayside to develop a step by step process and plan for lease renewals and loan requests and to expedite these in a timely fashion to minimise the risk to patient services. The next lease to expire is in 2026.

ACTION 2: DHSCP to take a strategic view on longer term need and viability of individual premises (rationalisation). Where a lease is due to expire, apply an agreed process including assessing if a building is needed and a RAG rating of risks to include clinical need and functionality of building.

Recommendation 3: Update planned work programme for 2022/23

Clarity on what work is being done/planned. This should include working towards the ambition of place based or community setting care. This is in contrast with the Strategic Needs Assessment finding that in Dundee many people are not registered with the GP practice closest to their home. Patients choose to travel across the city to attend a GP appointment. Conversely, distance can be a factor in failure to attend appointments so explore at practice level.

ACTION 3: Set out a programme of works

Current Work Programme:

Broughty Ferry Health Centre refurbishment, commenced summer 2022.

Mackinnon Centre – change of room usage - room being used to support Broughty Ferry decant

Westgate Car Park extension to increase provision of spaces.

Broughty Ferry Health Centre accommodation review which has some primary care funds but not been progressed. Clinical management team to establish services needing to be housed.

Work plan across next 5 years

- To have dealt with leases and loans and funded modifications to premises including room additions and IT systems.
- To have put forward options that look at new builds in areas that are underserved.
- To support applications that use funding for achieving 'net zero' for example installation of

ground source pumps and LED lighting.

- To have submitted Strategic Assessment for Scottish Government capital investment - see Appendix 2.

Work plan next 5 to 10 years

New build work

Work plan next 10 to 20 years

- To have reviewed the changing population and health requirements and put in place plans to meet needs.
- To reduce the carbon footprint through the provision of services that is accessible to patients by foot or bicycle.

Recommendation 4: Address Inequalities

The Fairer Scotland Duty came into force in April 2018 and places a legal responsibility on public bodies to actively consider how to reduce inequalities in any major strategic decision and requires a written assessment showing how it was done. The Scottish Government's Report of the Primary Care Inequalities Short-Life Working Group (March 2022) recommends a strategy to invest in wellbeing communities through local, place-based action. It recognises health and social care services are most effective when they rest on strong community networks. This will include exploring health needs and engagement with the local population to identify necessary changes and lead to solutions which have been co-designed with the population.

ACTION 4: Complete an Equality Impact Assessment and undertake a patient survey on their views including use of digital/phone appointments, willingness to travel and for which services etc.

4.2 MEDIUM PRIORITIES

Recommendation 5: Assess potential improvements to premises

The improvements to the environment particularly accessibility, inequality, sustainability and environmental issues together with positive working environment for the MDT all combined to provide patient centred care in a local context. In the recent practice survey, improvements to the environment were flagged by 14 practices.

ACTION 5: Use the information from practices to prioritise those and to link to potential sources of funding and timeline of funding availability.

Recommendation 6: Collate data to inform responses to national and local direction

Obtain reliable information from practices together with robust data from other sources to ensure challenges are understood. It will also provide evidence supporting practice and cluster responses to the National and Tayside-wide directives for primary care services and to changes within the city such as new housing developments on the city boundaries.

ACTION 6: Link with information teams in Public Health Scotland, NHS Tayside, Dundee Health & Social Care Partnership and General Practitioner Services.

Recommendation 7: Produce a practice asset tracker

Have access to update information on practice premises. It is suggested it includes:

Broadly categorising buildings, for example:

- Core – will remain in operating delivery services for at least the next 10 years
- Flex – will provide services for at least the next 5 years
- Tail – will likely be disposed of within the next 5 years

A Maintenance Log which captures the physical condition, functional suitability and maintenance priorities.

Estate Occupancy costs such as Energy, Utility and Taxes (Business Rates, Water Rates)

ACTION 7: Contribute to the NHS Tayside Asset Management plan.

Recommendation 8: Link to Digital Programme

Digital healthcare technologies can improve the efficiency and workflow for healthcare professionals and how patients access healthcare and health information. Close working with the Digital Strategy is needed to recognise opportunities and how to embrace them.

ACTION 8: Align digital solutions that enable less demand for physical space eg online consultations and ability for workforce to work from other locations including home.

4.3 LOWER PRIORTIES

Recommendation 9: Ensure renovations meet required standards

Work with practices to ensure that all property and environmental improvements comply with Statutory Compliance for Healthcare. Cognisance for new or existing properties and standards that were fit for purpose at the time of construction which may no longer be considered good practice. Further consideration should be afforded to impending assignation requests to ensure all healthcare standards and requirement for Statutory Compliance are considered to form a full encompassing picture along with prescribed lease and contractual elements.

ACTION 9: Awareness of all Statutory Compliance and environmental aspects at the time of refurbishment and lease assignation.

Recommendation 10: Embedding practices

Support general practice to become more embedded in their local communities which would contribute to the ambition of the 2016 National Clinical Strategy for Scotland of '*planning and delivery of primary care services around individual communities*'. It would also align with the 2019 Dundee climate action plan, by reducing healthcare related travel.

ACTION 10: Explore the legislative context and the local agreements that would be required to enable practice to timeously move to geographical lists.

Recommendation 11: Map new housing plans with GP practice capacity

Ensure Dundee City Council Planners and Primary Care is aligned on service provision and impacts of being part of wider health and social care system. Consider too, the wider conflicts between a developing city plan, service capacity, available land use etc.

ACTION 11: Map new builds and align with key objectives including city centre ambitions to increase footfall.

Recommendation 12: Assess GP and Practice Nurse workforce plan

Clarify the forecast for GP and practice nurse workforce for Dundee practices and the impact of that on premises to support any mitigation. For example, additional space to expand the MDT.

ACTION 12: Obtain up to date data on general practice workforce to understand risk and explore mitigations.

Recommendation 13: Premises Efficiency Review

Review operating costs for premises owned or leased by NHS Tayside to assess where there is potential for efficiency savings. This would include utilisation of space, flexibility of space to meet service needs, economies of scale across several practices, impact on practices etc.

ACTION 13: Invite 1 or 2 practices to undertake a review which will enable a blueprint to be created of what is useful and a mechanism to do it.

5. References

National

- The 2018 GMS Contract In Scotland
- Code of Practice for GP Premises 2018 GMS contract
- Primary Care Improvement Plan
- Infection Prevention and Control Standards May 2022
- Public Health Scotland GP Workforce & Practice List Sizes 2011-2021
- GP Sustainability Loan Agreement Jan 2020
- The Fairer Scotland Duty Interim Guidance for Public Bodies March 2018
- Scottish Government Report of PC Health Inequalities SLWG March 2022
- Scottish Government National Clinical Strategy for Scotland 2016-2036

Tayside

- Tayplan Strategic Development 2016-2036
- NHS Tayside Asset Management Update

Dundee

- Dundee Primary Care Improvement Plan
- Dundee Strategic & Commissioning Plan 2019-2022
- Dundee City Plan 2017-2026
- Dundee Strategic Needs Assessment
- Dundee Strategic Needs Assessment Data Version 1.0
- Dundee Strategic Housing Investment Plan 2019-2024
- Dundee Health & Social Care Strategic & Commissioning Plan 2016-2021

Appendix 1 –Copy of Survey

GP PREMISES PRACTICE SURVEY - MAY 2022	
1	Practice Name
2	Practice Code
3	Completed by - Name/Role
4	Are the premises purpose built
5	Do you consider your premises to be fit for your present needs?
6	Are there modifications needed to the premises now?
7	In what year was last modification/extension to your premises
8	What loans and leases are on the premises, include any assignment clauses and expiry dates?
9	Have you successfully applied for any grants relating to the building or the infrastructure in the past 3 years
10	Has there been an opportunity to host a member of the PCIP team which has been refused due to lack of space
11	Do you have space at the practice to train GPs
12	Are there opportunities or ideas the practice is unable to pursue due to limitations with the premises and your partnership. E.g. Co-location of DN or wider health promoting teams

Appendix 2 – Strategic Assessment Template

PROJECT: GP PREMISES		What are the Current Arrangements: 23 general practices, located across Dundee, provide health care to a population of 171k people. They are running at capacity. In addition, a number of additional premises provide other primary care services including Community Care & Treatment.		
What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?	What solution is being considered	
	Identify Links	Identify Links	Prioritisation Score	
Requirement to deliver the PCIP and aspirations in DHSCP Strategic & Comm Plan & Addendum	Enables delivery of a community model of health and social care provision	Person Centred	5	Service Scope / Size Full range of services provided by general practice
Need to ensure sustainability and viability of GP services across Dundee	Improves access to services including meeting future needs	Safe	4	Service Arrangement Integration/co-location of health and psychosocial services
To improve GP premises so they are functionally effective	Ensures workforce feels valued and supported in delivering services	Effective Quality of Care	5	Service Providers GP practices & primary care services including FCP, CTAC
To enable patient equity & equality of access to GP practices for all patients	Enables service delivery closer to the patient and contributes to net zero.	Health of Population	4	Impact on Assets Rationalisation of GP premises
Ability to respond to changing models of care and patient need	Enables opportunity to review economies of scale and shared services	Value & Sustainability	5	Value & Procurement Unknown
	Improves use of digital solution and services meeting patient choice of consultation mode			
		TOTAL SCORE		



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26 OCTOBER 2022

REPORT ON: CARERS DELIVERY PLAN AND PERFORMANCE FRAMEWORK

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB72-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present and seek approval for the Dundee Carer's Strategy Delivery Plan and proposed Performance Framework to the Integration Joint Board (IJB.)

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- 2.1 Notes the attached Delivery Plan (Appendix 1) as a working document which will be updated on an ongoing basis in response to newly identified opportunities for improvement and development in line with the agreed Carers Strategy – A Caring Dundee 2
- 2.2 Approves the attached Performance Framework (Appendix 2) which outlines the proposed approach to performance management of services and supports to Carers by Dundee IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 All financial implications included within the Carers Investment Plan 2022-23 were agreed by the Board at its meeting on 22nd June (Article XVII of the minute refers).

4.0 MAIN TEXT

- 4.1 The attached Delivery Plan outlines the key actions agreed by the Dundee Carers Partnership to support the implementation of Caring Dundee 2. The delivery plan does not include the huge variety of on-going activity to support Carers, but instead focuses on required development work which will drive forward change and improvement in care and support for carers in Dundee.
- 4.2 The Delivery Plan is designed to be a working document for the Carers Partnership, to act as a focus for joint action against the identified strategic priorities. As such the Carers Partnership will monitor and review the delivery plan at each of its meetings to ensure that it remains relevant and up to date.
- 4.3 Lead agencies have been identified for each action, but actions will be taken forward in Partnership with all partners being responsible for the completion of said actions.
- 4.4 Key actions in relation to services and support for Young Carers will be taken forward via the Young Carers subgroup, which reports to both the Carers Partnership and Children and Families Planning Groups.

- 4.5 The attached Performance Framework report outlines the proposed approach to be taken with regards to measuring the impact of activity to support Carers in Dundee. The Framework extends beyond monitoring and review of the Delivery Plan, recognising the multi-factorial nature of our services and supports for carers.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	A number of achievements to date have been supported by Scottish Government Carers (Scotland) Act implementation funding. This funding is unlikely to increase in future years which potentially restricts the ability to respond to further increase in demand for carers support.
Risk Category	Financial, Political
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Refreshed Carers Strategy identifies priorities and resource requirements for the period of the strategy.
Residual Risk Level	Likelihood 2 x Impact 2 = Risk Scoring 4 (Moderate)
Planned Risk Level	Likelihood 2 x Impact 2 = Risk Scoring 4 (Moderate)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

Risk 2 Description	Some of the actions within the Delivery Plan are dependent on recruitment to key posts, delays in recruitment will lead to delays in implementation.
Risk Category	
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Key actions to be prioritised Timescales to be reviewed regularly Where possible recruitment to posts to be prioritised.
Residual Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
Planned Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

7.0 CONSULTATIONS

- 7.1 The Chief (Finance) Officer and the Clerk were consulted in the preparation of this report. The Delivery Plan has been developed by a sub-group of the Carers Partnership, and the Performance Framework by the Chair of the Carers Partnership with support from the Lead Officer for Carers Contract and the Service Manager (Strategic Planning, Health Improvement, and Commissioning) DHSCP.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Vicky Irons
Chief Officer

DATE: 29 September 2022

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DRAFT A CARING DUNDEE 2 STRATEGIC PLAN 2021 – 2024 – DELIVERY PLAN

Carer Strategic Outcome 1: I am heard, recognised, respected and I am able to be involved

Carers will say that they have been identified, given a voice and feel listened to, understood and respected. They will be an equal partner in the planning and shaping services and supports. Carers will also say that they know and understand their rights and are respected as a Carer.

	Priority areas	Planned actions:	Timescale/Status	Lead:
1.1	Work with Carers and relevant agencies to find ways to identify Carers, thinking creatively and utilising best practice locally and nationally	Building informal support/partnership working and supporting the wider workforce to improve skills, confidence and develop resources to support sustainable carer identification and support (in person and e-module options)	In development	Dundee Carers Centre Localities Team
		Building on improved informal support/partnership recording to better evidence locality/informal reach	In development	Dundee Carers Centre
		Re-launch of the Carers Interest (Workforce) Network in 2022	Autumn 2022	Dundee Carers Centre
		Review existing contractual arrangements for engagement with carers	March 2023	DH&SCP
1.2	Involve carers as equal partners in care	Enhance carer involvement in hospital discharge, to address requirements of section 28 of the Carers (Scotland) Act 2016.	March 2023	DH&SCP Hospital Discharge Team
		Review learning from Triangle of Care improvement work - Carseview Carers Group, partnership work with Carseview and Mental Health Agencies	Development work	Penumbra/Carseview/ Carers Trust Triangle of Care work
		Identify areas for joint working with the personalisation agenda and Adult Carer Support Planning	Development activity	DH&SCP

1.3	Find the best ways to ensure that carers and others who aren't online can continue to access information and support in other ways,	Work with Lead Scotland to facilitate a 'Drop in Clinic' for carers of all ages and evaluate re future provision		Dundee Carers Centre/Lead Scotland
		Develop and launch learning opportunities for both carers and the workforce along with the new online Learning Portal on www.carersofdundee.org and continuing to develop information in accessible formats.	Ongoing Development and improvement	Dundee Carers Centre Learning & Development resource
1.4	Undertake targeted engagement work with Carers with similar types of caring roles to further understand, plan and design solutions to reduce the impact of caring	Deliver targeted work to develop and strengthen support and opportunities for carer participation in the decisions that impact on their lives, services and communities – Carers Partnership Engagement	Development work	Carer Involvement subgroup
		Design with carers and organisations an engagement framework to grow the involvement culture ensuring that the voices of carers are sought, heard, and acted upon to enhance carer outcomes.	Development work	Carer Involvement Subgroup
		Test a PB approach in a locality involving carers and communities in the process of deciding priorities for the allocation of funds, how the funds will be used and monitor the activity funded	March 2023	Dundee Carers Centre/ Carer Involvement Subgroup
		Agree role and remit of Involvement sub group, establish group to develop new engagement opportunities and continue to develop links with other broader engagement activities and ensuring links with C&F sub group	Development activity	Carer Involvement Subgroup
1.5	Ensure all practitioners understand and implement their roles and responsibilities in relation to identification of/support to carers of all ages	Develop workforce plan to build confidence and skills of our workforce in supporting Carers.		Dundee Carers Partnership/all partners
1.6	Enhance workforce learning opportunities regarding identifying carers, carers matters and carers priorities and opportunities to support	Continue to develop workforce learning online modules via Carers of Dundee platform)	Ongoing/development work	Dundee Carers Centre Learning & Development resource/CofD

	Carers	Anticipated workforce learning & development via HSCP Adult Carer Support Plan Test of Change/Improvement Activity	Development activity	DH&SCP ACSP Improvement Work
1.7	Young Carers are identified, respected and involved	Continue to increase the number of young carers identified (in particular at an early stage in primary school)	June 2023	Young Carers Sub Group
		Continue to recruit, train and include young carer ambassadors and college carer ambassadors to work on local actions with young carer coordinators and local link worker	June 2023	
		Young Carers Subgroup to work with and include Young Carers Voice	Ongoing activity	
		Develop a dashboard of all supports/activities/networks available for carers at D&A college including developing work with staff who are carers	Development work	
		Continue a pro-approach to identifying those young carers who may require a young carer statement	Ongoing/development activity	

Carer Strategic Outcome 2: I am supported to have the best possible caring experience

Carers will say that they have had positive experiences of supports and services designed to support them and the person they care for. Carers will say that they feel services are well coordinated for them and the person they care for and that they have access to a range of information and advice.

	Priority areas	Planned Actions:	Timescale/Status	By Who
2.1	Support ways to ensure Health and Social Care and associated workforce remain alert for any possible critical concerns in caring situations and have	Anticipated workforce learning & development via HSCP Adult Carer Support Plan Test of Change/Improvement Activity	Development/improvement activity	DH&SCP

	pro-active conversations with Carers to ensure access to the supports and services they need now and in the longer term	Support Health and Social Care professionals and associated workforce to proactively involve and seek the views of carers' when planning supports for the person they care for	Development activity	ACSP Improvement Work
2.2	Support ways to ensure suitable and sufficient contingency arrangements are made if Health and Social care provision for Supported Persons ever has to be reduced again	Further develop and promote use of Local Carers Emergency Planning information resource, consider links with ACSP improvement work	Development activity	DH&SCP ACSP Improvement Work & Personalisation Work
2.3	Ensure that appropriate services and structures hear Carers feedback and concerns	Design with carers and organisations a framework to grow the involvement culture ensuring that the voices of carers are sought, heard, and acted upon to enhance carer outcomes.	Development/improvement activity	Carer Involvement Subgroup
2.4	Promote and support ways that formal services in local authorities and health give Carers and their families clear, timeous information about any service changes overall and individually	Communication & Digital Involvement - central support to increase capacity within the HSCP for communication and digital development	March 2023	DHSCP Communications/ Info & Communication funded post
2.5	Promote public awareness of carers and the diversity of caring roles	Evaluate Carers of Dundee Awareness Campaign during National Carers Week and TV advertising campaign (short bursts throughout 2022/23) and monitor impact and reach of campaign activity	March 2023	Carers Centre Comms/Carers of Dundee
2.6	Young Carers will say that they have had a positive caring experience	Develop a range of toolkits, resource and supports/training on how to use them for partner agencies	June 2023	Young Carer Subgroup
		Enable Young Carers to access specialist information, support or training from the Carers Centre and other carers specific organizations	Ongoing/development work	
		Celebrate young carers contribution and reduce the stigma associated with being a young carer	Ongoing/development work	

		Work with adult services to improve the extent to which young carers views, and the impact of the caring role, is taken into account when planning for the supported person	Ongoing/development work	
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Carer Strategic Outcome 3: I can live a full and healthy life				
Carers will say that they have opportunities to lead a fulfilled and healthy life. This may include accessing supports to improve their health and wellbeing, financial security and identifying what is important to them and how they will achieve this.				
	Priority areas	Planned Actions:	Timescale/Status:	By who:
3.1	Increase support and explore additional ways to enable Carers to improve and maintain their health and wellbeing	Evaluate impact of additional capacity of the NHS Tayside/DHSCP Bereavement Service to provide direct support to carers whose mental health and wellbeing has been negatively impacted upon by COVID, providing support to those who have been bereaved over the period.	March 2023	NHST
		Evaluate impact of additional capacity of the existing Community Listening Service (CLS) to meet increased demand. Further awareness raising to be carried out with carers and with signposting organisations.	March 2023	NHST
		Evaluate impact of delivery of Carer Health Checks and wellbeing sessions to all identified Young Carers in Dundee	March 2023	The Corner & Partner Agencies
		Evaluate impact of Enhanced provision of Dundee Carers Centre counselling service to increase overall capacity of the service to meet demand	March 2023	Dundee Carers Centre

3.2	Explore action that might be taken to further understand and reduce the financial impacts on Carers and their families	Work with the money advice sector to ensure that Carers know what their rights are, what information and advice is available and enhance access	Development activity	Dundee Carers Partnership
		Evaluate impact of Carers Winter Assistance Fund and consider potential future delivery	Development work/ Scottish Government funding 2022	Dundee Carers Centre
3.3	Explore additional ways to support Carers who want to gain, maintain or return to employment	Scope range of employability services/projects across Dundee and develop links to ensure that Carers can access employability advice and support	Development activity	Dundee Carers Partnership
		Consider future promotion of the Carer Positive award	Development activity	Dundee Carers Partnership
		Promote uptake of the Carers Charter working alongside employers to identify and support carers in the workplace	Development Activity	Dundee Carers Centre
		Explore ways to work with more employers Including using Local Carers Charter to facilitate support to employees in a caring role, offering flexible working arrangements	Development work	
3.4	Young Carers will say that they can live a fulfilled and healthy life.	Improve and streamline processes for young carers to be able to access a short break (link to respite actions)	Development work	Young Carers Sub-Group

		Ensure that young carers entitled to a funded young carer statement are accessing those supports	Development work	
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Carers Strategic Outcome 4: I can have a life of my own and I can balance the caring role in my life				
Carers will say that they have a good balance between caring and other things in their life and have choices about caring. Carers will say that they want to do and are able to continue in the caring role.				
	Priority areas	Planned Actions:	Timescale/Status:	By who:
4.1	Continue to explore how best to utilise Adult Carer Support Plans to provide planned support to Carers, based on the Carer's identified needs which meet the local eligibility criteria	Undertake improvement work to processes & systems via HSCP Adult Carer Support Plan Test of Change Activity	Development work	DHSCP ACSP Improvement Work
		Increase the appropriate uptake of Adult Carer Support Plans by planned improvement to the process and systems	Development/improvement activity	DHSCP ACSP Improvement Work DHSCP
		Work to increase respite provision helping to ensure ability to maintain caring role.	Development work	DHSCP ACSP Improvement Work DHSCP
4.2	Ensure eligible carers have a range of self-directed support opportunities and choices which support them to achieve their outcomes	Self-Directed Support development work to enhance carer outcomes and reduce barriers to accessing SDS and increase local uptake	March 2023	Short Breaks/SDS Personalisation proposal bid
4.3	Consider need for additional/enhanced Advocacy support for Carers.	Identify any further requirements for informal/formal advocacy support	In development	Carers Partnership
4.4	Utilise and review Local Authority Short	Review Local Short Breaks Services Statement including review of	Development work	Carers Partnership

	Breaks Services Statement to identify specific requirements for specific groups, identify barriers and solutions to enhance access and provision	provision of short breaks/respite and any related charging policies		
4.5	Young Carers will say that they can balance the caring role with their life	Enable Young Carers to access peer support in school, College and their community to maintain attendance/attainment and life balance	Ongoing/development work	Young Carer Subgroup
		Support Young Carer Champions & Carers Centre Link workers	Ongoing/development work	

Further work

A number of other key areas have been identified which require further work to develop proposals and to clarify the resources required.

