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

City Chambers
DUNDEE
DD1 3BY

15th April, 2022

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the meeting of the above Integration Joint Board which is to be held remotely on Wednesday, 20th April, 2022 at 10.00am and would like to advise you that the Chairperson has agreed that the undernoted item of business be considered as a matter of urgency in terms of Standing Order No 5.3 in view of the timescales involved.

Yours faithfully

VICKY IRONS
Chief Officer

17(a) DELIVERY OF GENERAL MEDICAL SERVICES - RYEHILL MEDICAL PRACTICE - Page 1

(Report No DIJB33-2022 by the Chief Officer, copy attached).

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ITEM No …17(a)……..…..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20 APRIL 2022**

REPORT ON: **DELIVERY OF GENERAL MEDICAL SERVICES - RYEHILL MEDICAL PRACTICE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB33-2022**

1.0 PURPOSE OF REPORT

This report outlines the current position with Ryehill Medical Practice, and the options for ensuring continuity of care for those patients registered with the practice.

2.0 RECOMMENDATIONS

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

2.1 Notes the current position with Ryehill practice and the termination date of their GMS contract on the 30th June 2022

2.2 Supports the option to disperse patients across other practices as outlined at paragraph 4.5.4, and instructs the Chief Officer to make a recommendation to NHS Tayside to approve this option.

3.0 FINANCIAL IMPLICATIONS

3.1 Primary Medical Services is largely funded from Scottish Government General Medical Services funding, with additional funds for locally agreed services delivered by practices. As this funding is predominately based on population, the funding would move with patients regardless of the preferred option. Some of the options would be likely to have a greater impact on finance than others. However, finance specifically was not included in the scoring for the options appraisal as it is not seen as core to the decision-making process in this context, but was part of the resource criteria, noted at 4.5.2, along with staffing

3.2 The recommendation to disperse patients across a small set of practices is one where the recurring provision of services can be managed within the available long term GMS funding streams. There will be some recognised short term costs of managing new patients. Most of this will also be managed within national GMS funding streams with a small time-limited local augmentation of national funding required. This is primarily to support the additional work for practices to register and support a significant number of new patients in a short period of time. There may also be some additional funding required for premises improvements in those practices who have a large increase in patient numbers.

4.0 MAIN TEXT

4.1 Practice Context

4.1.1 Ryehill Medical Centre is a long established practice in the West End of Dundee of around 5500 patients. The practice has experienced difficulties over the last few years with the recruitment and retention of GPs. The practice has managed to obtain some locum cover and salaried sessions and had for a period additional support from a Career Start GP placed there as part of NHS Tayside's GP recruitment and retention programme. Over the last 18 months the practice, the Dundee Health & Social Care Partnership (HSCP) and the Primary Care Department have met on several occasions to work out how best to manage the situation. However, the practice remains in a position where it has been unable to secure a stable GP workforce to ensure ongoing safe and quality person-centred care.

4.1.2 The average Scottish practice has a list size per whole time partner of approximately 1500 patients. In order to provide a good service to its 5500 patients, ideally Ryehill would therefore operate with 3.5 to 4 WTE (whole time equivalent) GPs, (although given the higher than average student population this can perhaps be slightly lower). The two remaining partners are both part-time and, in light of the inability to recruit additional medical time, regard their partnership as not currently sustainable. Accordingly, the partners submitted a letter resigning their General Medical Services (GMS) contract. NHS Tayside has responded, noting a termination date for Ryehill's GMS contract of 30th June 2022 at 6pm.

4.1.3 In the interim, the GP partners are working with a salaried GP and medium term locums to ensure that the practice will be able to provide a safe service to patients up until the contract termination date on 30th June 2022.

4.1.4 The practice currently also has gaps in its nursing workforce and the HSCP are working with the practice to provide temporary and limited support on a short term basis.

4.1.5. In considering the future of the practice, the Integration Joint Board members are asked to take into consideration how care to patients is best maintained, and the risks to practices, and local health and social care services can be minimised

4.2 Wider Context

4.2.1 It is widely acknowledged that General Practice across the UK is experiencing a period of extreme difficulty. Within Tayside, there are currently five practices operating under Section 2c arrangements ie directly provided by NHS Tayside, with staff employed by NHS Tayside. Retirement of previous partners and an inability to recruit to replace them is one significant factor in a number of these practices having become managed as 2c practices. Currently it is also of note that Angus HSCP has a practice whose contract terminates in May 2022. A number of other practices in Tayside have gaps in GP staffing. In Dundee a survey was undertaken with practices late in 2021. This highlighted that of 24 practices 13 currently have at least 1 GP vacancy, some have more than one, and 6 practices had been trying to fill a GP vacancy for at least 6 months with no success. In addition there were also 15 GPs who indicated they were planning to retire in the next 2 years. There are vacancies in the 2c practices across Tayside, in some cases with a number of vacant posts which have been difficult to recruit to. The current staffing position across all GP practices highlighted above is the predominant reason why the recruitment position within Ryehill was unable to be resolved.