These areas are:

Workforce Development – to increase workforce awareness and knowledge, enhancing carer identification, support and access to ACSPs

DHSCP Respite Provision - Provision of respite has been consistently identified as a priority for carers in the City. It is proposed that an allocation be made for 2021-22 to support respite, in particular the re-establishment of respite provision at Turriff House.

Local Capacity Assessment - Following the impact of Covid 19 on the increase in the number of carers, increase of hours caring and the increasing complexity we need to ensure that the rest of the system that supports carers can continue to management the demand now and into the future. It is therefore proposed that an assessment is undertaken as part of the next stage of this process and any gaps are identified.

Clarify planning responsibilities for parent carers - The Partnership recognises that parent carers have needs which can only be met through close working between HSCP and Children and Families services. It is vital that we take a whole family approach and work together to identify priorities for development

A Caring Dundee 2 – Performance Framework

Situation and Background

Dundee Integration Joint Board (IJB) agreed the Dundee Carers Strategy, A Caring Dundee 2, in October 2021. Following approval of the Strategy the Carers Partnership was asked to develop an associated Delivery Plan and Performance Framework.

The Carers Partnership appreciates very much the important scrutiny being placed on its work by the IJB, reflecting the importance the IJB places on the roles played by unpaid carers in the City.

Assessment

Measurement of performance in relation to Carers issues is multifactorial, reflecting the fact that improving outcomes for carers is everybody's business.

The Strategic direction has been set out though the Carers Strategy, but operationalisation of the Strategy involves a broader partnership, and input/action from across the HSCP, including ongoing improvements across HSCP services. Dundee HSCP also has a number of contracts with third sector providers specifically in relation to providing ongoing direct services and supports for carers – which are not specifically covered through the Delivery Plan. It is crucial that the Performance Framework is integrated with existing performance and governance processes, to ensure that responsibility for carers outcomes is not viewed as solely the responsibility of the Carers Partnership.

As has been highlighted to the IJB at previous meetings, progress in relation to the performance framework has been delayed due to a lack of organisational capacity to take this work forward. Recruitment to posts to support this is progressing as a priority as reported previously to the Board.

Recommendations

It is recommended that performance management in relation to Carers issues be established through 3 main routes:

Dundee IJB Reporting

Dundee Carers Partnership will report annually to the IJB in relation to progress of the Delivery Plan of the Carers Strategy. This report will focus on progress in relation to fulfilling the actions set out in the Delivery Plan and will highlight any barriers to implementation required to be unblocked through support by the IJB, as well as successes. It is anticipated that this report will be mainly narrative in nature, but will highlight the impact of activities where this can be measured.

More regular reporting on progress and escalation of any challenges/barriers throughout the rest of the year will be managed by the IJB's Strategic Planning Advisory Group (SPAG). The SPAG has the ability to escalate any concerns to the IJB outwith the scheduled annual report if this is necessary and proportionate.

Dundee IJB Performance and Audit Committee reporting

It is proposed that a number of high-level performance indicators are reported regularly via the Performance and Audit Committee. Currently proposed indicators are:

- Percentage of carers who feel supported in their caring role (note this is measured through a national survey and reported on a biennial basis).
- Number of carers supported via contracted services
- Number of Carers with Adult Carer Support Plans in place
- Number of Carers accessing short breaks
- Number of hours of respite provided related to carers support
- Number of carers supported through the SDS process

These indicators and frequency of reporting will be agreed with the PAC as part of wider arrangements for performance reporting.

Further work will be undertaken, when additional resources are in place, to explore reporting of each of the identified indicators at LCPP level and in relation to breakdowns by protected characteristics.

The Carers Partnership will continue to work with partners to develop approaches to evidencing the impact of services and supports on outcomes for carers.

Contract monitoring arrangements

All contracts for services to provide direct support to carers are monitored via Dundee Health and Social Care Partnership contracts monitoring processes. Outcomes within contracts are reviewed annually to ensure that they continue to align with the IJB's agreed strategic directions and continue to meet agreed standards of service provision. There is a need to ensure a cohesive approach to monitoring such contacts and ensure a more explicit link to the Carers Partnership and thus the PAC and IJB. This is particularly important where funding has been "mainstreamed" by the IJB to ensure continued robust monitoring and performance management. Work will be taken forward with the Social Care Contracts Team and the relevant service leads to ensure this happens.

Jenny Hill, Head of Health and Community Care
Kathryn Sharp, Service Manager
Allison Fannin, Integrated Manager



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26 OCTOBER 2022

REPORT ON: DUNDEE CITY PLAN 2022-2032

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB70-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek the Integration Joint Board's endorsement of the Dundee City Plan 2022-2032 following its approval by the Dundee Partnership Management Group on 1 September 2022.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report.
- 2.2 Endorse the Dundee City Plan for 2022-2032, attached as appendix 1.
- 2.3 Note arrangements that are in place within Dundee Health and Social Care Partnership to support and actively contribute to delivery of priorities and outcomes contained within the Dundee City Plan (section 4.3).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 BACKGROUND

4.1.1 The Community Empowerment (Scotland) Act 2015 gave community planning partnerships (CPPs) a specific duty to improve local priority outcomes and act with a view to tackle inequalities of outcome across communities in that area. In particular, CPPs were required to prepare and publish a ten-year local outcomes improvement plan (LOIP) by 1 October 2017. The LOIP is the current term to describe the document previously known as the single outcome agreement. In Dundee the LOIP is known as the City Plan for Dundee.

4.1.2 The Dundee Partnership published its first City Plan in late 2017 for the period, 2017 to 2026. The Plan fully reflected the Scottish Government's guidance for CPPs by:

- Using our understanding of local needs circumstances and opportunities to establish a clear and ambitious vision for Dundee.
- Focusing on a smaller number of key strategic priorities and setting realistic but ambitious 1, 3 and 10-year improvement targets.
- Acting to reduce the gap in outcomes between the most and least deprived groups and improving long term sustainability of public services.

- Preparing locality plans which show how we will work with communities to respond to their priorities.

4.1.3 When the first plan was agreed it was also highlighted that the City Plan would run on a five-year rolling basis, while being subject to annual reviews and reporting, and it sits within the duties of the Council, IJB and other public bodies and the Scottish Government in relation to Community Planning and Best Value.

4.1.4 The final update on the City Plan 2017 – 2027 was reported to the Partnership in December 2021; 65% of the indicators in the City Plan had improved since 2017 and 55% of the indicators were on or within 5% of meeting the 3-year target set in 2017. There were six themes in the City Plan including Health, Care and Wellbeing (covering people of all ages). The COVID pandemic impacted and changed the way in which many plans within the Health, Care and Wellbeing theme could be delivered and their subsequent impact on performance indicators; 25% of the indicators for health, care and wellbeing improved over the reporting period.

4.2 CITY PLAN 2022 – 2032

4.2.1 The City Plan for 2022 – 2032 is focussed on a smaller number of priorities, sets new 1, 3 and 10-year targets and will be monitored to show whether they are on or close to the target and whether they are showing a long-term improving trend.

4.2.2 For the next five years of this ten-year plan, the Dundee Partnership's commitment will focus on making sure they can report on the social transformation of the city in the same positive terms as the economic one. Dundee, like many urban areas, continues to have major social challenges to overcome.

4.2.3 The 2020 Audit Scotland report on Dundee City Council concluded that “despite progress, Dundee continues to face complex and deep-rooted challenges. The city has the highest rate of drug related deaths in Scotland, and pressures around poverty and mental health remain significant.” The Dundee Partnership is aware of these challenges and, is striving with all its community planning partners to address them and to increase the pace of change.

4.2.4 While the Dundee Partnership recognises the challenges of the last two years due to the COVID-19 pandemic and now the cost of living crisis, Dundee also has a number of substantial strengths that can be built upon. All partners are focussed on ensuring that all our children, citizens and communities have the best opportunities and lives, free from poverty and inequality, through the delivery of the three strategic priorities contained within this Plan.

4.3 TACKLING HEALTH INEQUALITIES

4.3.1 The City Plan for 2022-2032 sets out three vision statements, including: “*Dundee will be a caring city which has tackled the root causes of poverty and delivered fairness in incomes, education and health.*” Following on from this, one of the three strategic priorities within the plan is to “*REDUCE child poverty and inequalities in incomes, education and health.*”

4.3.2 The City Plan describes the context for this priority in terms of increasing concern about the need for effective support for people who use drugs and alcohol, the impact of the pandemic on citizens' mental health and wellbeing, strong links between poverty, mental health and obesity, rising demand for community care set against workforce planning, recruitment and retention challenges, and the forthcoming reform on adult social care through the proposed National Care Service.

4.3.3 Key actions set out under the health inequalities priority are:

- Develop and deliver the replacement strategic framework and delivery plan for drug and alcohol recovery services.
- Deliver on the Dundee Mental Health and Wellbeing Strategic Plan 2019-2024.
- Deliver on the Child Healthy Weight Strategy.

The City Plan highlights the links between this priority and actions, the role of the Dundee Health and Social Care Partnership and the priorities and actions within the Partnership's Strategic and Commissioning Plan. It also recognises that the IJB is the lead governance body overseeing the approval and implementation of the Dundee Mental Health and Wellbeing Strategic Plan

2019-2024 and has a lead role in terms of supporting developments within the Alcohol and Drugs Partnership as well as direct governance oversight of delegated drug and alcohol functions.

- 4.3.4 Historically, priorities relating to health, care and wellbeing were progressed with leadership, support and oversight provided through a Dundee Partnership Health, Care and Wellbeing Executive Board co-chaired by the Chief Officer and a senior leadership colleague from NHS Tayside. The Dundee Partnership has recognised that there have been significant structural and policy developments at a national, regional and local level that have influenced the ongoing shape of partnership working in the city since the last City Plan was agreed in 2017. Examples include the Tay Cities Deal, the Tayside Regional Improvement Collaborative, the Strang Review of Mental Health Services in Tayside, the follow up work of the Dundee Drug Commission and the Climate Emergency. This complexity has caused overlaps and/or duplication, leading to a view that some groups and Executive Boards may no longer be required. A review of the partnership structures will be undertaken by early 2023 to ensure the delivery groups are appropriate for the new plan and that strategic leadership capacity is better applied to the key priorities of the new plan. Officers from the Dundee Health and Social Care Partnership will actively contribute to this review, as well as continuing to work through established structures for drugs and alcohol and mental health to progress these areas of work.
- 4.3.5 The IJB will continue to receive regular reports in relation to mental health and wellbeing and drug and alcohol planning, improvement and performance. In addition, the annual report on the delivery of the City Plan to the Dundee Partnership will be submitted to the IJB, starting in 2023.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

- 6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

- 7.1 Members of the Strategic Planning Advisory Group, Chief Finance Officer, Heads of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Vicky Irons
Chief Officer

DATE: 27 September 2022

Kathryn Sharp
Service Manager, Strategy and Performance

Peter Allan
Service Manager, Community Planning, Dundee City Council



DUNDEE
PARTNERSHIP

City Plan

for Dundee
2022-2032



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FOREWORD

As Chair of the Dundee Partnership, the city's Community Planning Partnership, I am delighted to introduce Dundee's City Plan 2022–2032. This Plan sets out what the Dundee Partnership wants to achieve by way of improving outcomes over the short, medium and longer term for the citizens of Dundee.

The Dundee Partnership has achieved significant progress over the last five years in delivering the outcomes contained within our City Plan 2017-2026. Dundee has transformed itself into a growing city on a journey of major economic, social and cultural development, including its world renowned £1bn Waterfront development with V&A Dundee at its heart. Further opportunities lie ahead such as the £300 million Tay Cities Deal, the Michelin Scotland Innovation Parc, a Life Sciences Innovation District and the Eden Project - all examples of Dundee's bold and creative ambition. As a result, Dundee has been named as one of the world's top "places of the future".

Dundee will change again for the future for a just transition to a low carbon economy. The Partnership has recognised that we are facing a climate emergency and aims to take the spirit of innovation to lead the city to be net zero by 2045 or earlier. Partnership is vital to lead the just transition to net zero – creating opportunities for new, good and green jobs, making homes easier and greener to heat, and encouraging people to walk, wheel and cycle and/or drive low emission or electric vehicles.

As a Partnership, we recognise the challenges of the last two years due to the COVID-19 pandemic and now the cost of living crisis, but Dundee also has a number of substantial strengths that we can build upon. All partners are focused on ensuring that all our children, citizens and communities have the best opportunities and lives, free from poverty and inequality, through the delivery of the three strategic priorities contained within this Plan.

Through our City Plan we will work to ensure that we get it right for every child, citizen and community in Dundee. We are committed to improving outcomes for all our citizens but particularly for those living in our most deprived communities and for our most vulnerable residents.

Partnership working is more important now than it has ever been, with the need to deliver better, more targeted services together, using shared resources where possible. The Dundee Partnership is committed to continuing to develop co-ordinated, effective, efficient services together, that meet the needs of our communities and deliver better outcomes for all.



Councillor John Alexander
Chair of the Dundee Partnership
& Leader of Dundee City Council

Introduction

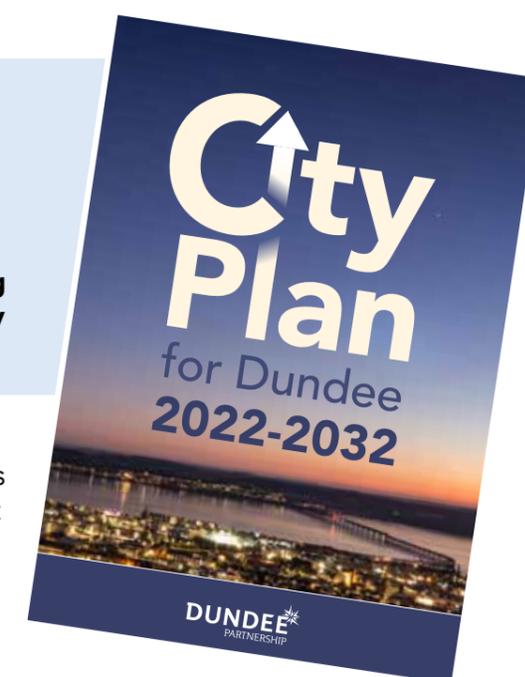
Partnership working has long been a strength in Dundee, across the public, third and private sectors, as well as with our neighbours across the region. It is what lets us drive progress in the city to improve the quality of life for our people. In doing so, we are also making a significant contribution to national priorities.

Dundee's City Plan 2022 – 2032 (our Local Outcomes Improvement Plan) sets out the outcomes that the community planning partners in Dundee, known as the Dundee Partnership, will seek to improve, which in turn should improve the wellbeing and quality of life of the residents of Dundee, with a particular focus on **reducing inequality and poverty, improving the city's economy and tackling climate change.**

The Community Empowerment (Scotland) Act 2015 placed a legal duty on community planning partnerships (CPPs) to demonstrate that they are making a significant difference to the lives of their residents through the planning and delivery of local outcomes and the involvement of community bodies at all stages of community planning.

The Act places a very specific focus on tackling inequalities for those that are most disadvantaged in our communities and says this should be articulated in a Local Outcomes Improvement Plan which must be:

- Clearly based on evidence and analysis of the area and its communities, including variations in outcomes between communities, and the communities and outcomes where improvement is a priority;
- Specific about the preventative work required by the plan and how resources will be used in new ways to support prevention;
- A driver for the CPP to develop integrated approaches to improving outcomes;
- A focus for the CPP to identify where partnership working adds value and genuinely improves outcomes;
- Clearly based on active participation by communities and community organisations;
- Precise about the level of improvement and timescales for each improvement commitment in the plan;
- Clear about scrutiny, performance and accountability arrangements for the plan.



The City Plan will run on a five-year rolling basis, while being subject to annual reviews and reporting, and it sits within the duties of the Council, public bodies and the Scottish Government in relation to Community Planning and Best Value. The City Plan has been, and will continue to be, developed in consultation and through engagement with all relevant stakeholders and the communities of Dundee.

Dundee has well established processes for locality planning to facilitate work between community planning partners and communities. There is a Local Community Planning Partnership (LCPP) in each of the eight wards of the city. These LCPPs are one of our key mechanisms for empowering communities as local people sit alongside service providers as equal partners taking collective action. People who know their own communities best, people who have lived experience of using services and local workers who have built up relationships in those communities, work together to ensure the community voice is heard and that local people are at the heart of actions taken to reduce inequalities in their neighbourhoods. They have a nominated senior officer (Locality Leader) and also include local elected members and partners, from across the public and voluntary sectors.

Each Local Community Planning Partnership produces and works to a Local Community Plan which is also reviewed every five years. These contain partnership actions to meet the needs and aspirations articulated by local people, are co-produced with the community and reflect the priorities for each ward at a community level, providing a local focus to city-wide issues. The key focus of the new local plans for 2022-2027 is reducing inequalities, which clearly links to the City Plan priorities.

It is recognised that Dundee also has enduring inequalities concentrated in certain communities, which have persisted and widened despite best efforts by partners to address these. Two areas have been identified as having particular challenges related to poverty and other forms of disadvantage: Linlathen and Stobswell West. Circumstances that affect people's income and quality of life in these areas include poor housing, the cost of living, debt, welfare benefits, education and lack of employment opportunities, childcare, health and mental wellbeing, and caring responsibilities.

Linlathen and Stobswell West will be the focus of Local Fairness Initiatives with the overarching aim of improving financial wellbeing. A Project Board has been established with a wide range of stakeholders, including community representatives, to look closely at these areas and the challenges they face, and to arrive at solutions that local people think will make a difference. This will mean developing actions to increase income from employment and benefits, reduce the cost of living, and improve mental wellbeing. Other actions will focus on challenges specific to each of the two areas such as crime, anti-social behaviour, and quality of housing, particularly private rented dwellings. Potential solutions will be tested out locally and evaluated properly to ensure they are effective, and it is vital that residents in the two communities feel involved in the process and that their voices are heard.

The desire to pilot new ambitious approaches to improving outcomes in Linlathen has led to the development of a child poverty pathfinder project that is combining the strategic and operational strengths of the Scottish Government, Social Security Scotland, Department for Work and Pensions and public and voluntary partners. The pathfinder will work creatively with local people to create new, more effective ways to improve opportunities and outcomes associated with supporting families through key workers, flexible employment and childcare, and other wraparound support.

Our Vision for Dundee

The Dundee Partnership shared a common vision in the City Plan 2017-2026. This has been updated to reflect the current language but remains built around creating jobs, social inclusion and the greener quality of life in the city. It reflects the consensus in the city which we can all work towards and is set out as follows:



Our Place

Dundee is a modern, vibrant city which is continuing to transform culturally. It is a leader in the fields of life sciences, technology and digital media industries and is developing capacity in the green jobs sector.

Particularly after the opening of the V&A Dundee, it is increasingly becoming a tourist destination for Scottish, UK and international visitors. Dundee was Scotland's first Fair Trade City, the UK's first Living Wage City and the UK's first UNESCO City of Design. Dundee has been named as one of the world's top "places of the future" in a report examining how new technologies will create jobs. The 21 Places of the Future report looks for where new jobs will appear, hotbeds of innovation and ideas, and affordable and enjoyable places to work – places "where the future is being built right now."

Dundee has an international reputation for using culture and creativity as a catalyst for building resilient and robust communities. Our strong history of cultural investment means Dundee is a vibrant place which harnesses its creativity and cultural richness to support the engagement, ambition, achievements and wellbeing of its citizens.

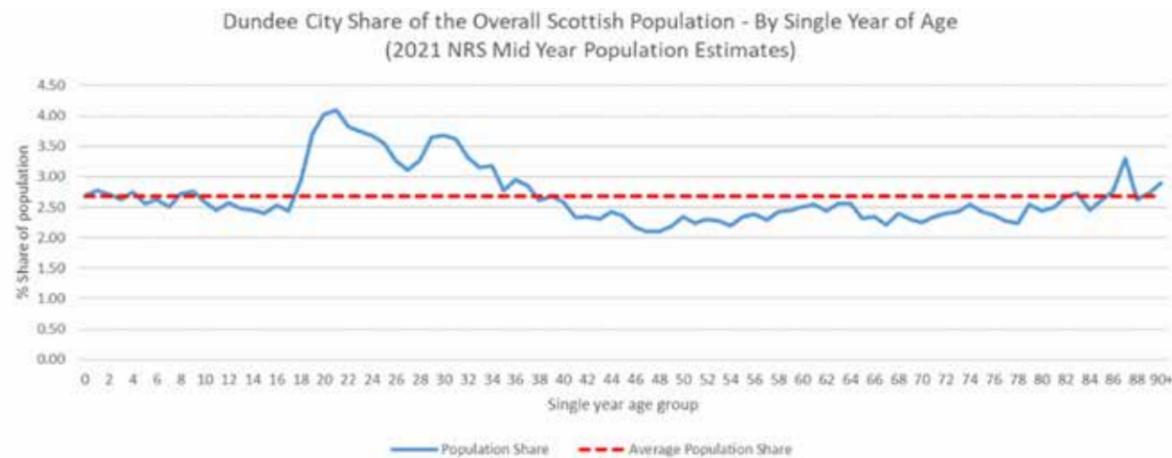
Dundee is Scotland's fourth largest city, situated on the north coast of the Tay Estuary. The Dundee City Council area covers 60 square kilometres and is, geographically, the smallest local authority area in Scotland. It is bordered by Perth and Kinross Council to the west and Angus Council to the north and east. Dundee continues to serve as the regional centre for this area and for North-East Fife. It is estimated that there are 213,728 working age persons (aged 16-64) residing within 30 minutes' drive time of Dundee City Centre and 555,809 residing within a one-hour drive time.



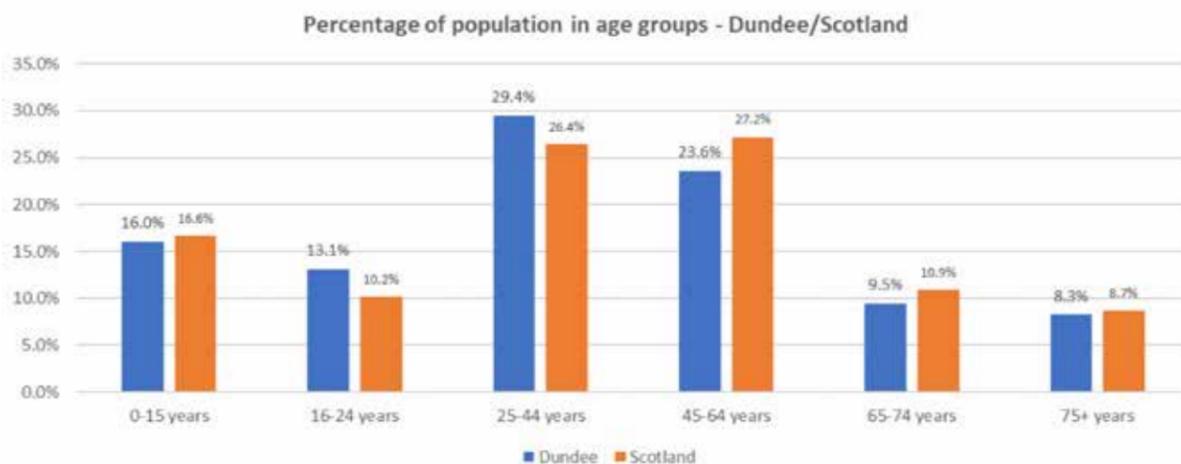
Population

The city has an estimated population of 147,720 as of 30 June 2021 (NRS 2021 Mid-Year Population Estimate). It is projected that the population aged 25-44 years will increase by 4.7% in Dundee City during the period 2018-2028. However, the overall population is now forecast to have a slight decrease over the next 20 years by about 0.6%, with an 11.2% change in the early years and school age 0-15 group. The recent population estimates also highlighted that the pattern of population growth across Scotland is changing. The population of large cities is declining whilst many rural areas are experiencing an increase, particularly those which border larger cities.

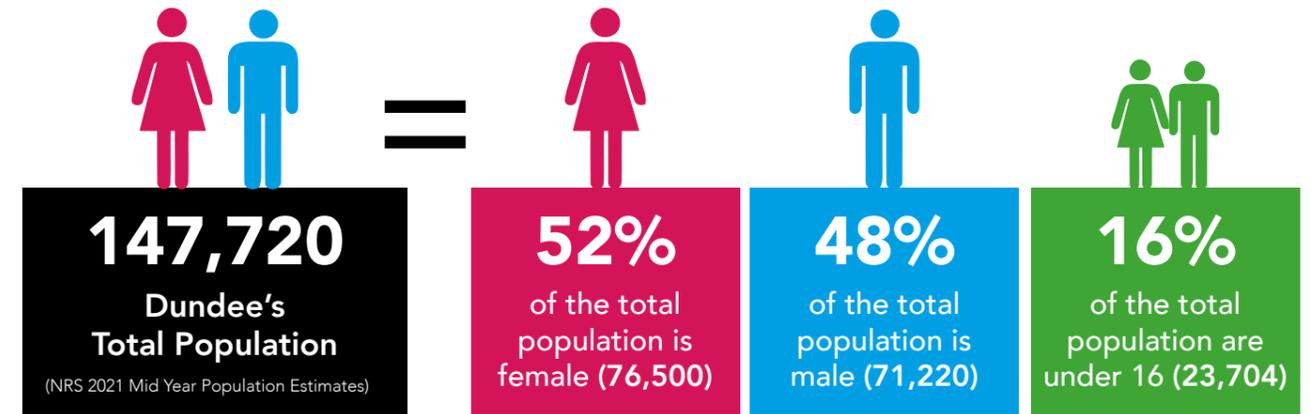
The Dundee City share of the overall Scottish 2021 mid-year population estimate by single year of age is shown in the chart below:



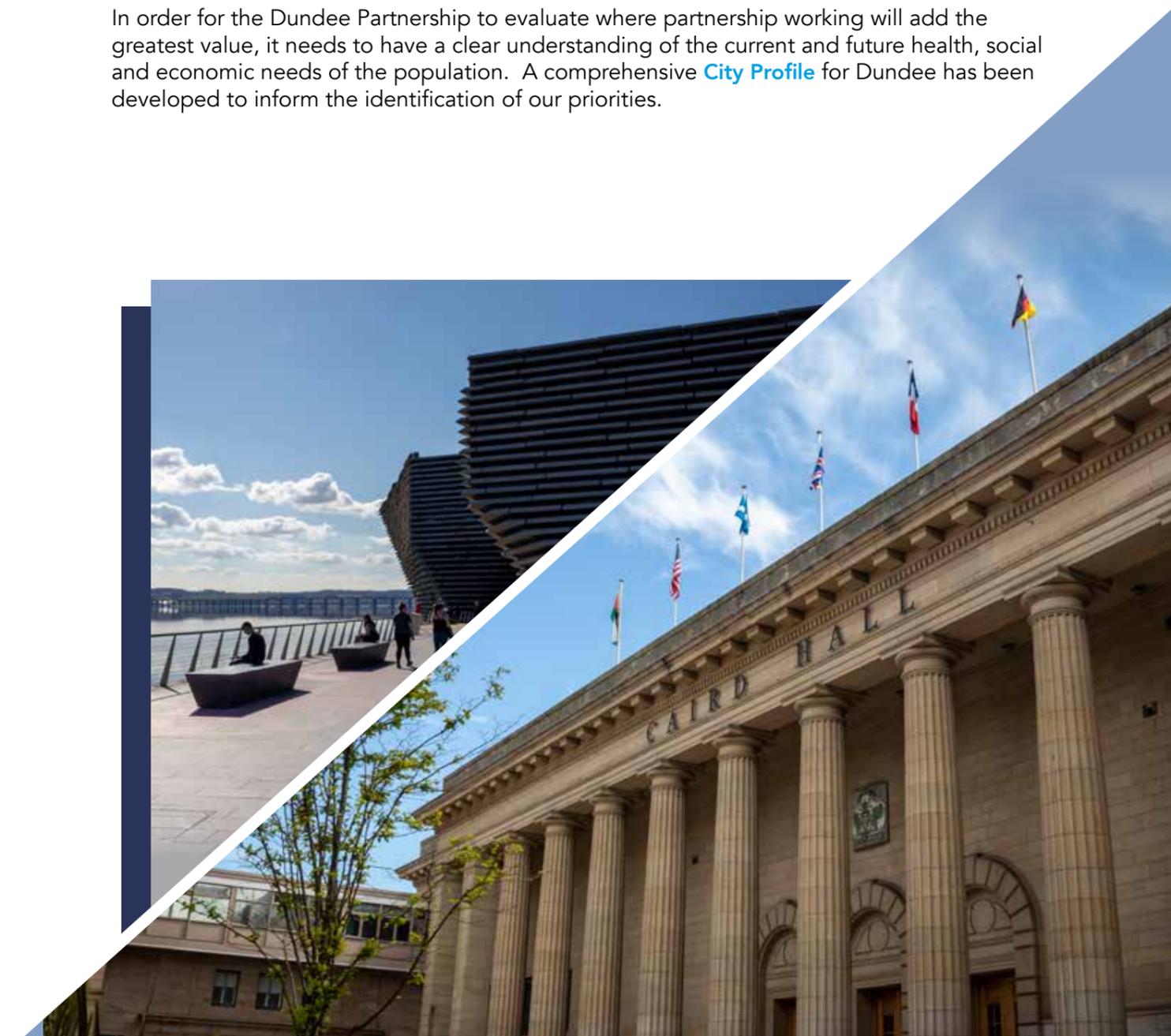
In terms of age categories, Dundee has a higher % population than Scotland overall in the 16-44 age groups but lower than Scotland across other age groups. Although Dundee is not experiencing the same increase in the elderly age groups as other areas, we do have a higher share of the very elderly population (aged 80+). Life expectancy in Dundee is lower than for Scotland as a whole. Dundee has a sizeable student population of around 30,000, and is home to the University of Dundee, Abertay University, Dundee & Angus College and Al Maktoum College. The composition of Dundee's population compared to Scotland is shown in the graph below:



There are more females than males in Dundee's population: 52% females compared to 48% males. The composition of Dundee's population is shown in the graphic below:



In order for the Dundee Partnership to evaluate where partnership working will add the greatest value, it needs to have a clear understanding of the current and future health, social and economic needs of the population. A comprehensive [City Profile](#) for Dundee has been developed to inform the identification of our priorities.



What does our City Profile tell us?



While Dundee is a modern, vibrant city which has undergone a remarkable transformation, it also has levels of poverty and deprivation which make life a struggle for many individuals, families and communities.

Being a city that has tackled the root causes of social exclusion is a core part of the Partnership's vision and the aspect of our vision on which we have the largest distance to travel.

Dundee still has significant levels of poverty and deprivation. The latest Scottish Index of Multiple Deprivation (SIMD) reported that 70 of Dundee City's 188 data zones were ranked in the 20% most deprived in Scotland. This has increased by 1 when compared to the 2016 SIMD. Dundee also has one area in the Top 10 most deprived in Scotland – Linlathen.



54,497 (36.6%)

people in Dundee City live in a data zone ranked within the 20% most deprived. This compares to 53,435 (36.0%) in SIMD 2016.

(Source: SIMD 2020)

10,506 (43.8%)

children (aged 0-15 years) live within the 20% most deprived data zones). This is consistent with the figure reported in the 2016 SIMD of 10,413 (43.8%).

(Source: SIMD 2020)



22.5%

of children in Dundee City are living in poverty after housing costs, compared to 20.9% across Scotland.

(Source: 2020/21 Child Poverty Action Group, published in July 2022)



31%

of all households in Dundee City were estimated to be fuel poor.

(Source: Scottish Government, Scottish House Condition Survey LA data 2017-2019)

Economy

The economic picture across Dundee is mixed. With respect to traditional measures of economic performance, we have made progress to close the gap but still performance is below the Scottish average in relation to economic activity and employment growth. The unemployment rate (model based) in Dundee at 4.9% remains higher than the Scottish average of 3.9% (figures based on the period January 2021-December 2021).

The implications of the COVID-19 pandemic are likely to affect life outcomes for Dundee's people for some time. This will be seen through increased or changed demand for services and poorer outcomes across a range of indicators. Dundee has a high proportion of groups identified as being at particular risk from ongoing COVID-19 disruption. Dundee's young people are potentially going to be hardest hit, as 30% of all employees under the age of 25 are employed in jobs negatively impacted by the pandemic (compared to 13% of those aged over 25). Vulnerable groups and those living in deprived communities have been disproportionately impacted by the pandemic, and in many cases existing inequalities have been exacerbated.



75.5%

of the population in Dundee City aged 16-64 were economically active, which is lower than the Scottish proportion which stood at 76.2%.

(Source: ONS Annual Population Survey - Jan-Dec 2021)



71.3%

of those who were economically active were in employment, which was lower than the Scottish percentage of 73.1%.

(Source: ONS Annual Population Survey - Jan-Dec 2021)



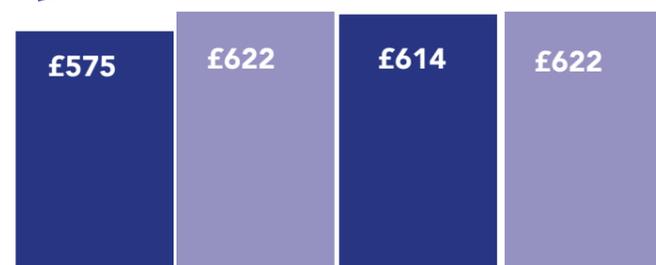
4.9%

unemployment rate (model based) for Dundee City during Jan - Dec 2021 (higher than the Scottish rate of 3.9% during the same period.)

(Source: ONS Annual Population Survey)



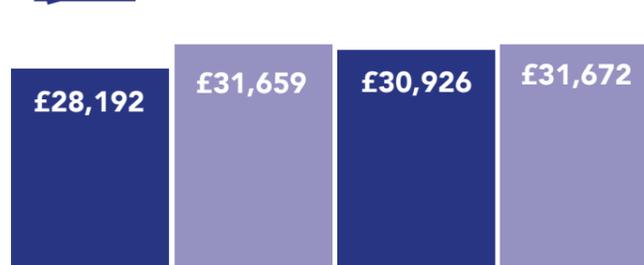
Gross median **weekly** earnings for full time workers



Residing in Dundee Residing in Scotland Working in Dundee Working in Scotland



Gross median **annual** earnings for full time workers



Residing in Dundee Residing in Scotland Working in Dundee Working in Scotland

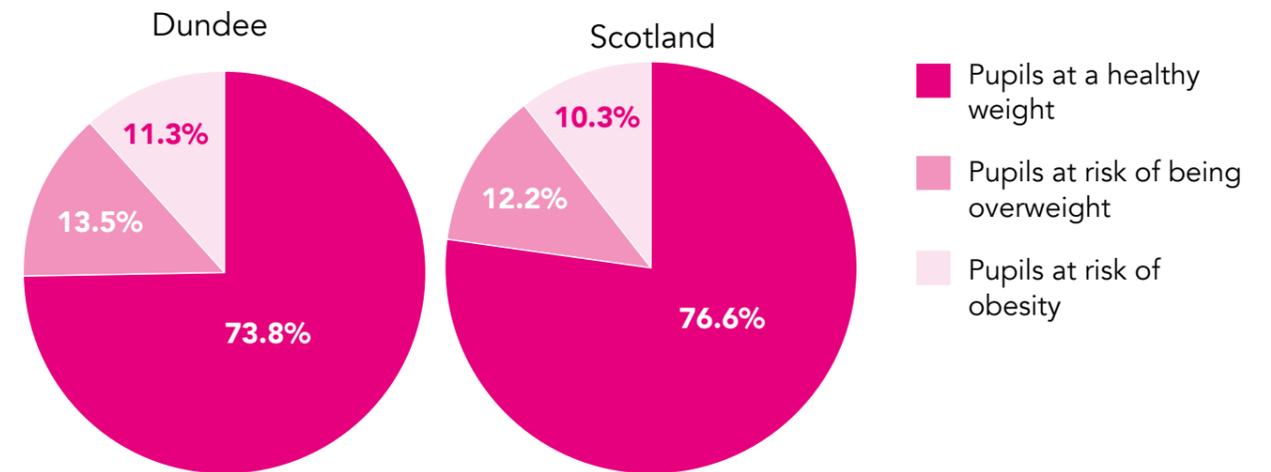
Health

Overall life expectancy in Dundee remains low and is below the Scottish average. Male and female life expectancies are the second and fifth lowest in Scotland, respectively. Life expectancy also varies significantly depending on where people live and levels of deprivation.



Life Expectancy at birth

	Dundee	Scotland
Males:	73.8	Males: 76.8
Females:	79.4	Females 81.0



(Source: Public Health Scotland – Body Mass Index Statistics 2018/19)

Public Health Scotland usually publishes statistics on the body mass index of Primary 1 pupils annually, however 2018/19 is the latest data published. Compared to the Scottish average, Dundee still has work to do to close this gap.

National Records of Scotland reported that, in 2021, there were 52 drug related deaths registered in Dundee City. This was a slight reduction from the 57 drug related deaths registered in 2020. At a Scottish level, in 2021 there were 1,330 drug related deaths recorded, a slight decrease from the 1,339 deaths recorded in 2020. Dundee City had the highest age-standardised drug misuse death rate of all local authority areas (45.2 per 100,000 population for the 5-year period 2017-2021), followed by Glasgow City (44.4) and Inverclyde (35.7). At a Scottish level the age-standardised drug misuse death rate was 22.9 per 100,000 population for the 5-year period 2017-2021.

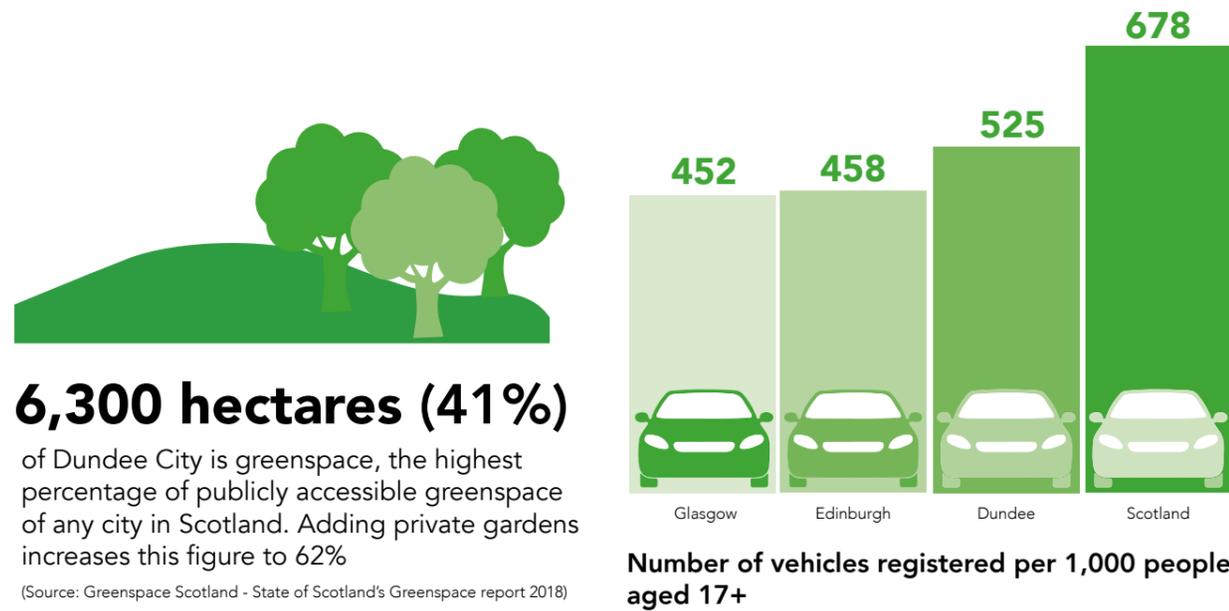
The Dundee Health and Social Care Partnership strategic needs assessment provides a comprehensive break down of the full range of health factors.

What does our City Profile tell us?

Environment and Community

Dundee City covers 6,300 hectares, of which 41% is greenspace, the highest percentage of publicly accessible greenspace of any city in Scotland. Satisfaction levels with natural and open space are high overall, with use and appreciation of these spaces increasing during the pandemic.

Citizens in Dundee have generally indicated high levels of satisfaction with their neighbourhoods – housing and amenities. Recent surveys showed quality of life, feeling safe and public transport also remain highly rated across Dundee as a whole.



Engaging with our Communities

Community engagement has been carried out across Dundee to inform the development of the City Plan.