4.2.2 General practices have a number of ways in which they can manage their registered population. This includes changing the area they accept patients from - a boundary - and also they can, with agreement from NHS Tayside/Primary Care Services, temporarily stop accepting new patients. In Dundee in the last 3 years 9 practices have had closed lists, some on 2 or 3 occasions, reflecting the workforce pressures on the practice at that time point.

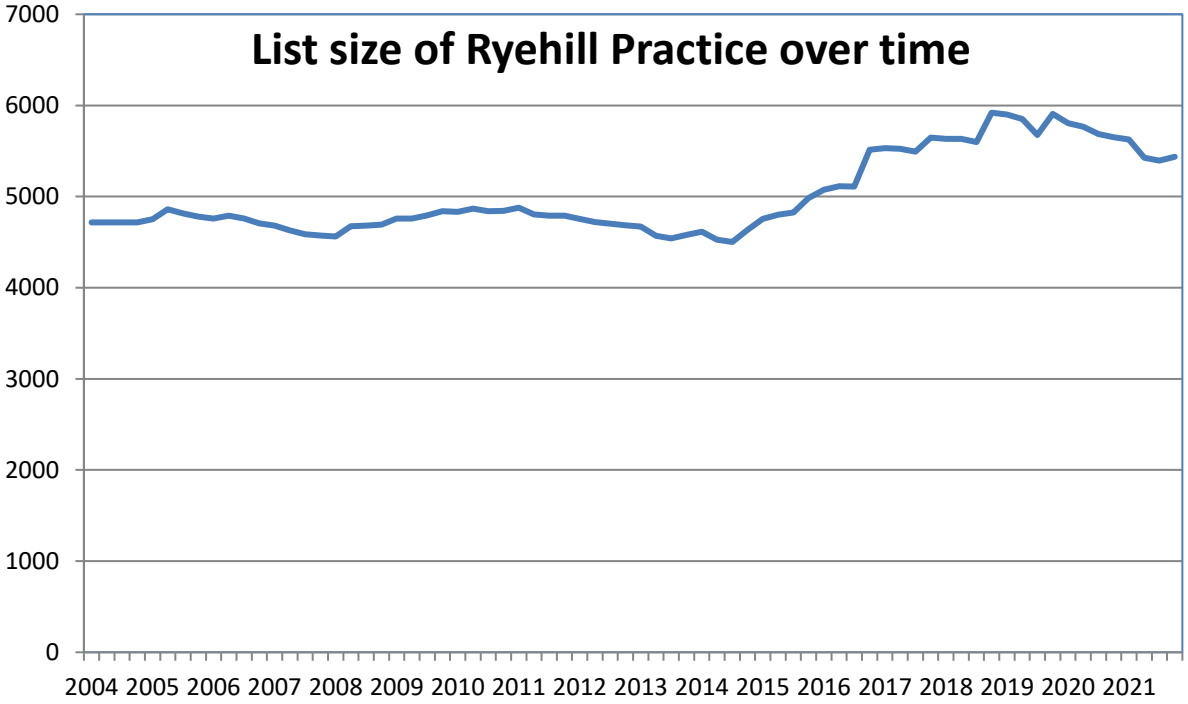
4.2.3 In order to help address these issues, the Scottish Government introduced a new GP contract in 2018 aimed at encouraging more GPs to enter the profession, to reduce the exit of retiring

GPs and to reduce the workload of existing GPs so that they can manage their existing practice populations. These services have been described within the Primary Care Improvement Plan. Patients when contacting their practice will now be offered an appointment with another health professional who is skilled in a particular area of care and who can assess and plan their care. This includes physiotherapists, mental health practitioners and pharmacists. However, there are also challenges in delivering this workforce and there are also gaps in the workforce in each of these services. This means that care which could be delivered by other professionals often remains with the GP.