This engagement has provided us with a clear, evidence-based and robust understanding of local needs, circumstances and the aspirations of local communities. The feedback from local communities helps shape our strategic priorities and the key issues that the Dundee Partnership will focus on tackling.

Our Engage Dundee model commits to holding city-wide engagement every two years as well as ongoing engagement, consultation and working with communities at a local level.

Engage Dundee 2021

The second Engage Dundee exercise took place in 2021 and 825 participants responded. The results are used to inform the priorities in each local community planning partnership and to produce local action plans. The four themes of the survey were: Community Living, Community Support, Community Spirit and Community Travel.

Overall the exercise showed that quality of life, feeling safe and public transport remain highly rated across Dundee as a whole. Housing and amenities in communities are also highly rated. The link below shows scores for each question for each of the eight wards and the Dundee average

[Summary - all wards](#)

The main areas rated the lowest in the survey at a local level were:

1. Ways to have a say in improving things in the community
2. Drug and alcohol advice and services in the community
3. Community play and recreation facilities



Community Collectives

Following Engage Dundee 2021 the information gathered was collated into a number of ward specific reports and published on Dundee City Council's website.

<https://www.dundee.gov.uk/service-area/neighbourhood-services/housing-and-communities/community-empowerment#>

These reports formed the agenda for a series of Community Collectives held in each ward over the winter of 2021 and 2022. These Community Collectives identified immediate actions that could be taken by services and communities to improve lives and reduce inequalities. Subjects that required further investigation or longer-term solutions will be taken forward into the Local Community Plans for each ward for 2022-2027.

Feedback from Other Surveys

Engage Dundee 2020

This survey took place online during September and October 2020. The most common themes related to reduced access to services, the day to day challenges of lockdown measures, uncertainty and concerns about the ongoing nature of the pandemic, social isolation, mental health impacts more broadly, and financial and job insecurity. For many, the issues were interconnected and for some the pandemic had exacerbated what were already difficult life circumstances.

Food Insecurity Survey

This survey provided evidence that the emergency food projects provide vital and welcome support to individuals and families facing food emergency/insecurity throughout Dundee. The majority of respondents stated that they had started to receive support from the projects since or more recently during lockdown, with a small percentage stating they were receiving support from the projects before lockdown started.

Fairness Survey

Dundee's second Fairness Commission was established in 2019, bringing together Community and Civic Commissioners to work together as equals in shaping action to make a difference. Key themes from the survey affecting respondents were: reduced access to services and support, day to day challenges of being locked down including home schooling and home working and uncertainty, financial and job insecurity and the likely effects on life circumstances.

Dundee City Council's Budget Consultation

Carried out in December 2021, 570 citizens responded to this survey which was made available via the Council website and promoted across various channels. Feedback gathered during the survey highlighted that residents of the city felt that a number of key areas were of importance, including parks and green spaces for which they had a new appreciation since COVID-19 due to the contribution these areas make in improved health and wellbeing as well as a sense of community. Areas viewed as high priority were:

- **Climate change** - with suggestions for more engagement in communities to encourage recycling and education around environmental issues.
- **Job creation and regeneration** - it was stated that whilst the Waterfront regeneration has brought improvements, for this to be sustained high quality jobs needed to be available to attract people to the city.

Annual Council Rent Consultation

A precursor to the annual rent consultation is the 'How Your Rent is Spent' exercise. This provides an opportunity for tenants to let the Council know what is important to them in respect of their rent. The information from this exercise then helps inform the options set out within the rent consultation. During COVID-19 this was done through an online survey and the priorities identified by tenants in ranked order were:

- Energy efficiency measures
- Building new houses for social rent
- Helping tenants sustain their tenancies
- Environmental improvements

The 'How Your Rent is Spent' exercise is carried out annually and, in 2022, included a face to face tenants event held in The Steeple Church as well as using online resources to engage with tenants.

In the rent consultation which took place between October and December 2021, we had 2,171 responses (17% return). The majority voted for a rent increase of 1.5%. This level of service includes the provision of the existing housing service including the housing repairs service and planned maintenance together with funding to also deliver key housing priorities including:

- Tenancy sustainment service
- Reducing the level of households in fuel poverty through the investment of energy efficiency measures
- Ongoing investment in existing stock and creation of new affordable housing
- Continued investment in environmental improvements

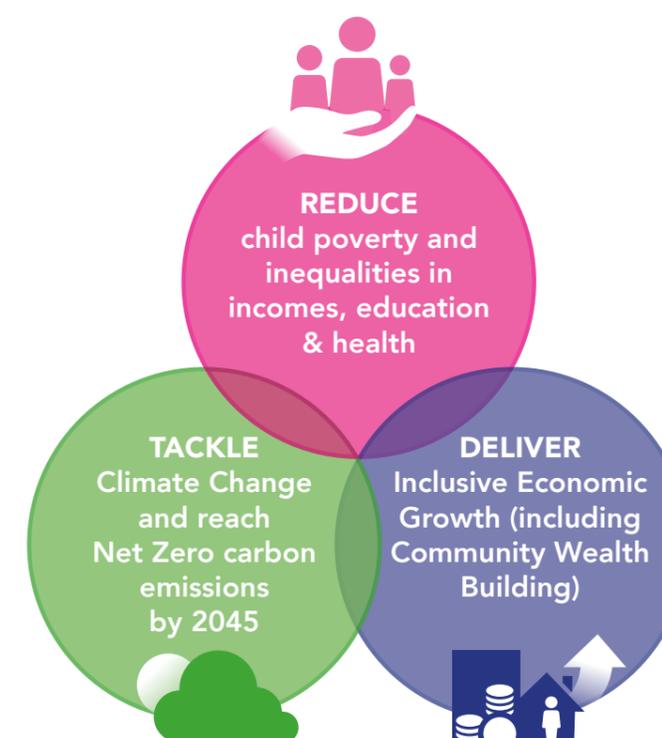


Our Strategic Priorities

The Dundee Partnership has considered a wide range of information from the City Profile assessment, what our communities have told us is important to them, local and national priorities, the United Nations Sustainable Development Goals and the National Performance Framework, as well as the Best Value Audit in 2020, before focusing on what the biggest strategic priorities need to be for the next ten years.

We are not trying to describe everything that partners do together, but are concentrating on the actions we can take that will have the biggest impact on our people and places.

Three strategic priorities have been identified, one for each Vision statement. These will provide the framework for the development of action plans that reflect both the needs of our population and the aspirations of our communities, with the overall aim of reducing deprivation and inequalities in our city, as follows:



The following sections set out additional context about why these priorities will be the Dundee Partnership's key focus for the next five years at least, as well as setting out the key actions which partners will collectively work on and the measures which will allow progress to be tracked.



Reduce child poverty and inequalities in incomes, education & health



Additional Context

The latest figures for Dundee show that 5,287 (22.5%) children are living in poverty (household income after housing costs – Department for Work and Pensions data). This has fallen from 27% in 2017, with the largest reduction being in 2020/21 which was 4% down on the previous year. This was mainly attributed to the £20 Universal Credit uplift that was subsequently removed.

The new data shows just how important additional investment in the new Scottish Child Payment will be to supporting families through the cost of living crisis and to driving forward efforts to meet Scotland's child poverty targets. The payment of £10 per week was introduced from February 2021 for children under six where families are in receipt of universal credit. This was doubled to £20 per week in April 2022 and will increase to £25 per week when rolled out to all eligible under-16s by the end of the year.

Every Council and local health board in Scotland is required to publish an annual Local Child Poverty Action Report setting out action being taken at local level to tackle child poverty. This action also needs to counter the effects of the cost of living crisis. Partners will also work with the Scottish Government and Social Security Scotland to target reducing child poverty through innovative welfare benefit reforms and maximisation of take up.

The Scottish Government's Scottish House Condition Survey estimated that in Dundee City, in the period 2017/19, 31% of all households were fuel poor. This was greater than the Scottish estimate which was 24%. Dundee City had the joint fourth highest percentage of households in fuel poverty when compared to the other local authorities in Scotland.

The Partnership will contribute to ensuring that Dundee is a living wage city. The number of people earning less than the living wage reduced from 20.5% in 2016/17 to 12% by 2021. The city has passed the milestone of 100 organisations accredited as living wage employers.

The rise in drug deaths highlighted in Dundee in recent years has brought to the fore the need for support for people who are experiencing problems with drug or alcohol use. The Drugs Commission established in Dundee to provide recommendations reported back in March 2022 and specific areas identified for further improvement included responding to pressures and capacity issues within treatment services, accelerating progress with whole system change, improving treatment options, eliminating stigma, enhancing the focus on prevention and improving communication with the workforce and other stakeholders.

The COVID-19 pandemic had a significant impact on our citizens' mental health and wellbeing due to reduced access to services and support, social isolation and loneliness, financial / job insecurity and effects on life circumstances, the day to day challenges of being in lockdown, and uncertainty and concerns about the ongoing nature of the pandemic. An inequalities analysis evidenced differential effects on particular groups of people, in particular the long-term sick and disabled, specific age groups, carers, those unemployed and/or on welfare benefits, and those that lived alone. This included significant and profound inequalities in mental health and wellbeing.

The pandemic and lockdowns also had a significant impact on people at risk of abuse, violence or exploitation. Our Protecting People in Dundee arrangements continue to bring together a range of partner agencies to protect people of all ages in the city from harm.

There are strong links between poverty, mental health and obesity, so early intervention work with children across the city continues linked to physical activity and healthy cooking initiatives.

Care services were severely strained during the pandemic and came through it thanks to the resilience of staff and support from community-based organisations and volunteers. Workforce planning and building community-based organisations will continue to be vital to address challenges in recruitment and retention following Brexit, at the same time as unprecedented demand for community care is showing in rising levels of unmet need. Better community care will depend as much on the strength of community support networks as it will on the services.

Throughout the next four years the establishment of a new **National Care Service** will see significant structural change in care and council services in Dundee.

As the successor to the series of Fairness Commissions, the **Fairness Leadership Panel** is now at the heart of driving the Partnership's efforts to reduce poverty for children, families and communities. The Panel is a full and effective collaboration between people with lived experience of the impact of low incomes and representatives of influential bodies and groups in the city. Over the next year, its focus will be on the local implications of the national child poverty drivers, with further work underway on the costs of food and fuel, access to benefit and debt advice required in the face of the cost of living crisis, and the reshaping of local employability services to support people towards jobs that offer incomes that will help them to escape poverty. The Panel's work and the progress it achieves will be fully reflected in each Local Child Poverty Annual Report.

Action We Will Take

Child Poverty

Key Actions	Lead Partner or Group
Continue to develop and implement the local fairness initiatives in Linlathen and Stobswell West	Local Fairness Initiative Project Board
Increase the uptake of the under 22s free bus travel, ensuring that young people in the most deprived areas are benefiting at comparable levels to those in less deprived areas	Dundee City Council NEC Group
Continue to develop and implement the Child Poverty Pathfinder	Dundee Child Poverty Pathfinder Programme Board
Develop and publish the next Local Child Poverty Action Plan (including wider fairness actions) and track progress to ensure that commitments made are delivered	Dundee City Council / NHS Tayside

Incomes

Key Actions	Lead Partner or Group
Maintain the commitment to being the Living Wage City and further grow the number of local organisations registered as Living Wage employers	Living Wage Action Group
Implement the 'Dundee Promise' that offers an apprenticeship to all care experienced children, young people and care leavers	Discover Work Partnership
Ensure maximum take up of all UK and Scottish welfare benefits	Department of Work and Pensions / Social Security Scotland / Dundee Welfare Rights Forum
Implement the new advice strategy for Dundee and maximise provision	Dundee Welfare Rights Forum
Ensure that cash first, dignified and sustainable approaches are in places across the city to support those dealing with fuel or food poverty	Dundee Welfare Rights Forum / Dundee Community Food Network

Education

Key Actions	Lead Partner or Group
Support closing the gap in positive destinations for 16-19 year olds, in particular those who are care experienced and those from SIMD 1 areas, transitioning from school into work or higher education	Discover Work Partnership / Tayside Regional Improvement Collaborative / FE & HE Partners
Improve ongoing participation, in particular for care experienced young people and those from SIMD 1 areas	Discover Work Partnership / Tayside Regional Improvement Collaborative / FE & HE Partners
Increase the number of mentors across the public, third and private sectors supporting our young people through the MCR Pathways approach	Tayside Regional Improvement Collaborative
Increase the number of opportunities for our young people to gain work experience and paid internships across the public, third and private sectors, through schemes like Career Ready	Discover Work Partnership / Tayside Regional Improvement Collaborative

Health

Key Actions	Lead Partner or Group
Develop and deliver the replacement strategic framework and delivery plan for drug and alcohol recovery services	Dundee Health & Social Care Partnership / Alcohol and Drug Partnership
Deliver on the Dundee Mental Health and Wellbeing Strategic Plan 2019-2024	Mental Health and Wellbeing Strategic and Commissioning Group
Deliver on the Child Healthy Weight Strategy	NHS Tayside Public Health

Measures of Our Success

Key Performance Targets	-2 Year	-1 Year	Latest Figure	Bench mark	TARGET Year 1	TARGET Year 3	TARGET Year 10	TREND
Children living in poverty reduced by half by 2030 <small>Source - Children in Low-income Families: Local area statistics</small>	26.2%	26.8%	22.5%	16.7%	21.4%	19.3%	11% (2030)	▲
% of 16-19 Years olds participating in Education, Employment or training <small>Source – Skills Development Scotland</small>	88%	90%	90%	92.2%	91%	92%	100%	▲
% of 16-19 Year olds participating in Education, Employment or training from SIMD1 <small>Source – Skills Development Scotland</small>	83.4%	85.4%	85.5%	87.1%	85.4%	94.1%	100%	▲
% care experienced school leavers entering positive destinations <small>Insight</small>	88%	71%	100%	92%	93%	95%	100%	▲
% Gap in Attainment Tariff Average scores between school leavers living in SIMD 1 areas and in SIMD 5 areas <small>Source – Local Government Benchmarking Framework</small>	50%	53%	50%		47%	43%	22%	▲
% point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas <small>Source – Achievement Curriculum for Excellence Levels</small>	19	No Data	20	22	11.4	10.3	7.2	▼

Key Performance Targets	-2 Year	-1 Year	Latest Figure	Bench mark	TARGET Year 1	TARGET Year 3	TARGET Year 10	TREND
% point gap in numeracy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas <small>Source – Achievement Curriculum for Excellence Levels</small>	16	No Data	17	21	16	14.4	10	▼
% point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5 <small>Source - SEEMIS</small>	3.5	3.4	3.6	3.7	3.4	3.1	2.2	▼
% of primary 1 children classified as obese or overweight <small>Source - Child Health Systems Programme School</small>	26.9% (2018)	24.7%	24.7%	24%	23.5%	21.2%	14.8%	▲
Number of drug deaths <small>Source - National Registrar of Scotland</small>	72	57	52	Reduce				▲
Rate of emergency hospital admissions where the primary cause of admission was regarding mental health	4.3	3.6	3.4	4.28	3.2	2.9	2	▲
% of data zones that fall into the 15% most deprived in Scotland (national share)*		29.4%	31.4%	5.6%	30.5%	28.7%	23.2%	▼
% of data zones that are in the 15% most income deprived in Scotland (national share)*		27.7%	30.9%	5.5%	29.4%	28.2%	22.8%	▼

Please note targets are based on a 5% improvement each year *3% improvement applied



Deliver Inclusive Economic Growth



Additional Context

A strong city economy creates enough jobs to sustain its population's income and local service needs and wants. A sustainable economy can do this for the long term by design by continually renewing itself and preventing depletion of its natural, social and financial resources. Our Community Wealth Building approach will help deliver inclusive growth by maximising local supply chain and sub-contracts, maximising learning and employability on major capital projects, and helping the third sector take control of community assets.

Dundee is well positioned for the future with two globally renowned universities in the city and St Andrews just across the bay, plus the Innovation Hub at Michelin Scotland Innovation Parc, the Drug Discovery Unit and other life sciences and biomedical innovation activity at the University of Dundee, the Cyber Quarter at Abertay University, a thriving port, and thousands of jobs in video games, digital technology and life sciences. The £300m Tay Cities Deal is boosting the infrastructure needed to sustain growth and ensure it is inclusive growth that provides jobs for local people. The Tay Cities Deal board will continue to deliver new projects to create inclusive economic growth. The creation of a Life Sciences Innovation District in the heart of the city will build on this infrastructure and support the retention/attraction of global companies, offering further economic growth and employment opportunities.

The city received a massive boost from the arrival of V&A Dundee and can now look forward to the development of the Eden Project. However, the slower pace of recovery and cost of living may impact on tourism and other consumer driven sectors. The vision for the Eden Project Scotland goes beyond that of a tourist destination, and will feature guilds and embassies across the city which will provide educational opportunities and support the aspirations of local communities.

The Waterfront continues to make exciting progress, with more award nominations for the superb Waterfront Place and all bar one of our new commercial units now fully let. The original promise of a major jobs boost is well underway, with over 1,300 of the original 3,000 jobs target for the Waterfront now met. Job numbers across the city are growing, with projects that the Council and Scottish Enterprise have supported including NHS24, Social Security Scotland, BT and Embark. Making sure we have the right people with the right skills to take up opportunities in the future will need schools, further and higher education, employability partners and employers to plan together.

The claimant count for people applying for benefit while looking for work by June 2022 is below the pre COVID level and the percentage of the Dundee population in work is at its highest level, having risen from 61% in 2013 to 71% in 2022.

However, there are approximately 11,000 economically inactive people of working age, including the unemployed and people with mental health and other disabilities. The priority for the Council in the next few years is to assist the whole of this cohort. This is consistent with the new employability strategy which focuses on transforming the way we deliver services to use current funding more efficiently to help support the harder to reach groups find rewarding employment.

Given the city's commitment to children and young people and to reducing poverty, we will target the percentage of 16-19 year olds from Scottish Index of Multiple Deprivation 1 (the 20% most deprived areas) to ensure they all get into positive destinations (employment, training or education). Partners will also implement Our Promise for Care Experienced Children, Young People and Care Leavers.

The City Centre is changing as digital shopping and new hybrid working patterns change how people work and shop. This has resulted in loss of footfall to city centre businesses compounding longer term challenges, leaving parts of the city requiring imaginative redesign to meet people's needs. The Council will provide leadership and a City Centre Investment Plan backed by leading design thinking to bring new life into the centre of the city.



Action We Will Take

Smart and sustainable city economy

Key Actions	Lead Partner or Group
Deliver the Tay Cities Deal and the Dundee projects supported by the programme	Tay Cities Board
Attract more skilled green jobs	Dundee City Council / Scottish Enterprise / Dundee Port / MSiP
Continue to grow the number of jobs within Dundee Waterfront	Dundee City Council / Scottish Enterprise / Dundee and Angus Chamber of Commerce
Deliver Michelin Scotland Innovation Parc's vision and business plan to attract more jobs	MSiP Board
Continue work with partners to explore options to develop a Life Sciences Innovation District	Scottish Enterprise/ University of Dundee/ Dundee City Council
Continue work with partners to take forward proposals for Eden Scotland	Eden Project Dundee
Implement the long-term City Centre Investment Plan to deliver a vibrant City Centre	Dundee City Council / Dundee and Angus Chamber of Commerce
Create a Dundee Economic Advisory Group to provide regular engagement with local business and political leaders	Dundee & Angus Chamber of Commerce
Maintain the commitment to being the Living Wage City and further grow the number of local organisations registered as Living Wage employers	Living Wage Action Group
Continue to raise the profile of the city through a range of marketing activities, promoting key messages, assets and opportunities to businesses, investors, developers and visitors	Invest Dundee / Tourism Leadership Group

Jobs and opportunities for all

Key Actions	Lead Partner or Group
Deliver an extensive community wealth building strategy, ensuring the maximum level of investment possible is retained within Dundee to support local jobs	Dundee City Council Community Wealth Building Group with additional partners
Build on Dundee's Scotland Loves Local campaign	Dundee & Angus Chamber of Commerce / Dundee City Council

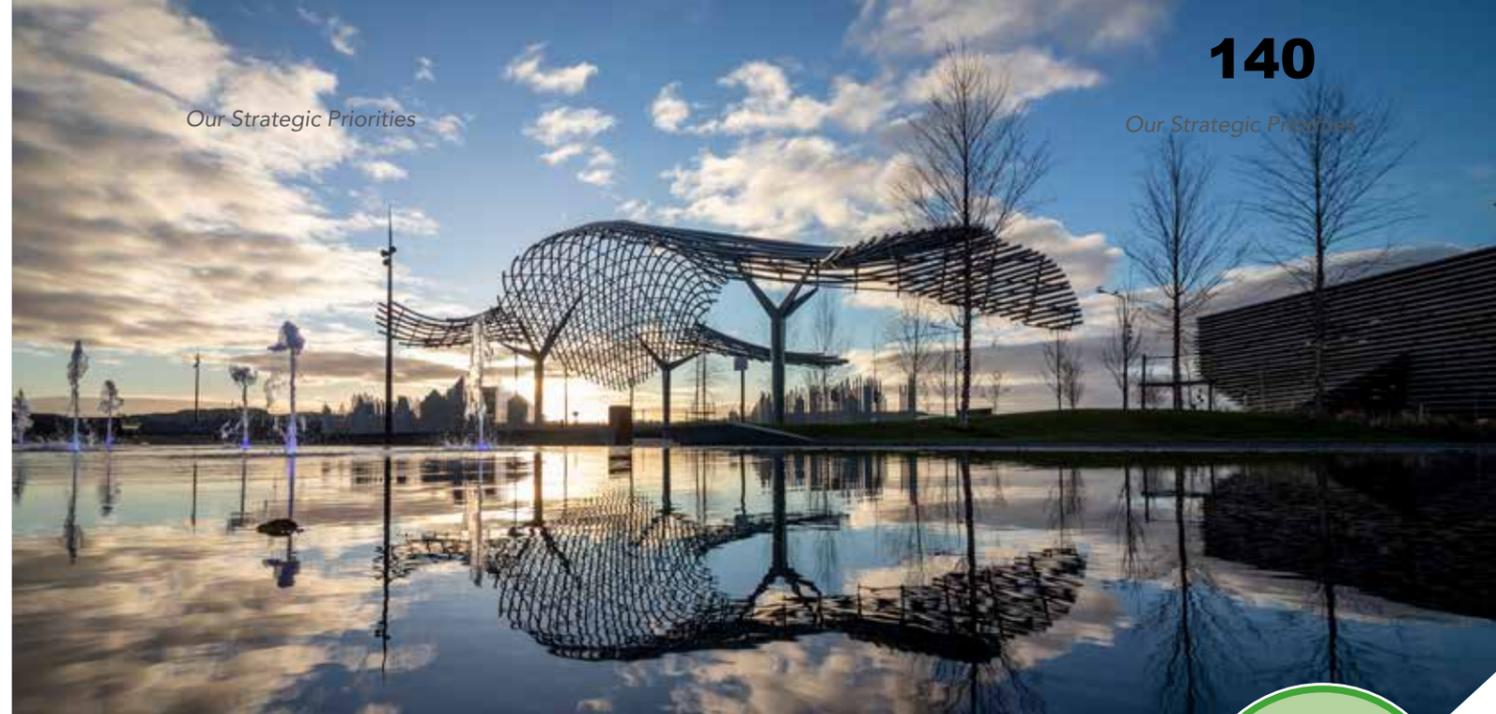
Maximise apprenticeship opportunities	Discover Work Partnership
Key Actions	Lead Partner or Group
Increase and enhance employment pathways, in particular supporting around 11,000 economically inactive people towards job seeking and 16-19 year olds into positive destinations	Discover Work Partnership
Increase the number of better paid private sector jobs	Invest in Dundee / Dundee & Angus Chamber of Commerce
Increase the number of start-ups and SMEs in the city and support their expansion	Business Gateway

Measures of Our Success

Key Performance Targets	-2 Year	-1 Year	Latest Figure	Bench mark	TARGET Year 1	TARGET Year 3	TARGET Year 10	TREND
% of the Dundee workforce in employment ** <small>Source - NOMIS</small>	68.6%	71.5%	71.3%	73.1%	72.0%	73.5%	78.8%	▲
Median Earnings of Total Resident Workers as a Percentage of Scottish Average** <small>Source NOMIS: Annual Survey of Hours and Earnings - Resident Analysis</small>	90%	94%	92%	-	94.9%	96.8%	100%	▼
Gross weekly pay for full time employees living in the area <small>Source: (ONS annual survey of hours and earnings - resident analysis)</small>	542.8	575.4	575.0	622.0	603.75	665.63	936.61	▲
% of employees in Dundee earning less than the real living wage <small>Source - ONS Annual Survey of Hours and Earnings</small>	18.5	13.5	12	11.1	11.4	10.3	7.2	▲
% of data zones that are in the 15% most employment deprived in Scotland (national share)		30.3%	33.0%	5.9%	31.4%	28.3%	19.8%	▼

Key Performance Targets	-2 Year	-1 Year	Latest Figure	Bench mark	TARGET Year 1	TARGET Year 3	TARGET Year 10	TREND
Number of living wage accredited employers based or headquartered in Dundee <small>Source - Living Wage Scotland</small>	70	81	100	-	105	116	163	▲
% participation rate of young people from SIMD 1 and 2 <small>Source: (Skills Development Scotland, Annual Participation Measure 2021)</small>	84.1%	86.4%	86.4%	88.6%	87.3%	89.0%	95.4%	▲
Number of workless households in Dundee <small>Source: (ONS annual population survey)</small>	13,100	13,500	9,500 (2020) 19.5%	18.1%	9,025	8,145	5,688	▲
% of young people 16 to 24 who are unemployed <small>Source: (ONS annual population survey)</small>	11.2%	16.6%	21.8%	10.2%	20.7%	18.7%	13.1%	▼
16-24 Claimant Count <small>Source: (ONS Claimant count by sex and age)</small>	1,350	1,450	780	-	741	669	467	▲
Claimant Count 16+ <small>Source: (ONS Claimant count by sex and age)</small>	6,430	6,800	4,360 4.2%	3.2%	4,142	3,738	2,610	▲
Claimants as a proportion of economically active residents aged 16+ <small>Source: (ONS Claimant count by sex and age)</small>	8.8	9.2	5.9	3.5	4.2	3.8	2.6	▲
% of working age people with no qualifications <small>Source: (ONS annual population survey)</small>	7.9%	5.0%	6.5%	7.7%	6.2%	5.6%	3.9%	▼
Number of Business Gateway start-ups per 10,000 population <small>Source: (LGBF Improvement Service)</small>	21.38	17.21	17.00	22.30	17.85	19.68	27.69	▼
Visitor Number per 1,000 population <small>(Source STEAM)</small>	1,227.2	364.2	649.7		682	752	1227	▼
City centre retail units vacancy rate (%)	13	13	13	6.18	12.4	11.1	7.8	—

Please note targets are based on a 5% improvement each year **1% target improvement applied



Tackle Climate Change and Reach Net Zero Emissions by 2045



Additional Context

As global temperatures rise due to increased greenhouse gas emissions, the impacts from our changing climate will be experienced in Dundee, with potential for increased flooding, storms, and extreme heat in the city. Scientists have agreed that we must all take action to try to keep global warming below 1.5C.

In 2019, Dundee declared a climate emergency, recognising the serious and accelerating environmental, social and economic challenges presented by climate change. In response, a city-wide Climate Action Plan was prepared that set out a first set of ambitious actions under the themes of Energy, Transport, Waste and Resilience to support Dundee in a just transition to a net-zero and climate resilient future by 2045 at the latest.

The pace and scale of transformational change required to meet this challenge requires collective leadership to support cross-sector collaboration in low carbon innovation, investment, behaviour change and ensuring a Just Transition by addressing inequalities such as poverty and social justice.

To do this, we need to ensure that the whole community, including the business and education communities, understand the challenge we face and the solutions we are identifying and that these solutions do not negatively impact any members of our society. In co-designing solutions, our community will benefit from access to biodiverse green spaces, improved health and well-being, clean air, affordable food and energy and protection from future climate impacts. High levels of engagement will ensure everyone is empowered to participate in developing and implementing these solutions as well as to reap these benefits.

The Dundee Climate Leadership Group provides active leadership on Dundee’s net zero challenge, leveraging expertise from across the city to develop the ambitious decarbonisation projects; Sustainable Dundee is a partnership of public, private and community organisations working together to deliver the Plan and its future iterations, scaling up collaboration; and the Sustainable Dundee Network, a local legacy of COP26, has over 20 organisations coordinating and collaborating on events, projects and campaigns to maximise the impact of public engagement opportunities.

Action We Will Take

Key Actions	Lead Partner or Group
Implement the Dundee Climate Action Plan and adopt new emissions modelling tools to inform decision-making	Dundee Climate Leadership Group
Develop a city Energy Masterplan that takes a whole system approach to decarbonising, decentralising and digitising heat and energy production	Dundee Climate Leadership Group
Support the decarbonisation of transport systems and improve infrastructure for walking, cycling, wheeling and reducing the need to travel	Dundee City Council
Manage waste sustainably by reducing, reusing, recycling and recovering waste to improve resource efficiency whilst working towards a circular economy	Dundee City Council
Take action to ensure our communities, green networks and infrastructure are adaptable to a changing climate and reduce the risks and vulnerability to unavoidable impacts	Dundee City Council
Engage with communities about the climate challenge and foster participation and collaboration to enable local action	Sustainable Dundee

Measures of Our Success

Key Performance Targets	-2 Year	-1 Year	Latest Figure	Bench mark	TARGET Year 1	TARGET Year 3	TARGET Year 10	TREND
City-wide CO ₂ Emissions (Kt CO ₂) <small>Source - UK Government</small>	632	621	583		563	523	380	▲
% Active Travel (walking and cycling) as proportion of trips to work <small>Source - Scottish Household Survey 2020</small>	19%	19%	19%	15%	20.0%	22.0%	30.9%	—
% of Household Waste Recycled <small>Source - SEPA WasteDataFlow validations</small>	35.8%	38.4%	34.7%	39.4	36.4%	40.2%	56.5%	▼



What will be different for our communities in 10 years?

Although this Plan covers the period 2022-2032, the Partnership appreciates that, due to the complexity and interconnection of the issues tackled, improvements in outcomes for residents will not be fully evident until the longer term.

The outcomes that we expect to have achieved in 10 years include:

- There will be an increase in employment rates with more well-paid, permanent jobs available.
- The local economy will have grown and be characterised by a diverse business base as a result of an increase in the number of local entrepreneurs, key growth sectors and inward investment.
- There will be increased attendance at cultural events and places of culture.
- There will be a reduction in the number of children and families living in poverty.
- There will be a reduction in the number of residents experiencing problems with debt.
- The number of residents living in fuel and food poverty will be reduced.
- There will be a reduction in the attainment gap with an increase in the attainment of pupils living in the 20% most deprived areas.
- A greater variety of opportunities that meet the needs and aspirations of our young people will be available so that they are encouraged to stay in the area after leaving school and/or university or college.
- The life expectancy of males and females living in the 20% most deprived areas will increase.
- A reduction in social isolation and loneliness amongst older people will result in improved physical and mental health.
- Mental health of our citizens will improve through accessible community supports
- Drugs deaths will have reduced
- Adults and children living in Dundee will be more physically active and those living in our most deprived communities will enjoy greater access to green space.
- Dundee will be a more attractive place to live and work with excellent education provision, leisure facilities, transport links, good quality housing and employment opportunities.
- Communities will have an enhanced sense of pride, identity and influence, resulting in improved quality of life and satisfaction with living in the area.
- All residents will have pride in Dundee and a sense of identity and belonging to the area.
- Dundee will have a stable population with reduced areas classified as in multiple deprivation.
- Sustainable transport will be more accessible, and it will be easier to get around Dundee.

How it all works and links together

The diagram below shows the strategic priorities, key responsible groups and main strategic documents that the City Plan 2022-32 builds on and connects to, and how these all fit together.



Governance and Reporting

The Dundee Partnership is made up of the following key members:

- Community representatives
- Dundee & Angus Chamber of Commerce
- Dundee & Angus College
- Dundee City Council
- Dundee Health & Social Care Partnership
- Dundee Volunteer and Voluntary Action
- Job Centre Plus/Department of Work and Pensions
- Leisure and Culture Dundee
- NHS Tayside
- Police Scotland
- Scottish Enterprise
- Scottish Fire and Rescue
- Skills Development Scotland
- The Scottish Government
- Universities – Dundee and Abertay

Each of these organisations has made a commitment to delivering the outcomes for Dundee and the City Plan covers all the services delivered by partners operating within the Dundee Partnership.

Dundee Partnership Management Group

The Dundee Partnership Management Group comprises of senior representatives of the Partnership organisations, and their role in relation to the City Plan is to lead the development and delivery of the strategic priorities set out in the Plan and to embed these into partners' planning and business processes.

The Management Group has a scrutiny role in the performance management of the City Plan, meeting quarterly to consider progress and reports.

Lead Partner and Delivery Groups

There have been significant structural and policy developments at a national, regional and local level that have influenced the ongoing shape of partnership working in the city since the last City Plan was agreed in 2017. Examples include the Tay Cities Deal, the Tayside Regional Improvement Collaborative, the Strang Review of Mental Health Services in Tayside, the follow up work of the Dundee Drug Commission and the Climate Emergency.

This complexity has caused overlaps and/or duplication, leading to a view that some groups and Executive Boards may no longer be required. A review of the partnership structures will be undertaken by early 2023 to ensure the delivery groups are appropriate for the new plan and that strategic leadership capacity is better applied to the key priorities of the new plan - **reducing inequality and poverty, improving the city's economy and climate change**.

Ongoing Developments

The Dundee Partnership will produce and publish an Annual Report that will provide details of the progress made in delivering this City Plan. This report will be published to allow the public to assess how well we are performing.

Each year the Scottish Government publishes their Programme for Government. In 2021 this set out plans for a record increase in frontline health spending, new legislation for a National Care Service, a system providing low-income families with free childcare before and after school and during holidays, and actions to drive forward Scotland's national mission to end child poverty. The programme also included plans to help secure a just transition to net zero – creating opportunities for new, good and green jobs, making homes easier and greener to heat, and encouraging people to walk, wheel or cycle instead of driving.

The Annual Report updating progress on the City Plan will identify any new national legislation or policy developments that will impact on the delivery of our strategic priorities.

In addition, the uncertainties associated with the Ukraine conflict, cost of living crisis, COVID-19 and Brexit will all have continued impacts on monetary, fiscal, trade, industry, immigration and labour markets. This means that it is essential that partners continue to review the potential implications of these factors and the impact they are likely to have on our communities.

Monitoring Progress

Managing progress on each of our key strategic priorities is key to ensuring delivery of our actions and to improving outcomes in the city. Clear 1, 3 and 10-year targets will be set and published that demonstrate our expectations in the short, medium and long term. Full details of all of the targets in this plan, including sources, trends and benchmarking information, will be available on [Dundee Performs](#)

The online performance management system (hosted by Dundee City Council) will request regular updates from lead officers.

There will be an Annual Report on the delivery of the City Plan to the Dundee Partnership which will incorporate case studies or key projects that bring our partnership working to life. Progress on individual projects and services will be reported to the Dundee Partnership on an ongoing basis when there are significant developments or problems to be addressed. Individual partners will also report progress on the delivery of their particular contribution to the City Plan through their own performance and reporting arrangements.

Risks

There will be a number of potential risks that could impact on the delivery of the City Plan and at a high level are described below. Whilst the Dundee Partnership Management Group has responsibility for the overall governance of the Plan, the partners and delivery groups also have a responsibility to ensure that the risks are monitored, controlled and /or mitigated in the development of their action plans.

1. That further planned reductions in partners' budgets will impact on their ability to deliver the strategic priorities in the City Plan.
2. That as staffing levels within organisations reduce, this may impact on the ability of partners to lead on the delivery of the strategic priorities.
3. That competing organisational priorities may reduce partners' buy-in to the delivery of the City Plan.
4. That the effectiveness of projects aimed at improving outcomes for the citizens of Dundee is undermined by external factors out with the control of the Partnership, such as welfare reforms, inflation, cost of living crisis, etc

Links to National Outcomes

The UN Sustainable Development Goals



The National Performance Framework

 We are well educated, skilled and able to contribute to society

 We grow up loved, safe and respected so that we realise our full potential

 We are healthy and active

 We protect human rights and live free from discrimination

 A globally competitive, entrepreneurial, inclusive and sustainable economy

 Thriving innovative business with fair and quality jobs for everyone

 Open connected and make a positive contribution internationally

 We value, enjoy, protect and enhance our environment

 We are creative and our vibrant diverse cultures are expressed and enjoyed

 Tackle poverty by sharing wealth, opportunity and power more equally

 We live in communities that are inclusive, empowered, resilient and safe

City Plan Strategic Priority



Reduce child poverty and inequalities in incomes, education and health



Deliver Inclusive Economic Growth (including Community Wealth Building)



Tackle Climate Change and reach Net Zero emissions by 2045



For more or additional information please contact

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or visit the website
www.dundeepartnership.co.uk

ITEM No ...14.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26 OCTOBER 2022

REPORT ON: STRATEGIC COMMISSIONING PLAN

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB74-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Integration Joint Board on the proposed process and timescale for development of a replacement strategic commissioning plan for April 2023 onward, including review of the Board's Equality Outcomes.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report.
- 2.2 Endorse the proposed approach and timeline for development of a replacement strategic plan and Equality Outcomes (sections 4.2, 4.3 and appendix 1).
- 2.3 Note the factors that present a risk to delivery of a replacement strategic commissioning plan that is of a high quality and within the required timescale (section 4.4).
- 2.4 Instruct the Chief Officer to provide a further update on the progress of work to develop the strategic commissioning plan and Equality Outcomes no later than 31 December 2022.
- 2.5 Instruct the Chief Officer to review and update the strategic risk register to reflect the risk identified in section 6 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background

4.1.1 In February 2022 the IJB concluded the statutory review of the Strategic and Commissioning Plan 2019-2022 and agreed to extend the plan for a further one-year period to 31 March 2023 (article XIII of the minute of the meeting of the Dundee Integration Joint Board held on 23 February 2022 refers). In April 2022, the IJB approved an addendum to the 2019-2022 Plan extending it for a further one-year period to 31 March 2023 (article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 20 April 2022 refers).

4.1.2 The report submitted to the IJB in April 2022 also outlined that the Strategic Planning Advisory Group, supported by officers from the Strategy and Performance Service would begin to make detailed plans for the development of a full replacement strategic commissioning plan for the period from 2023/24 onwards. This was to take account of parallel work by the Dundee Partnership to replace Dundee's City Plan during 2022/23 and also strategic planning activities in both NHS Tayside and Dundee City Council. Additionally, the work must consider the current suite of companion documents to the strategic commissioning plan and the need to replace the

IJB's Equality Outcomes and Mainstreaming Framework by 31 March 2023. The IJB was advised that an update would be provided by the Chief Officer no later than 30 August 2022.

4.2 Strategic Commissioning Plan

4.2.1 The process led by the Strategic Planning Advisory Group to undertake the statutory review of the 2019-2022 Plan provided a range of opportunity for reflection on current and future strategic planning arrangements and approaches. These conversations were also informed by feedback received from the public, Internal Audit and external scrutiny partners, as well as the Scottish Government, about Dundee's planning arrangements. It was not considered appropriate for all of the opportunities for change that were identified to be implemented through the one-year addendum, however they now provide a starting point for the development of the replacement strategic plan. Through these discussions consensus emerged about the following:

- That the strategic plan should be written primarily for Dundee Citizen's, particularly people that use health and social care services and carers. The strategic plan should also be more accessible to the Health and Social Care Partnership workforce.
- Greater input and resources should be invested in the presentation of the framework and supporting delivery plan. Plans must be written in plain English, have less reliance on the written word and more scope for use of alternative formats such as infographics and audio-visual elements. Consideration should also be given to the production of a wider range of alternative formats, including summary, pictorial and British Sign Language versions of the strategic framework.
- There is a preference to move towards a longer-term strategic framework, supported by more flexible annual delivery plans that are more clearly linked the transformation programme and care group level planning. Discussions with partners at the Strategic Planning Advisory Group have identified that a 10-year strategic framework should be developed, consisting of short term (years 1-3), medium-term (years 4-6) and long-term (years 6-10) milestones and review points (broadly aligning to three-year planning cycles contained within the relevant legislation). This approach also aligns well with the planning cycles used by NHS Tayside, which will be particularly helpful when developing plan content that sits across both community and acute services.

2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
10 Year Strategic Commissioning Framework									
Annual Delivery Plans (x10)									
1	2	3	4	5	6	7	8	9	10
1-3 year plans			1-3 year plans			1-3 year plans			
Detailed Transformation Program Plans and Care Group Plans			Detailed Transformation Program Plans and Care Group Plans			Detailed Transformation Program Plans and Care Group Plans			
Various Service Plans and Team Plans									

4.2.2 An opportunity has been taken to review requirements in terms of the 'companion documents' that support the strategic commissioning plan. There are requirements in legislation and associated regulations and statutory guidance for the IJB to publish Equality Outcomes (see section 4.3), maintain a strategic needs assessment to inform the production of their strategic commissioning plan, and a housing contribution statement. The IJB has already approved an updated strategic needs assessment as part of the statutory review process (article IX of the minute of the meeting of the Dundee Integration Joint Board held on 15 December 2021 refers). Proposals regarding the development of revised Equality Outcomes are set out at section 4.3 of this report, and the new housing contribution statement will require to be developed as part of the overall work to prepare the replacement strategy. There are no other requirements in law to produce any other companion documents. However, having considered what is required to support the IJB to fulfil their strategic commissioning function, and in order to maintain a main strategic framework and accompanying delivery plan that is accessible and concise, it is intended that the following will be produced as key companion documents:

- Resource framework, covering finance, property, workforce and digital resources available to the partnership, how these will be deployed to support the implementation of the strategic framework. Areas for improvement will be reflected in the annual delivery plan. Further work is to be undertaken to identify if the resource framework can also deliver content relating to market facilitation.
- Performance framework, setting out how the IJB will measure and report performance and outcomes in order to evidence progress towards the vision and priorities set out in the strategic framework.