4.3 Practice Characteristics

4.3.1 The population registered with Ryehill practice increased until 2020 and since then has reduced slightly as shown in Chart 1 below.

Chart 1



4.3.2 The practice is less deprived than the Dundee average, with the majority of the practice population living in the West End. A chart showing the practice population distribution is below. The practice has traditionally had a high number of students registered with it and this is clearly seen in charts 2 and 3 below which show the high number of people in the 20-30 age group. This does impact on the type of clinical care the practice predominately deliver.

Chart 2

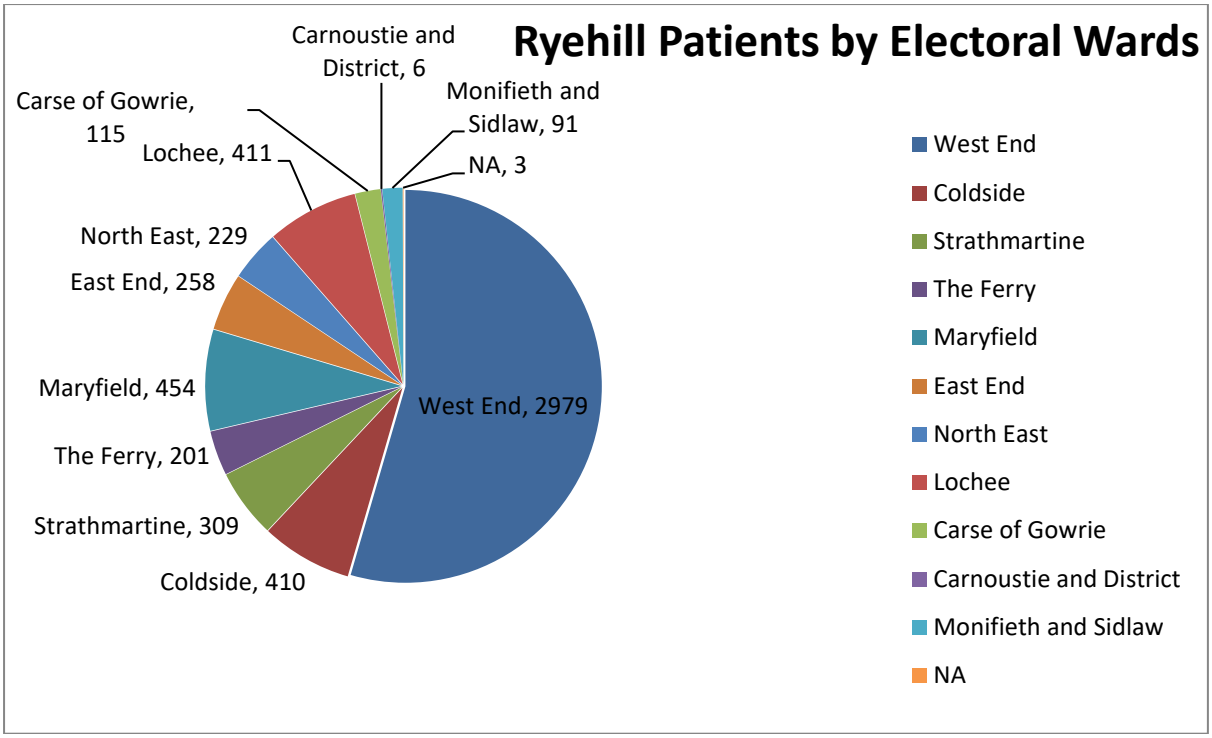


Chart 3

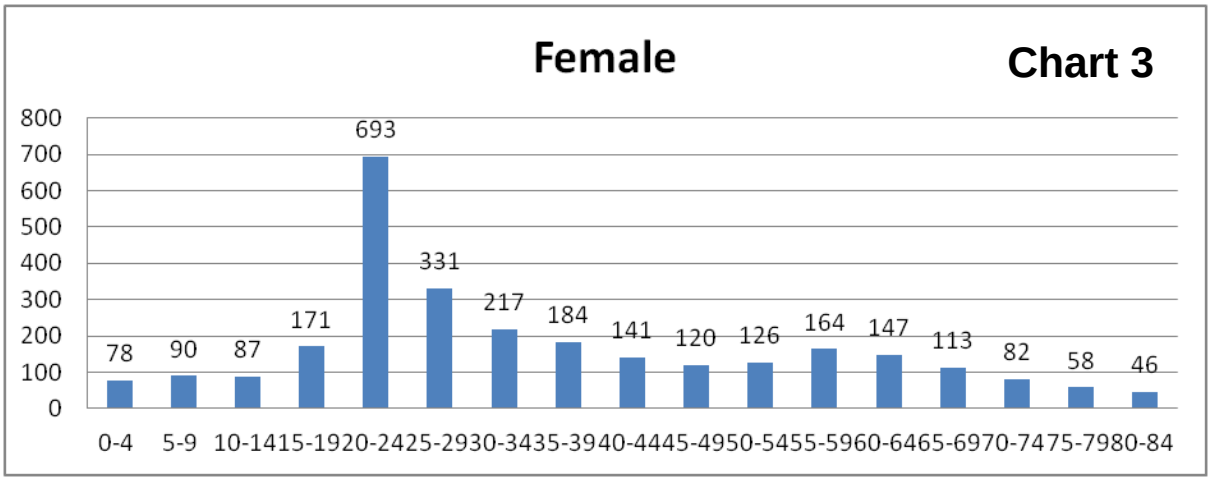
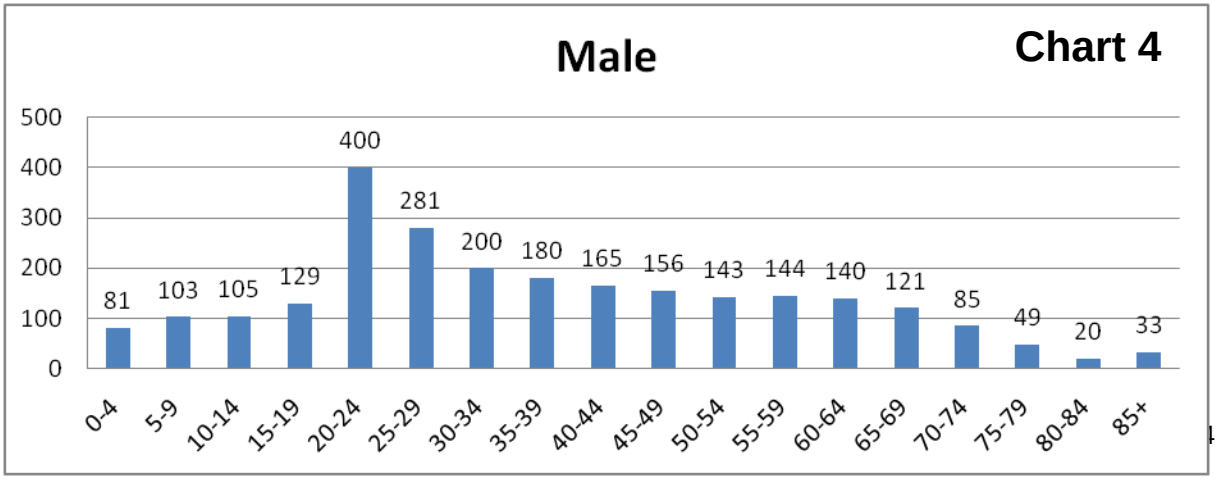


Chart 4



4.4 Assessment

4.4.1 The practice has been unable to recruit to GP posts for some time, and a further GP leaving has led to the current partners being unable to safely continue to deliver the quality of care to their patients they wish to. They have now formally notified NHS Tayside of their intention to hand back their contract. The contract will terminate on the 30th June 2022.

4.4.2 The practice is based in Ryehill Health Centre which is an NHS Tayside owned building. A number of other teams are based there, or deliver services from the building. These services will remain there.

4.4.3 In order to ensure ongoing GMS care for those patients registered with the practice it was agreed to review all possible options to deliver care. Given the current challenges for all staffing across the city there is no immediate solution as the system is finding it challenging to deliver services, which has been exacerbated by the covid pandemic in a range of ways. In addition to ensuring care for those registered with Ryehill Practice it is also important not to destabilise other practices in a way that would significantly impact on their ability to deliver safe and effective care. It is recognised that this impact would be across the city given that many people live in another part of the city from the practice they are registered with.

4.5 Options review

4.5.1 There are a number of options which can be considered when a practice hands back its contract, including merger with another practice, a tendering process to see if another provider would take over the contract, running the practice directly by NHS Tayside (a 2c arrangement), and dispersing patients to other practices. A working group from NHS Tayside and Dundee HSCP was established to consider feasible options and agree a recommendation for consideration. These options are outlined in appendix 1.