- 4.2.3 This planned approach responds to content within the Annual Internal Audit Report 2020/21 and 2021/22. These reports highlighted the need to improve reporting and monitoring of key transformation programmes; with transformation activity being woven into the strategic plan rather than being considered separately. The reports also recommended that the plan should include a supporting delivery plan to track progress in implementation. Finally, it was recommended that the plan should include assessment of risks to achievement. The process of developing the strategic framework and delivery plan, as well as the companion document, will be informed by the IJB's strategic risk register, particularly in terms of agreeing prioritisation of improvement activity and resource investment. The plan development process may also generate information that can inform the further revision of the strategic risk register.
- 4.2.4 Appendix 1 contains an overview of the intended strategy development process and timeline. This has been directly informed by strategy principles developed by Internal Audit that are contained within appendix 2.
- 4.2.5 Updating the IJB's strategic needs assessment was an important first step in informing the statutory review of the 2019-2022 plan, production of the 2022/23 extension and now, the development of a full replacement plan. The revised strategic needs assessment was approved by the IJB in December 2021 (Article IX of the minutes of the Dundee Integration Joint Board held on 15 December 2021 refers) and has been published on the Partnership's website (full version: https://www.dundeehscp.com/sites/default/files/2022-03/strategic_needs_assessment_ijb_sep2021.pdf and summary versions: https://www.dundeehscp.com/sites/default/files/2022-03/strategic_needs_assessment_summary_sep21.pdf). The strategic needs assessment is updated in line with statutory planning cycles, the version approved in December 2021 being the third version of the strategic needs assessment produced since 2016. During this period work has also taken place on both locality and care group needs assessments to support planning activity. The strategic needs assessment reflects the most recently available validated data, meaning that in some service areas reporting reflects information that is relatively historic. However, through the strategic planning process the Partnership is able to supplement this with a range of management information (more contemporary but unvalidated and unpublished) to aid understanding of overall population needs. The process also allows partners to put data into the context of a range of other information, for example engaging with communities to understand their experiences of health and social care need, demand and response. The process and timeline set out in appendix 2 allows scope to identify and consider emerging data with stakeholders.

4.3 Equality Outcomes

- 4.3.1 The IJB approved its Equality Outcomes and Mainstreaming Framework 2019-2022 in March 2019 following an extensive review that was informed by public engagement with people with protected characteristics and their representatives. At that time the equality mainstreaming framework was aligned to the planning cycle for the strategic commissioning plan.
- 4.3.2 There is a statutory requirement (Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) regulations 2012) for Integration Joint Boards to substantively review equality outcomes at least every four years and 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. The IJB is therefore required to substantively review its equality outcomes again by 31 March 2023 and to publish its next mainstreaming equality report on the same date.
- 4.3.3 The revision of the IJB's current Equality Outcomes will be undertaken as part of the programme of work to develop the replacement strategic commissioning plan. This approach is being taken to ensure that there is a stronger link between the IJB's Equality Outcomes, the core strategic commissioning activities of the IJB and the improvement activities and transformation programmes implemented through the Dundee Health and Social Care Partnership. The Public

Sector Equality Duty includes a mainstreaming requirement; integration of Equality Outcomes and improvement activity within the strategic commissioning plan is congruent with this requirement.

- 4.3.4 Given the significant focus on health inequalities within the current strategic commissioning plan, as well as the strong likelihood that this priority will continue into the replacement plan a co-ordinated approach to engagement with the public and the workforce will also be beneficial. Health inequalities disproportionately impact upon people who have protected characteristics and experience poverty and socioeconomic disadvantage therefore engagement work focused specifically on these people will be a priority and will inform both Equality Outcomes and the wider strategic commissioning plan.

4.4 Resources and Risks

- 4.4.1 There are a number of factors that will impact on the ability of the IJB to produce, agree and publish a high-quality replacement strategic commissioning plan and Equality Outcomes prior to 31 March 2023. These factors are outlined in sections 4.4.2 to 4.4.5 and have been considered when setting out the intended strategy development process and timescale in appendix 1.
- 4.4.2 Producing a high-quality plan will require pro-active contributions over a sustained period of time from a wide range of stakeholders, including strategic planning groups (both within the Partnership and in linked areas), the workforce, and people who use services, carers and the wider public. The impact of the COVID-19 pandemic continues to impact all stakeholders in terms of their availability and capacity to engage with the planning process. High levels of absence continue to be experienced across many services, with available capacity focused on maintaining service delivery and sustaining critical transformation and improvement programmes. For people who use services, carers and the public the impact of the pandemic continues to affect people negatively and this has also been compounded by the cost of living crisis. Approaches to engagement will require to be multi-faceted, flexible and highly accessible to maximise the opportunity for meaningful engagement.
- 4.4.3 The Partnership is currently operating with a very restricted internal strategic planning and performance management capacity. Whilst the strategic commissioning plan will be the most significant priority for the rest of 2022/23 capacity will also be required to support other critical planning functions, including statutory planning and governance responsibilities in areas such as equalities, climate change, and carers. Temporary arrangements to provide additional capacity are being actively considered by the Chief Finance Officer, alongside longer-term plans to strengthen the Partnership's strategy, performance and business planning functions.
- 4.4.4 Some elements of the planning process will require significant input from Dundee City Council and NHS Tayside in relation to corporate support functions. This is specifically the case in terms of the companion resource framework, where property, workforce and digital elements are led by the corporate bodies. The design and formatting of the plan, as well as publication and subsequent communications activities will also require support from Communications Teams. Best use will be made of existing strategic / working groups that are in place across the Council, NHS and Partnership in relation to property, workforce and digital elements, with early discussions also taking place with Communications colleagues to add detailed activities and timescales to the overview contained within appendix 1.
- 4.4.5 The original national strategic planning guidance for IJBs was published by the Scottish Government in December 2015 (available at: <https://www.gov.scot/publications/strategic-commissioning-plans-guidance/documents/>) and has not been updated since. The Scottish Government has indicated that they are currently reviewing and updating the guidance, although not timescale has been given for the completion of this work. It is therefore possible that new guidance will emerge during the process of developing the replacement plan and that time will be required to review this and consider any adjustments to the process. Similarly, the National Care Service (Scotland) Bill contains provisions that relate to strategic planning functions. Whilst, if enacted, these provisions will not impact for a number of years they will interact with the ten-year strategic framework, however the proposed three-year milestones and review points would accommodate the provisions as they are currently drafted. However, it should be noted that the passage of the Bill through parliamentary processes and the linked co-design process for the National Care Service may generate further detail on the required future approach to strategic commissioning plans that will require to be considered in terms of possible adjustments to the intended approach and process laid out in appendix 1.

- 4.4.6 The Annual Internal Audit Report 2021/22 (Article XI of the minute of the meeting of the Dundee Integration Joint Board held on 22 June 2022 refers) noted that the process of developing a replacement plan will require the IJB to balance very serious risks posed by current operational pressures, with potential existential risks to services created by demographic and workforce pressures which are already threatening sustainability. The report stated that:

“Whilst the IJB will need to be cognisant of Scottish Government ambitions, its priority must be the production of a realistic, achievable strategy which addresses the needs of the local population post-Covid within the parameters of available resources, most particularly financial, digital and workforce. This will almost inevitably involve extremely difficult decisions, which may not fully align with public or Scottish Government expectations.”

It will therefore be critical that the IJB itself has significant involvement in the planning process throughout. Opportunities for this have been considered and have been reflected in the process and timeline overview contained within appendix 1.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	Resources pressures and other factors, as outlined in section 4.4 of this report, will significantly delay the production of the strategic commissioning plan, Equality Outcomes and supporting companion documents.
Risk Category	Political, Governance, Legal
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk scoring 16 (which is an Extreme risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> The Strategic Planning Advisory Group will be convened more regularly over the next 12 months to maintain regular oversight of progress and barriers, escalating concerns to the IJB where necessary. The completion of element of the workplan that are associated with statutory duties and timescales will be prioritised if required, including the production and publication of revised Equality Outcomes and of the strategic framework. Consideration is being given to elements of the workplan where additional resources can be secured quickly to deliver on specific tasks, this will most likely be through partnership with external commissioned services.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Approval recommendation	The IJB should update their strategic risk register to reflect the above risk and to enable ongoing monitoring.

7.0 CONSULTATIONS

- 7.1 The Strategic Planning Advisory Group, Chief Finance Officer, Heads of Service - Health and Community Care, members of the Strategic Planning Advisory Group and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 29 September 2022

Joyce Barclay
Senior Officer, Strategy and Performance

Kathryn Sharp
Service Manager, Strategy and Performance

Appendix 1

Strategic Commissioning Plan – Overview Process and Timescales

The Strategic Planning Advisory Group will oversee and actively support the planning process on behalf of the IJB. Please note that phases will run concurrently (rather than consecutively).

	ACTIVITY	KEY RESOURCES	TIMESCALE
PHASE 1 – PREPARATORY WORK			
INFORMATION GATHERING	Review and benchmarking of IJB strategic commissioning plans from other areas of Scotland	Strategy and Performance Service National Integration Managers Network Published plans	Complete
	Mapping of national planning context and priorities	Strategy and Performance Service NHS Tayside draft map of strategic plans and priorities Published plans and summaries	October 2022
	Mapping of regional and local planning context and priorities	Strategy and Performance Service Published plans and summaries	October 2022
	Revision of IJB strategic needs assessment		Complete
	Establish infrastructure to maintain records required to inform Integrated Impact Assessment (IIA)	Strategy and Performance Service Dundee City Council IIA process	Complete

	Confirm governance arrangements and approval routes, including for content related to lead partner services	Finance, Strategic Planning and Business Support Service Dundee / Angus / Perth & Kinross Health and Social Care Integration Schemes Dundee City Council, Legal Service	By end of December 2022
ENGAGEMENT	Briefing sessions and initial discussions with: <ul style="list-style-type: none"> • Integration Joint Board • Care Group Strategic Planning Groups / Transformation Boards • Workforce Planning Group • Property Strategy Group • IT Project Board 	Strategic Planning Advisory Group	October / November 2022
	Focused discussion with Community Planning officers to achieve process alignment with review of Dundee City Plan	Strategic Planning Advisory Group Dundee City Council, Community Planning Service	Complete
	Engagement with NHS Tayside planning functions to achieve process alignment with Annual Deliver Plan and other planning requirements	Strategy and Performance Service NHS Tayside / Tayside Health and Social Care Partnerships Joint Planning Group	Ongoing (group meets every 2-4 weeks)
	Focused discussions with Angus and Perth & Kinross Partnership planning colleagues to achieve agreed approach to planning for lead partner (formerly hosted) services	Strategy and Performance Service NHS Tayside / Tayside Health and Social Care Partnerships Joint Planning Group	Ongoing (group meets every 2-4 weeks)

	Establish Public Reference Group to support planning process throughout	Strategic Planning Advisory Group Existing Community Planning engagement structures, including Health and Wellbeing Networks	October 2022
PHASE 2 – CONFIRMING OUR VISION AND STRATEGIC PRIORITIES			
INFORMATION GATHERING	Review of contributions already received through statutory review engagement activities	Strategy and Performance Service Engagement reports from statutory review	October 2022
	Review and benchmarking of IJB strategic commissioning plans from other areas of Scotland	Strategy and Performance Service National Integration Managers Network Published plans	Complete
ENGAGEMENT	Preparation of engagement materials focused on: <ul style="list-style-type: none"> • Our 10-year visions / ambition • Our strategic priorities • Our Equality Outcomes • Setting out the change (improvement / outcomes) we are seeking to achieve at a high level 	Strategic Planning Advisory Group	October 2022
	Planning and delivering a variety of routes for engagement including: <ul style="list-style-type: none"> • People who use services • Carers • Communities • Workforce • Operational management teams 	Strategic Planning Advisory Group Existing planning and engagement infrastructure across the Dundee Community Planning Partnership and Health and Social Care Partnership	September / October 2022

	<ul style="list-style-type: none"> Care Group Strategic Planning Groups / Transformation Boards Integration Joint Board Organisational stakeholders <p>Within this there will be a specific focus on supporting engagement with people who have protected characteristics or who are impacted by poverty and socio-economic disadvantage.</p>	Dundee City Council and NHS Tayside Communications Teams	
DRAFTING	Analysis of engagement responses and production of draft vision and priorities	Strategic Planning Advisory Group	November / December 2022
	Update IIA records and strategic risk register	Finance, Strategic Planning and Business Support Service	Continuous updating
PHASE 3– DEVELOPING THE 10 YEAR STRATEGIC FRAMEWORK			
DRAFTING	Vision and strategic priorities developed into 10-year framework, including visual summary (plan on a page)	Strategic Planning Advisory Group Dundee City Council Design Service	November / December 2022
	Draft Equality Outcomes	Strategic Planning Advisory Group Dundee City Council and NHS Tayside Equality Steering Groups	November / December 2022
	Update IIA records and strategic risk register	Finance, Strategic Planning and Business Support Service	Continuous updating

ENGAGEMENT	<p>Testing of draft framework with:</p> <ul style="list-style-type: none"> • Public Reference Group • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards • Integration Joint Board 	Strategic Planning Advisory Group	December 2022
PHASE 4 – DEVELOPING THE 2023/24 ANNUAL DELIVERY PLAN			
	<p>Preparation of engagement materials focused on:</p> <ul style="list-style-type: none"> • Identifying ongoing commitments / expectations in local, regional and national plans • Identifying gaps • Horizon scanning – identification of new /emerging areas of focus • Prioritisation 	Strategic Planning Advisory Group	January 2023
ENGAGEMENT	<p>Planning and delivering a variety of routes for engagement including:</p> <ul style="list-style-type: none"> • People who use services • Carers • Communities • Workforce • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards • Integration Joint Board • Organisational stakeholders • Angus and Perth & Kinross Partnerships re: lead partner services 	<p>Strategic Planning Advisory Group</p> <p>Existing planning and engagement infrastructure across the Dundee Community Planning Partnership and Health and Social Care Partnership</p> <p>Dundee City Council and NHS Tayside Communications Teams</p>	January / February 2023

	Within this there will be a specific focus on supporting engagement with people who have protected characteristics or who are impacted by poverty and socio-economic disadvantage.		
INFORMATION GATHERING	Review and benchmarking of other IJB delivery plans	Strategy and Performance Service National Integration Managers Network Published plans	Complete
DRAFTING	Developing a draft delivery plan for further engagement with stakeholders	Strategic Planning Advisory Group	February 2023
ENGAGEMENT	Testing of draft delivery plan with: <ul style="list-style-type: none"> • Public Reference Group • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards • Integration Joint Board • Angus and Perth & Kinross Partnerships re: lead partner services 	Strategic Planning Advisory Group	February 2023

DRAFTING	Update IIA records and strategic risk register	Finance, Strategic Planning and Business Support Service	Continuous updating
PHASE 5 - DEVELOPING THE RESOURCE FRAMEWORK			
INFORMATION GATHERING	Review and benchmarking of other IJB resource frameworks (or similar)	Strategy and Performance Service / Finance Service National Integration Managers Network Published plans	October / November 2022
	Review of existing workforce plan, financial plans and emerging property strategy and digital strategies	Finance, Strategic Planning and Business Support Service	October / November 2022
	Further research and discussion regarding inclusion of market facilitation element	Strategic Planning Advisory Group	October 2022
ENGAGEMENT	Focused discussions with key groups to develop initial overview of framework elements and content, to include: <ul style="list-style-type: none"> • Workforce Planning Group • Property Strategy Group • Finance Service • IT Project Board 	Strategic Planning Advisory Group	October / November 2022
DRAFTING	Development of draft resource framework	Finance, Strategic Planning and Business Support Service Strategic Planning Advisory Group	January / February 2023

ENGAGEMENT	Testing of draft resource framework with: <ul style="list-style-type: none"> • Public Reference Group • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards • Integration Joint Board • Angus and Perth & Kinross Partnerships re: lead partner services 	Strategic Planning Advisory Group	February 2023
DRAFTING	Update IIA records and strategic risk register	Finance, Strategic Planning and Business Support Service	Continuous updating
PHASE 6 – DEVELOPING THE PERFORMANCE FRAMEWORK			
INFORMATION GATHERING	Review and benchmarking of other IJB performance frameworks (or similar)	Strategy and Performance Service National Integration Managers Network Published plans	October/November 2022

ENGAGEMENT	<p>Focused discussions with key groups to develop initial overview of framework elements and content, to include:</p> <ul style="list-style-type: none"> • Performance management staff • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards • Angus and Perth & Kinross Partnerships re: lead partner services 	Strategic Planning Advisory Group	October / November 2022
DRAFTING	Development of draft performance framework	<p>Strategy and Performance Service</p> <p>NHS Tayside Business Unit</p> <p>Dundee City Council Corporate Services</p> <p>Public Health Scotland</p>	December 2022 / January 2023
ENGAGEMENT	<p>Testing of draft performance framework with:</p> <ul style="list-style-type: none"> • Public Reference Group • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards • Integration Joint Board • Angus and Perth & Kinross Partnerships re: lead partner services 	Strategic Planning Advisory Group	February 2023

DRAFTING G	Update IIA records and strategic risk register	Finance, Strategic Planning and Business Support Service	Continuous updating
PHASE 7 – FORMATTING, PUBLICATION AND COMMUNICATION			
ENGAGEMENT	Engagement with Design Team to discuss project requirements and timescale	Dundee City Council Design Team	November 2022
	Engagement with the public to generate images for use within the plan	Strategic Planning Advisory Group Existing planning and engagement infrastructure across the Dundee Community Planning Partnership and Health and Social Care Partnership Dundee City Council and NHS Tayside Communications Teams	September / October / November 2022
DRAFTING	Drafting of all designed materials, including: <ul style="list-style-type: none"> • Full versions • Summary versions • Alternative formats • Extract of Equality Outcomes aspects 	Dundee City Council Design Team	January / February / March 2023
ENGAGEMENT T	Testing of designed materials framework with: <ul style="list-style-type: none"> • Public Reference Group • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards 	Strategic Planning Advisory Group	February 2023

	<ul style="list-style-type: none"> Integration Joint Board 		
	Final consultation on draft designed materials with public and organisational stakeholders	Strategic Planning Advisory Group	February 2023
DRAFTING	Update IIA records and strategic risk register	Finance, Strategic Planning and Business Support Service	Continuous updating
GOVERNANCE	Submission of final materials to IJB for approval		March 2023
	Submission of approved materials to stakeholders for information, including Dundee City Council Tayside NHS Board		April 2023
COMMUNICATION	Publication of approved materials on digital platforms	Finance, Strategic Planning and Business Support Service Dundee City Council and NHS Tayside Communications Teams	March / April 2023
	Development of approaches for media engagement and ongoing promotion of plans via social media and other communication channels	Dundee City Council and NHS Tayside Communications Teams	March / April 2023
PHASE 8 – REVIEW OF THE TRANSFORMATION / STRATEGIC PLANNING GROUP STRUCTURE			

Through the development of the strategic commissioning plan it is anticipated that a renewed transformation and strategic planning structure will emerge that is for purpose for the future. The structure should directly respond to the priorities, outcomes and actions set out within the plan; form should follow function. It is anticipated that any follow-on work to support this would be completed by end of June 2023.

Appendix 2

Internal Audit – Strategy Development Principles

	The Board continues to be fully engaged in the development of the Strategic Plan and understands and where necessary approves, Process, Products, Parameters, Priorities and Principles;
1.	Has the Board identified and implemented the culture required to achieve successful implementation?
2.	Have the principles to be applied in developing the Strategic Plan been considered by the Board?
3.	How does organisational risk appetite inform Strategic Plan and prioritisation? Has this link been defined either formally or informally?
4.	Does the consultation/engagement strategy for the plan include formal and informal discussions with Board members?
5.	How will areas which are 'off-limits' be identified at the onset to avoid work being undertaken on areas which will not be acceptable to its Board or stakeholders? Has there been discussion/engagement at an early stage with non-executive members, partner bodies, SG?
6.	How will expectations be managed?
7.	Have resource constraints – staff, finance, digital/technology, property been identified?
8.	What has been done to ascertain impact of Covid on demand – mental health, impact of elective, unknown pent-up demand?
9.	How has population need been identified? How will it be incorporated into the Strategy?
10.	Equity – population need, how is inequality measured, defined, is it an embedded principle, are members prepared for potential consequences? Does the Strategy overtly comply with the requirements of https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/documents/ ?
11.	Have Realistic medicine and evidence based care been embedded as core principles?
12.	How will the Strategy link to IJB and Local Authority council strategies – both formally and informally?
13.	Learning from RMP 3/4– how will the Plan: <ul style="list-style-type: none"> ○ capture the extent to which strategic objectives are still realistic /desirable and which have increased in priority/demand e.g. mental health. ○ Identify potential changes to resource requirements and availability ○ Understand the impact of and potential for different ways of working
14.	Has the approach recognised that many services were unsustainable pre-covid and learn lessons from the successes (or otherwise), of transformation?
15.	Does the strategy build in resilience to allow for unknown consequences of Covid and ongoing pressures?

	The process for developing the Strategic Plan is in accordance with best practice
16.	Has a timetable been approved by the Board?
17.	Is there a project plan consistent with the timetable?
18.	What project methodology is being applied? Does it embed appropriate project/programme management principles?
19.	How are project risks identified, monitored and mitigated?
20.	Does the project plan include robust monitoring, reporting and remediation?
21.	Have risks to key services been assessed to identify urgent issues that may become critical imminently, so that if there are any delays to the overall process, these are prioritised and started now?
22.	How are assurances around delivery structured– project manager, group, reporting, links to Executive Team? (Ascertain the governance and reporting structures.)
23.	How will learning from remobilisation be incorporated?
24.	How will data quality be assessed and assured?
25.	Does the process include genuine innovation incorporating realistic medicine, transformation and efficiency savings?
26.	Does the plan include the impact of Covid on demand and capacity, as well as identifying overall population need and addresses health and care inequalities? Has Covid been considered and flexibility been built into the planning process, recognising potential impact on project staff, availability of management?
27.	Is the plan congruent with Strategies being developed by partner bodies
28.	Will the plan identify staff, IT, Estates and other resource requirements and ensures these are embedded in the supporting strategies of the IJB and its partners? Is there clarity over how these will be embedded in the supporting strategies of the parties, including the use of directions if required? Does the plan take into account the timing of the partner bodies overall and supporting strategies?
29.	Is there agreement on what management processes can be deferred to allow strategic planning work to go ahead?
30.	Is there a process to ensure knowledge gained is used to update Strategic Risks? How will understanding from the identification of strategic objectives, threats to their achievement and mitigating actions feed through into the Strategic Risk Register, including horizon scanning for the coming 5 years?
31.	Does the process recognise the likely challenges that will come and therefore recognise the need for: <ul style="list-style-type: none"> • Transparency of process • Robust data and projections • A positive narrative and vision for future services • An understanding of potential sources of resistance to change and their likely motivations?

32.	Is there a cohesive engagement strategy for development and approval of the Strategic Plan which allows engagement with all relevant parties in the design of individual components and appropriate consultation at the end?
33.	Does the process build in consideration of likely areas of opposition to change and development of remedial action?
34.	Has co-production been considered where appropriate and where timescales allow? Is the plan flexible enough to allow for co-production in the longer term?
	There is appropriate and proportionate reporting to the Board on progress in developing the plan.
35.	Is there a clear timeline for delivery of the Strategic Plan with clear milestones?
36.	Has it been fully agreed with the Board?
37.	Is there a process for regular reporting to the Board on progress against key milestones?
38.	Does the Board understand when and how it will receive products/update papers and whether they will be for approval or noting?
39.	Is there clear delineation between Strategic issues/principles which are the preserve of the Board and operational matters which are not?

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26 OCTOBER 2022

REPORT ON: FINANCIAL MONITORING POSITION AS AT AUGUST 2022

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB79-2022

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2022/23 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2022/23 financial year end as at 31st August 2022 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Notes the costs and financial risks associated with Dundee Health and Social Care Partnership's continued response to the COVID-19 crisis as set out in section 4.5 of this report.
- 2.3 Notes that officers within the Health and Social Care Partnership will continue to carefully monitor expenditure throughout the remainder of the financial year.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31st August 2022 (excluding any implications of additional COVID-19 spend) shows a net projected underspend position for 2022/23 of (£1,740k).

4.0 MAIN TEXT

4.1 Background

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB's final budget for delegated services was approved at the meeting of the IJB held on the 25th March 2022 (Article IV of the minute of the 25 March refers). This set out the cost pressures and funding available to ensure the IJB had a balanced budget position going into the 2022/23 financial year. The 2022/23 budget did not require to stipulate any additional savings plan to achieve a balanced budget position, therefore the financial monitoring reports

will not need to include an updated assessment of the status of the savings plan during this year.

4.2 Projected Outturn Position – Key Areas

4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain. These figures exclude the projected cost implications of responding to the COVID-19 crisis.

4.3 Services Delegated from NHS Tayside

4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected underspend of around (£1,581k) by the end of the financial year. Throughout the year, the figures have assumed all additional Covid-19 costs will be covered by additional funding, community-based health services managed directly by Dundee Health and Social Care Partnership are projected to be underspent by approximately (£595k), impact of Lead Partner Service (formerly referred to as Hosted Services) risk sharing adjustment is indicating an additional cost of £473k, prescribing is projected to be underspend by (£1,961k) and other Primary Care services are expected to be overspent by £501k.

4.3.2 Key drivers of underspends across various services continues to be staffing vacancies, with ongoing challenges to recruit staff. This is similar across a number of medical, nursing, AHP and other staffing groups and across various bands.

4.3.3 Key drivers of overspends tends to be as a result of reliance on bank, agency or locum staff (with premium costs) to fill vacancies where patient acuity and / or safe-staffing levels necessitate the use of these additional staff.

4.3.4 GP and Other FHS Prescribing continues to contribute a significant projected underspend position to the overall financial position. This is predominantly as a result of prescription volumes being considerably lower than Plan, with pricing also being marginally lower than expected. Ongoing regular monitoring of the local and regional Prescribing financial position is undertaken within multi-disciplinary meetings.

4.3.5 Other Primary Care Service projected overspend is mainly driven by the share of cost pressure relating to GP 2C practices.

4.3.6 National discussions in relation to NHS-employed staff pay award for 2022/23 are continuing. The baseline budget uplift received from NHS Tayside was set at 2%, however it is acknowledged that an offer to staff has been made which is higher than this. As in previous years, it is assumed that additional funding will be received from Scottish Government should the pay award be higher than budget uplift to offset the increased cost.

4.3.7 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of hosted services to Dundee being an increased cost implication of £473k which mainly relates to higher spend within Out of Hours and Forensic Medical Services led by Angus IJB.

4.3.8 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been Hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Discussions continue with NHS Tayside around financial risk sharing arrangements for these services however there is unlikely to be any resultant financial risk to Dundee IJB in 2022/23.

4.4 Services Delegated from Dundee City Council

4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows an anticipated underspend of (£159k).

4.4.2 Key drivers of underspend include vacancies across various teams and grades, and also lower activity in some areas as services continue to return pre-pandemic levels.

4.4.3 Key drivers of overspend includes ongoing lower income levels (due to lower activity levels), and an assumed additional cost pressure against potential pay award agreements.

4.4.4 National and local conversations continue in relation to pay award settlement for Dundee City Council-employed staff. The IJB's 2022/23 Budget included an assumption of 2% pay award against a flat-cash settlement from Dundee City Council, with this cost pressure being incorporated into the overall financial plan. It is now acknowledged that the pay award settlement will be higher than this, resulting in an additional unplanned cost pressure for 2022/23. At this stage, while Trade Union Members are balloted on the offer and a share of additional funding from Dundee City Council is not confirmed, the final cost implication for the IJB is not yet known, however a prudent assumption of additional £1.4m charge has been incorporated into the current position.

4.5 Financial Impact of the COVID-19 Response

4.5.1 Dundee Health and Social Care Partnership continues to incur additional expenditure associated with the response to the Covid19 pandemic and the Scottish Government provided additional funding throughout 2020/21 and 2021/22 to support these additional costs which included provision for unforeseen additional expenditure at the year-end period due to the uncertainty of a range of costs. The Scottish Government instructed that any surplus funding at the year-end would sit as earmarked for Covid-19 in IJB's reserve balances. Dundee IJB currently has a total of £15.6m of Covid19 reserves, which must be drawn down to meet additional ongoing Covid19 related demands on delegated services in 2022/23. The Scottish Government has confirmed that no further additional funding will be made available.

4.5.2 The latest financial summary as submitted to the Scottish Government in September 2022 (after Month 5 2022/23) is as follows:

Table 1

Mobilisation Expenditure Area	2022/23 Projected COVID-19 Additional Spend (As at Aug – M5) £000	2021/22 COVID-19 Additional Expenditure £000	2020/21 COVID-19 Additional Expenditure £000
Additional Care Home Placements	0	0	336
PPE	70	192	157
Additional Staff Cover / Temporary Staff	3,002*	2,659	2,817
Provider Sustainability Payments	1,076	2,538	4,379
IT / Telephony	34	0	50
Additional Family Health Services Contractor Costs	189	143	678

Additional Family Health Services Prescribing Costs	0	226	0
Loss of Charging Income	0	1,028	1,350
Additional Equipment and Maintenance	47	336	189
Primary Care	266	197	0
Additional Services within Remobilisation Plan	0	484	0
Other Costs	202	119	114
Anticipated Underachievement of Savings	0	0	200
Total Mobilisation Costs	4,886	7,922	10,271

*Includes share of additional Covid19 costs for regional In-Patient Mental Health (£1,063k)

- 4.5.3 Based on the current financial information and projected spend profile, the available Covid-19 Reserves balance will be sufficient to fully cover the anticipated additional expenditure during 2022/23
- 4.5.4 The Scottish Government ended the financial support offered to social care providers throughout the pandemic funded through IJB remobilisation funding on 30 June 2022. However, some ongoing support under the Social Care Staff Support fund remains in place along with financial support arrangements for testing and vaccinations until 31 March 2023. This element has been the most significant cost within the remobilisation plan to date and included continued payment of underoccupancy payments to care homes (until the end of October 2021), payments for additional staff sickness and cover and additional PPE.
- 4.5.5 The providers financial support claim process involves assessment and scrutiny as well as benchmarking where possible by contracts officers and commissioning leads with a recommendation made to the Chief Finance Officer of Dundee IJB as to the reasonableness of the request. The Chief Finance Officer considers these recommendations and other considerations prior to authorising additional provider payments.
- 4.5.6 Any future year or ongoing financial implications relating to additional Covid-19 costs continues to be reviewed and funding options considered. Where expenditure relates to new ways of working or other strategic priorities, this will be considered during the annual financial planning and budget setting process with a view to identifying recurring funding. Any appropriate reports will be presented to the IJB.
- 4.5.7 There have been a number of significant changes to Public Health policies in relation to Covid19 over the summer, which has resulted in the profile of Covid19 spend reducing significantly compared to when funding was provided to IJBs for Covid19 purposes. In response to this, the Scottish Government has recently written to IJB Chief Officers and Chief Finance Officers to intimate their intention to reclaim surplus Covid19 reserves to be redistributed across the sector to meet current Covid19 priorities. At this stage, the details in relation to process, values and timescale have not yet been confirmed.

4.6 Reserves Position

- 4.6.1 The IJB's reserves position significantly improved at the year ended 31st March 2022 as a result of the IJB generating an operational surplus of £7,839k during 2021/22 and the impact of the release of significant funding to all IJB's by the Scottish Government for specific initiatives to be held as earmarked reserves. This results in the IJB having total committed reserves of £29,065k and uncommitted reserves of £9,933k. These values are currently subject to annual external Audit processes. This leaves the IJB with more flexibility to respond to unexpected financial challenges and provides the opportunity for transition funding for transformation of services. The reserves position is noted in Table 2 below:

Table 2

Reserve Purpose	Reserves Balance @ 31/3/22	Revised Reserves Balance
	£k	£k
Mental Health	1,825	1,825
Primary Care	4,995	4,995
Service specific	1,947	1,947
Community Living Change Fund	613	613
NHST - shifting balance of care	1,600	1,600
ADP	1,220	1,220
Covid-19	15,595	15,595
Analogue to Digital Grant	876	876
Other Staffing	394	394
Additional GP Capacity*		132
Total Committed Reserves	29,065	29,197
General Reserves (Uncommitted)	9,933	9,801

*Per DIJB62-2022

- 4.6.2 As agreed at IJB meeting on 26 August 2022, per Agenda Note DIJB62-2022, an additional Earmarked Reserve has now been created to fund additional GP capacity during the next 2 years.
- 4.6.3 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances will be taken into consideration for these funds by the Scottish Government when releasing further in-year funding.
- 4.6.4 In relation to Primary Care Improvement funding, the Scottish Government has recently confirmed that the total value of the earmarked reserves for this purpose held by IJBs across the country has now been taken into account as part of the overall available funding and therefore IJBs must use their reserves and will only receive additional funding for their investment programme once this has been fully utilised. Overall funding will therefore be restricted to the reserves plus the difference between the original annual funding allocation and those reserve balances nb an overall reduction in this years assumed available funding. This has had an impact on the IJB's ability to fully implement the Primary Care Improvement Plan.
- 4.6.5 Given the potential reclaim of Covid19 reserves, the Scottish Government's funding changes to Primary Care Improvement Funding and anticipated restrictions in Mental Health Action 15 and Alcohol and Drug Partnership funding, a significant portion of Committed Reserves will be utilised during 2022/23. Plans to ensure the IJB benefits from utilising some of its available reserves through short term targeted investment in supporting transformation, supporting necessary infrastructure and to reduce waiting times which will support the delivery of the IJB's Strategic and Commissioning Plan will be brought to the IJB for approval to the December 2022 IJB meeting.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

8.1 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

9.1 None.

Dave Berry
Chief Finance Officer

Date: 27 September 2022

							Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2022/23							Aug-22
	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total		
	Net Budget £,000	Forecast Overspend / (Underspend) £,000	Net Budget £,000	Forecast Overspend / (Underspend) £,000	Net Budget £,000	Forecast Overspend / (Underspend) £,000	
Older Peoples Services	45,848	85	16,482	690	62,331	775	
Mental Health	3,182	54	4,065	160	7,247	214	
Learning Disability	30,759	208	1,526	(68)	32,285	140	
Physical Disabilities	6,127	(266)	0	0	6,127	(266)	
Drug and Alcohol Recovery Service	3,468	(363)	3,735	203	7,203	(160)	
Community Nurse Services/AHP/Other Adult	-807	(98)	14,697	(176)	13,889	(274)	
Lead Partner Services			22,317	(864)	22,317	(864)	
Other Dundee Services / Support / Mgmt	10,775	221	30,508	(611)	41,282	(390)	
Centrally Managed Budgets			-153	71	(153)	71	
Total Health and Community Care Services	99,352	(159)	93,177	(595)	192,528	(753)	
Prescribing (FHS)			33,465	(1,621)	33,465	(1,621)	
Other FHS Prescribing			-687	(340)	(687)	(340)	
General Medical Services			27,955	499	27,955	499	
FHS - Cash Limited & Non Cash Limited			21,433	2	21,433	2	
Large Hospital Set Aside			18,200	0	18,200	0	
Total	99,352	(159)	193,542	(2,055)	292,894	(2,213)	
Net Effect of Lead Partner Services*			(4,379)	473	(4,379)	473	
Grand Total	99,352	(159)	189,163	(1,581)	288,515	(1,740)	

*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2022/23

Aug-22

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000
1						
Psych Of Old Age (In Pat)			4,611	224	4,611	224
Older People Serv. - Ecs			268	-8	268	-8
Older Peoples Serv. -Community			686	90	686	90
Ijb Medicine for Elderly			5,724	483	5,724	483
Medical (P.O.A)			742	215	742	215
Psy Of Old Age - Community			2,322	-335	2,322	-335
Medical (MFE)			2,129	20	2,129	20
Care at Home	20,835	1,368			20,835	1,368
Care Homes	27,860	-410			27,860	-410
Day Services	1,098	37			1,098	37
Respite	587	-163			587	-163
Accommodation with Support	224	79			224	79
Other	-4,756	-827			-4,756	-827
Older Peoples Services	45,848	85	16,482	690	62,331	775
2						
Community Mental Health Team			4,065	160	4,065	160
Care at Home	181	14			181	14
Care Homes	334	310			334	310
Day Services	67	-22			67	-22
Respite	0	42			0	42
Accommodation with Support	4,518	82			4,518	82
Other	-1,918	-372			-1,918	-372
Mental Health	3,182	54	4,065	160	7,247	214
3						
Learning Disability (Dundee)			1,526	-68	1,526	-68
Care at Home	-551	98			-551	98
Care Homes	3,092	-164			3,092	-164
Day Services	7,980	1,002			7,980	1,002
Respite	575	149			575	149
Accommodation with Support	21,733	-151			21,733	-151
Other	-2,070	-727			-2,070	-727
Learning Disability	30,759	208	1,526	-68	32,285	140
4						
Care at Home	703	-58			703	-58
Care Homes	2,040	-30			2,040	-30
Day Services	1,058	13			1,058	13
Respite	50	-50			50	-50
Accommodation with Support	483	-138			483	-138
Other	1,793	-2			1,793	-2
Physical Disabilities	6,127	-266	0	0	6,127	-266
5						
Dundee Drug Alcohol Recovery			3,735	203	3,735	203
Care at Home	2,470	0			2,470	0
Care Homes	0	46			0	46
Day Services	0	1			0	1
Respite	0	0			0	0
Accommodation with Support	0	-101			0	-101
Other	998	-309			998	-309
Drug and Alcohol Recovery Service	3,468	-363	3,735	203	7,203	-160

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000
6						
A.H.P.S Admin			454	25	454	25
Physio + Occupational Therapy			6,177	-146	6,177	-146
Nursing Services (Adult)			7,289	-4	7,289	-4
Community Supplies - Adult			315	54	315	54
Anticoagulation			461	-105	461	-105
Other Adult Services	-807	-98			-807	-98
Adult Services	-807	-98	14,697	-176	13,889	-274
7						
Palliative Care - Dundee			3,062	-103	3,062	-103
Palliative Care - Medical			1,343	15	1,343	15
Palliative Care - Angus			375	25	375	25
Palliative Care - Perth			1,875	-61	1,875	-61
Brain Injury			1,873	-109	1,873	-109
Dietetics (Tayside)			3,380	25	3,380	25
Sexual & Reproductive Health			2,349	-230	2,349	-230
Medical Advisory Service			170	-90	170	-90
Homeopathy			30	7	30	7
Tayside Health Arts Trust			75	0	75	0
Psychological Therapies			5,625	-251	5,625	-251
Psychotherapy (Tayside)			968	48	968	48
Perinatal Infant Mental Health			275	0	275	0
Learning Disability (Tay Ahp)			915	-140	915	-140
Lead Partner Services	0	0	22,317	-864	22,317	-864
8						
Working Health Services			0	18	0	18
The Corner			448	-12	448	-12
Ijb Management			791	-120	791	-120
Partnership Funding			25,571	0	25,571	0
Urgent Care			1,402	-156	1,402	-156
Health Inequalities			773	-45	773	-45
Keep Well			608	-195	608	-195
Primary Care			915	-100	915	-100
Support Services / Management Costs	10,775	221			10,775	221
Other Dundee Services / Support / Mgmt	10,775	221	30,508	-611	41,282	-390
Centrally Managed Budget			-153	71	-153	71
Total Health and Community Care Services	99,352	-159	93,177	-595	192,528	-753
Other Contractors						
FHS Drugs Prescribing			33,465	-1,621	33,465	-1,621
Other FHS Prescribing			-687	-340	-687	-340
General Medical Services			27,955	499	27,955	499
FHS - Cash Limited & Non Cash Limited			21,433	2	21,433	2
Large Hospital Set Aside			18,200	0	18,200	0
Grand H&SCP	99,352	-159	193,542	-2,055	292,894	-2,213
Lead Partner Services Recharges Out			-13,505	148	-13,505	148
Lead Partner Services Recharges In			9,125	325	9,125	325
Adjustment			-4,379	473	-4,379	473
Grand Total	99,352	-159	189,163	-1,581	288,515	-1,740

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - August 2022			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,055	230	91
Out of Hours	8,302	800	315
Locality Pharmacy	2,307	0	0
Tayside Continence Service	1,532	67	26
Speech Therapy (Tayside)	1,250	(63)	(25)
Sub-total	14,445	1,034	407
Apprenticeship Levy & Balance of Savings Target	(95)	32	13
Total Lead Partner Services - Angus	14,350	1,066	420
Lead Partner Services - Perth & Kinross			
Prison Health Services	4,104	(152)	(60)
Public Dental Service	1,501	47	19
Podiatry (Tayside)	3,351	(383)	(151)
Sub-total	8,955	(487)	(192)
Apprenticeship Levy & Balance of Savings Target	(145)	247	97
Total Lead Partner Services - Perth&Kinross	8,811	(240)	(95)
Total Lead Partner Services from Angus and P&K			
	9,125		325



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26TH OCTOBER 2022

REPORT ON: IMPLEMENTATION OF THE PUBLIC SECTOR EQUALITY DUTY

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB71-2022

1.0 PURPOSE OF REPORT

1.1 To inform the Integration Joint Board of the outcome of audit activity undertaken by the Equality and Human Rights Commission with regard to compliance with the Public Sector Equality Duty, actions taken in response to findings and planned improvements to be undertaken.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report.

2.2 Note the feedback received from the Equality and Human Rights Commission following their recent IJB compliance audit, including concerns regarding the sufficiency of information contained within IJB integrated impact assessments (section 4.2).

2.3 Note the improvements already made to the publication of IJB equality information and, in partnership with Dundee City Council, to the integrated impact assessment process and tools (section 4.2.2, 4.3.1 and 4.3.3).

2.4 Note further planned improvement activity in relation to the completion of integrated impact assessments, including learning and development and quality assurance actions (section 4.3.5).

3.5 Instruct the Chief Officer to submit a further report updating the IJB on the progress of improvement actions no later than 28 February 2022.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 BACKGROUND

4.1.1 The Public Sector Equality Duty (PSED), created under sections 149 to 157 and schedules 18 and 19 of the Equality Act 2010, requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out activities. IJBs became subject to the PSED when they were established in 2016. The broad purpose of the equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. Non-statutory guidance on the PSED has been published to provide information about what public authorities

should do to meet the duty (<https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities>).

4.1.2 The general equality duty requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
 - Remove or minimise disadvantage suffered by people due to their protected characteristics.
 - Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.
 - Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.
- Foster good relations between people who have a protected characteristic and those who do not.

4.1.3 In addition to the general duty, specific duties were created by secondary legislation in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as subsequently amended by Amendment Regulations in 2015 and in 2016). The purpose of the specific duties in Scotland is to help public authorities in their performance of the general equality duty. In summary the Specific Duties that are relevant to IJBs are:

- Report on mainstreaming the equality duty (at least every two years);
- Publish equality outcomes and revise these (at least every four years) and report progress (at least every two years);
- Assess and review policies and practices; and,
- Publish in a manner that is accessible.

Other Specific Duties relate to employment matters (employee information, gender pay gap and equal pay) and procurement which are not relevant to IJBs as they do not employ staff or undertake procurement activities. IJBs are also exempt from the specific duties that relate to board diversity.

4.2 PUBLIC SECTOR EQUALITY DUTY COMPLIANCE

4.2.1 In the first half of 2022 the Equality and Human Rights Commission (EHRC), the independent national body for the promotion and enforcement of equality and non-discrimination laws in England, Scotland and Wales, commissioned an audit of the extent to which IJBs across Scotland have been meeting their equality duties, specifically the PSED. It is understood that the audit focused on searching publicly available web-based information for each IJB. The outcome of the audit for individual IJBs, including any concerns regarding potential compliance issues, was shared with individual IJB Chief Officers in June 2022.

4.2.2 In their initial correspondence the EHRC noted potential concerns regarding Dundee IJB's compliance in relation to the duty to publish equality outcomes and report progress and the duty to assess and review the equality impact of policies and practices. Further correspondence between the Chief Officer and the EHRC confirmed that Dundee IJB has, since its establishment in 2016, complied with the requirement to publish equality outcomes and report progress including the statutory timescales for publication and reporting. This correspondence did highlight improvement that could be made to ensure that outcomes and progress reports were easier for members of the public to locate on the Dundee Health and Social Care Partnership website and through search engines (such as Google). All of the relevant

information has now been collated onto a single new section of the Partnership website, 'Equality Matters in Dundee Health and Social Care Partnership' (<https://www.dundeehscp.com/equality-matters-dundee-health-and-social-care-partnership>), making it easier for all stakeholders to locate.

- 4.2.3 Further correspondence between the Chief Officer and EHRC also sought to provide further context and evidence regarding how Dundee IJB implements their duty to assess and review the equality impact of policies and practices, including providing examples of assessment undertaken through the Dundee City Council integrated impact assessment process (which Dundee IJB utilises to discharge the PSED). Throughout this correspondence the EHRC has maintained their position that the information contained within the published integrated impact assessments “...appear to set out the results of a screening process. None of the examples provided include a full equality impact assessment.”
- 4.2.4 The EHRC has confirmed to all IJBs that their intention at this stage is to work with them to improve practice in relation to equality rather than to pursue enforcement action. Through meetings with the collective group of Chief Officers from across Scotland the EHRC has discussed the support and resources they can provide, as well as the commitment required from IJBs to ensure that best practice is in place and duties are fully met. The EHRC has provided two development sessions to IJBs; the first, focused on the development and publication of equality outcomes, took place on 22 September 2022 and was attended by the Chief Finance Officer and Service Manager, Strategy and Performance, the second session focused on equality impact assessments will take place on 3 November 2022. The EHRC has indicated that it will undertake further compliance checks across IJBs in early 2023.

4.3 PLANNED IMPROVEMENTS

- 4.3.1 As described at section 4.2.2, improvements have already been made to the way in which published equality information is made accessible to members of the public and other stakeholders. Officers from the Partnership will continue to review and improve the 'Equality Matters in Dundee Health and Social Care Partnership' in response to feedback from stakeholders. This page is now being updated with integrated impact assessments submitted to the IJB following each meeting of the Board. Making integrated impact assessments available as separate documents (rather than as part of an overall pack of papers) should enhance accessibility and improve compliance with the PSED.
- 4.3.2 Although Dundee IJB has complied with the specific duties in relation to equality outcomes and progress reporting, the recent workshop provided by the EHRC has provided information and advice for further reflection. This includes developing outcomes that are specific, measurable, achievable, realistic and trackable, as well as reflecting the specific functions of the IJB. The workshop included helpful discussions regarding the PSED that is placed on IJBs and how this relates to local operational delivery arrangements (where the PSED is discharged through Dundee City Council and NHS Tayside as the operational partners within the Dundee Health and Social Care Partnership). The IJB must develop, agree and publish both a progress report and new equality outcomes by April 2023; this provides a timely opportunity to incorporate learning and best practice shared at the workshop.
- 4.3.3 Since 2016, Dundee IJB has adopted the same process and format for completion of Integrated Impact Assessments (IIAs) (covering both the PSED and Fairness duties) as Dundee City Council. Whilst the IIA template has increasingly been utilised for relevant reports it is accepted that the quality of content in completed IIAs can be variable, with some being more comprehensively completed than others. This was reflected in the IJB's current set of Equality Outcomes and associated improvement actions:

Equality Outcome 2 – We will make our plans with the people that the plans will affect. We will make sure that we listen to everyone who wants to give their view. We will encourage and support people to tell us their views.

- *We will carry out Equality and Fairness impact assessments on all new or revised plans, policies, services and strategies presented to the Integration Joint Board.*

- *We will find ways to improve the quality of our impact assessments.*

4.3.4 Over the last 12 months officers from the Partnership have been working with Dundee City Council to review the IIA process, tools and accompanying learning and development resources. Some key areas of work have been:

- End-to-end review of the IIA process to identify strengths and areas for improvement.
- Development of a new IIA process that has a distinct screening stage and assessment stage, each with accompanying tools.
- Development of an on-line tool for screening to ensure that all reports that require completion of an IIA have this in place before proceeding to the IJB and that electronic records of this are kept.
- Development of an on-line tool for impact assessment, this includes modifications to the existing format to ensure that impacts and mitigating actions are populated separately for each protected characteristic and that has built-in requirements for quality assurance and sign-off by senior managers.
- Workshops for report writers across the workforce to introduce them to the new process and tools, including signposting to resources that will enable them to complete good quality impact assessments.

The new process and tools were implemented from August 2022. Critically the new approach makes a much clearer distinction between the pre-screening phase of the process, that supports officers to identify whether or not an integrated impact assessment is required for a specific report, and the completion of the full integrated impact assessment. This directly responds to the concerns highlighted by the EHRC in their recent correspondence (see section 4.2.3).

4.3.5 It is recognised that improvements to the IIA process alone, whilst positive and a significant step forward, are not enough to ensure full compliance with the PSED. The EHRC workshop in early November 2022 will be focused on impact assessment and will provide further information and guidance about the actions that can be taken to strengthen the quality and impact of integrated impact assessments, however three initial priorities have been identified:

- Further provision of learning and development inputs to both the workforce and to IJB members.
- Identifying opportunities within the report preparation and pre-agenda process to ensure the presence and quality of integrated impact assessments.
- The development of a proportionate audit process that monitors the quality of IIAs, provides supportive feedback to report writers and informs future learning and development activity and process / tool improvements.

It is intended that this work will be undertaken in partnership with colleagues from Dundee City Council who have a lead for equalities matters. Links will also be made to equalities colleagues in NHS Tayside.

4.3.6 Through the EHRC workshop held in September 2022, a number of IJBs requested that the EHRC consider establishing a national network to support officers leading equalities work on behalf of IJBs. Similar networks are already facilitated for NHS Boards and local authorities. Should such a network be established an appropriate officer from the Partnership will be identified to play an active role. However, it should be noted that the IJB does not have a dedicated equality lead or equalities team that mirrors the resources in place within the

corporate bodies. Equalities work requires the participation and support of a wide range of officers from across the Partnership, both to ensure the IJBs compliance with the PSED and to support Dundee City Council and NHS Tayside compliance in relation to operational matters, employment and procurement.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	Failure to comply with the PSED results in enforcement action being pursued by the EHRC.
Risk Category	Governance, Legal
Inherent Risk Level	Likelihood 4 x Impact 4 – Risk scoring 16 (which is an extreme risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Improvements have been made to the way in which the IJB publishes key equality information to ensure that it is accessible to stakeholders, including the public. • Improvements have been made to the IIA process and this process has now been implemented. • Officers have attended EHRC workshop on equality outcomes and will attend planned date in November on impact assessment. • Further training to be offered to people completing impact assessments. • Quality assurance processes to be developed for impact assessments. • Partnership working arrangements in place with both Dundee City Council and NHS Tayside equality leads / groups.
Residual Risk Level	Likelihood 3 x Impact 3 – Risk scoring 9 (which is a high risk)
Planned Risk Level	Likelihood 2 x Impact 3 – Risk scoring 6 (which is a moderate risk)
Approval recommendation	Given the moderate level of the planned risk, the risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 27 September 2022

Kathryn Sharp
Service Manager, Strategy and Performance

ITEM No ...17.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26 OCTOBER 2022

REPORT ON: CATEGORY 1 RESPONDER ACTION PLAN

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB73-2022

1.0 PURPOSE OF REPORT

- 1.1 To provide an overview of recent key developments in the implementation of the Integration Joint Board's duties as a Category 1 Responder under the Civil Contingencies Act 2004, and submit for approval an IJB Category 1 Responder Action Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report., including progress made in developing arrangements to support the IJB to fulfil their duties as Category 1 Responders (section 4.2).
- 2.2 Approve the Dundee IJB Category 1 Responder Action Plan contained within appendix 1 to this report.
- 2.3 Instruct the Chief Finance Officer to update the IJB's Strategic Risk Register to reflect the current risk level and mitigating actions as set out in section 6 of this report.
- 2.4 Instruct the Chief Officer to submit the first IJB Category 1 Responder Assurance Report for 2022/23 to the IJB no later than 30 June 2023.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 BACKGROUND

- 4.1.1 The Civil Contingencies Act 2004 (the Act) provides the legal basis for emergency preparedness and response across the UK, supplemented by the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 that provide further detail to support the application of the Act in Scotland. The regulations contain details regarding the roles and duties of responders.

The Act pre-dates the creation of Integration Joint Boards. Following a consultation exercise in late 2020 (Article XII of the minute of the Dundee Integration Joint Board held on 27 October 2020 refers) the Scottish Government has now amended the Civil Contingencies Act 2004 to add Integration Joint Boards to the list of Category 1 responders (Part 2, Schedule 1). This amendment came into effect of 17 March 2021.

- 4.1.2 The Act (section 2) sets out the following list of duties for Category 1 responders:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.

- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.

The duties listed apply to the functions that have been delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014, as well as to any other powers and duties placed on the IJB by other legislative instruments. Immediately following the amendment that included IJBs as Category 1 Responders the Scottish Government indicated that revised national guidance would be made available to IJBs to support implementation of these duties; to date this has not been provided.

- 4.1.3 In April 2021, the IJB received a report providing assurance regarding the arrangements in place to fulfil duties as Category 1 Responders (Article VI of the minute of the Dundee Integration Joint Board held on 21 April 2021 refers). In summary this report described: the participation of the IJB Chief Officer in the Tayside Local Resilience Partnership and of other officers in associated sub-groups; partnership working with the dedicated Resilience Officers in Dundee City Council and NHS Tayside; arrangements for the provision of emergency rest centres; arrangements for the assessment of risk and emergency / contingency / business continuity planning; and, the Partnerships contribution to public communications. A small number of areas for further development were also identified, including concluding ongoing work to refresh arrangements for establishing and staffing emergency rest centres and consolidating learning from the pandemic within updated contingency and business continuity plans for Partnership services.
- 4.1.4 In July 2022, the Performance and Audit Committee considered an internal audit report focused on the IJB's arrangements as a Category 1 Responder, assessing whether or not appropriate arrangements are in place to meet the requirements of the legislation as applicable to the IJB in addition to the co-ordination of arrangements with partner bodies. The conclusion of the internal audit report notes that the IJB is still at a preliminary stage to introduce the necessary resilience arrangements and is dependent on the partner bodies to provide assurance that the required resilience components are in place and up to date. Furthermore, it is noted that national guidance for IJB's which will aid preparation has not been forthcoming as planned. The legislation was introduced during the COVID-19 pandemic which has seen the IJB and Health and Social Care Partnership fully deployed in responding to this significant civil emergency. However, given the stage of implementation of the formal arrangements, the audit opinion of the level of assurance that the IJB is discharging its Category 1 responder responsibilities is that only limited assurance can be provided.
- 4.1.5 A key action arising from the internal audit report was for an initial report to be produced, including delivery of a Category 1 Responder action plan, and submitted to the IJB by October 2022.

4.2 DEVELOPMENTS IN CATEGORY 1 RESPONDER ARRANGEMENTS

- 4.2.1 Since the last report on emergency planning was submitted to the IJB in April 2021, the Partnership has continued to work with both the Resilience Officers in NHS Tayside and Dundee City Council and the Tayside Local Resilience Partnership to progress implementation of the IJB's Category 1 Responder duties.
- 4.2.2 In relation to assessment of risk, information sharing and co-operation, the Chief Officer and Head of Health and Community Care have continued to play an active role as members of the Tayside Local Resilience Partnership and associated sub-groups. This has included delivering a successful operational response as a partner to Operation Unicorn (the Scottish Plan) following the death of HRH Queen Elizabeth II, and the resettlement of Ukrainian Displaced People. The Partnership has also consolidated its internal structure for resilience matters, taking account of learning from the pandemic period. A Partnership resilience group continues to meet on fortnightly basis to both identify emerging risks and manage resilience responses.
- 4.2.3 Progress has been made with partners in revising arrangements for the provision of emergency rest centres. Associated procedures, tools and supporting resources are being finalised and a

programme of training for relevant staff is currently being progressed. Emergency rest centres have been successfully supported utilising the revised procedure in relation to a small number of incidents over the last year. Whilst the Partnership's operational services have continued to evolve their emergency and business continuity plans based on learning there is an outstanding need to formalise this work and confirm the status of plans across delegated services. The Social Care Contracts Team continues to oversee contractual arrangements that include a requirement on all providers to develop and maintain processes and procedures for business continuity, including undertaking regular risk assessments to identify any threats or risks to service provision. Contracted providers submit their business continuity plans for assurance purposes.

- 4.2.4 The Partnership has continued to work alongside the Tayside Local Resilience Partnership and the Communications Teams within Dundee City Council and NHS Tayside to inform and support public communications with regarding the civil protection matters. This has included ongoing communications in relation to the COVID-19 pandemic, for example in relation to vaccination programmes, as well as in relation to Operation Unicorn. Steps have also been taken to review and consolidate arrangements for communication with external providers (contracted or otherwise). During the pandemic the Health and Social Care Partnership developed very successful arrangements for sharing key information with external providers and also receiving relevant information, notifications and submissions from them; this focused around the use of a single, consistent e-mail address, monitored robustly by Partnership staff. These arrangements evolved over the course of the pandemic based on feedback from external providers and have now been mainstreamed, meaning they will be available to support resilience communications (general and incident specific) moving forward.

4.3 CATEGORY 1 RESPONDER ACTION PLAN

- 4.3.1 In-line with the recommendations of the internal audit report (see section 4.1.15) a Category 1 Responder Action Plan has been developed for Dundee IJB and is attached as appendix 1. This plan addresses the findings of the internal audit report, as well as other identified gaps in existing arrangements. It does not reflect the ongoing arrangements already in place within the IJB, Health and Social Care Partnership and other partner bodies that support the discharge of Category 1 Responder duties (as set out in April 2021 and section 4.2 of this report). The plan will be reviewed and, if necessary, update when the Scottish Government publish their revised guidance for Category 1 Responders reflecting the inclusion of IJBs.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	Failure to fully comply with the Category 1 Responder duties.
Risk Category	Governance, Legal
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk scoring 12 (which is a high risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Close co-operation is already in place across the LRP and with the corporate bodies. IJB membership of LRP and sub-groups agreed. • Dedicated Resilience Officers are in place within NHS Tayside and Dundee City Council who are available to provide expert advice and guidance to the Chief Officer and the wider Partnership when required. • Internal resilience structure within Dundee Health and Social Care Partnership in place. • Arrangements in place to seek assurance from contracted providers regarding emergency plans and business continuity plans. • Category 1 Responder Action Plan developed, identifying areas for action and timescales.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk scoring 9 (which is a high risk level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk scoring 6 (which is a moderate risk level)
Approval recommendation	It is recommended that the existing risk within the IJB's Strategic Risk Register is updated to reflect the current position, including risk mitigation and scoring.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 29 September 2022

Diane McCulloch
Head of Health and Community Care

Kathryn Sharp
Service Manager, Strategy and Performance

Appendix 1

Dundee IJB Category 1 Responder Action Plan

ACTION		LEAD	TIMESCALE
Assessing the risk of an emergency, information sharing and co-operation			
1.1	Provide an annual assurance report to the IJB detailing arrangements for fulfilling Category 1 Responder duties and activity throughout the year.	Head of Service, Health and Community Care	Annually, following the end of each financial year. First report to be submitted no later than 30 June 2023.
1.2	Confirm arrangements with the Tayside Local Resilience Partnership, Dundee City Council and NHS Tayside for provision of relevant information and assurances as part of the annual assurance report to the IJB.	Chief Finance Officer / Chief Officer / Head of Health and Community Care	31 March 2023
1.3	Update the standing orders of the IJB and the PAC, as well as the Scheme of Delegation to reflect duties and supporting arrangements.	Chief Finance Officer	Following final approval of the Dundee Health and Social Care Integration Scheme, current delivery date estimated to be by 31 December 2022.
1.4	Revise arrangements within Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group to include resilience matters (revision of agenda and report templates).	Head of Service, Health and Community Care	31 December 2022
Emergency plans and business continuity arrangements			
2.1	Provide an annual assurance report to the IJB detailing arrangements for fulfilling Category 1 Responder duties and activity throughout the year.	Head of Service, Health and Community Care	Annually, following the end of each financial year. First report to be submitted no later than 30 June 2023.

ACTION		LEAD	TIMESCALE
2.2	Confirm arrangements with the Tayside Local Resilience Partnership, Dundee City Council and NHS Tayside for provision of relevant information and assurances as part of the annual assurance report to the IJB.	Chief Finance Officer / Chief Officer / Head of Health and Community Care	31 March 2023
2.3	Complete an audit of Dundee Health and Social Care Partnership managed services to confirm current status of emergency plans and business continuity plans.	Dundee Health and Social Care Partnership Resilience Group	31 December 2022
2.4	Develop a timetable for addressing gaps in emergency and business continuity planning identified by the audit and support services to implement this.	Service Manager, Strategy and Performance	Timetable in place by 31 December 2022, with target date to be set for completion of all plans at that time.
Public communications			
3.1	Provide an annual assurance report to the IJB detailing arrangements for fulfilling Category 1 Responder duties and activity throughout the year.	Head of Service, Health and Community Care	Annually, following the end of each financial year. First report to be submitted no later than 30 June 2023.
3.2	Confirm arrangements with the Tayside Local Resilience Partnership, Dundee City Council and NHS Tayside for provision of relevant information and assurances as part of the annual assurance report to the IJB.	Chief Finance Officer / Chief Officer / Head of Health and Community Care	31 March 2023
3.3	Review structure and content of Dundee Health and Social Care Partnership website to identify any further opportunities for inclusion of resilience information	Service Manager, Strategy and Performance	31 December 2022

ITEM No ...18.....

DIJB82-2022

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2022 TO DECEMBER 2022

Organisation	Member	Meeting Dates January 2022 to December 2022						
		23/2	25/3	20/4	22/6	24/8	26/10	14/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	✓	✓	✓	✓	✓		
Dundee City Council (Elected Member)	Cllr Lynne Short	✓	✓	✓		✓		
Dundee City Council (Elected Member)	Cllr Siobhan Tolland				✓	✓		
Dundee City Council (Elected Member)	Bailie Helen Wright	✓	✓	✓		✓		
Dundee City Council (Elected Member)	Cllr Dorothy McHugh				✓	✓		
NHS Tayside (Non Executive Member)	Trudy McLeay	✓	✓			✓		
NHS Tayside (Non Executive Member)	Pat Kilpatrick			✓	A/S	✓		
NHS Tayside (Non Executive Member)	Anne Buchanan	✓	✓	✓	A	✓		
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓	✓	✓	✓		
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓	A	✓	✓		
Chief Officer	Vicky Irons	✓	✓	✓	✓	✓		
Chief Finance Officer	Dave Berry	✓	✓	✓	✓	✓		
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Dr David Wilson	✓	✓	✓	✓	✓		
NHS Tayside (Registered Nurse)	Sarah Dickie	✓	✓	✓	✓	✓		
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton	A	✓	A	A	A		
Trade Union Representative	Jim McFarlane	✓	✓	✓	✓	✓		
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	✓	A		
Voluntary Sector Representative	Eric Knox	✓	A/S			✓		
Voluntary Sector	Christina Cooper			A	A	A		
Service User Representative	Vacant	✓				✓		
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	✓	A		
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	✓	A	✓	✓	A		
Clinical Director	Dr David Shaw	✓	A	✓	✓	A		

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

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