4.5.2 Part of the process was to agree a number of objectives that informed the options and were considered along with professional judgement to inform a recommendation: The feasibility of achieving the option by June 2022, and the sustainability longer term, as well as maintaining safe and effective care were seen as critical factors.

- To ensure all patients currently registered with Ryehill Medical Practice continue to have access to high quality, person-centred and safe GP and primary care services
- The solution retains GP services within the local West End area
- The solution ensures that ALL patients within the Dundee Practices continue to have access to high quality, person-centred and safe GP and primary care services
- The solution is achievable within the timeframe
- The solution is viable to enable a sustainable long term solution
- The solution is consistent with the strategic direction for primary care services in Dundee
- The solution ensures best use of resources (particularly staff)

4.5.3 The options seen as being closest to achieving the objectives noted in 4.5.2 were allowing the practice to close and dispersing patients across other practices, or merging with another independent practice. No practice to date has approached the current GP partners to propose a merger. A number of the options listed in Appendix 1 are linked to a 2c practice in a range of ways, including creating a new 2c practice, or linking to one or more current 2c practice partially or wholly. As noted in section 4.2.1 there are currently 5 practices which are run directly by NHS Tayside, of which 3 are in Dundee. There are significant ongoing challenges with recruiting and retaining staffing levels across the 5 practices. This has an impact on access to and quality of patient care. Adding to the patient component of this with uncertainty as to whether clinical staff would transfer from Ryehill risks impacting further on this instability.

4.5.4 Therefore the option which best meets the objectives noted in section 4.5.2 is to allow the practice to close and disperse patients to a small set of practices, local to where patients live

and which have sufficient capacity to provide a continued good standard of access to care. Recognising that practices all remain under significant pressures, the working group have worked with practices to identify which practices could potentially accept new patients. A number of practices have noted that they may be able to register new patients, to varying degrees. If this option is progressed the group will work with these practices as there are a number of constraints, such as space in buildings and car parks, which would require to be addressed

4.5.5 Access to care locally is a key a factor for many patients. However, many people stay with their practice despite moving across the city. Over 40% of Ryehill patients live out with the West End including some who live out with Dundee. People who are registered with the practice would receive a letter asking them to register with a named practice, but would have the choice to register with an alternative practice. A range of factors would be considered in this process particularly where people live, to try to ensure local access where possible. This will be facilitated if a number of practices across the city are involved.

4.5.6 If the option noted in 4.5.4 is approved, services which can be delivered by other teams in the Health Centre would be reviewed. For example for patients who have regular blood tests this could be done by the care and treatment services team in the building so that it remains local for those patients living in the area. A key principle of those services being developed as part of the Primary Care Improvement Plan is to deliver locally to people where that is feasible to do so. For those who do not live in the West End there is likely to be a location more local to them currently.

4.5.7 If the practice does close, Dundee HSCP and NHS Tayside would hope to retain these skilled staff in Dundee across clinical, management and administrative roles. For those staff that are employed by the practice NHS Tayside would offer an opportunity to be considered for suitable posts via the skills register.

4.6 Conclusion

4.6.1 Given the current demands on Primary Care teams, including general practice, there is not a simple solution to how best to deliver ongoing care for those who are registered with Ryehill Medical Practice. After reviewing a range of options the Dundee Integration Joint Board are asked to support the recommendation that patients are dispersed to a small set of practices, local to where patients live and which have sufficient capacity to provide a continued good standard of access to care. The Chief Officer would make a recommendation to NHS Tayside in relation to this option for their approval.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Practices who have indicated they may be able to register additional patients are unable to create the capacity to do so, and this has a potential negative impact on care for those registering with a new practice and those currently registered with those practices.
Risk Category	Operational
Inherent Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6

Mitigating Actions (including timescales and resources)	The review group has linked closely with practices and wider teams to assess feasibility and additional requirements to make this achievable.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	Given the context this risk should be accepted

7.0 CONSULTATIONS

The General Manager for Primary Care, the Head of Service, DHSCP, the Chief Finance Officer, DHSCP and Angus HSCP (as a hosted service) and the Clerk were consulted in the preparation of this report. Practices have been involved in the review of options.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Vicky Irons
Chief Officer

DATE: 080422

David Shaw
Clinical Director DHSCP
Interim AMD for Primary Care NHS Tayside

Shona Hyman
Senior Manager Primary Care
DHSCP

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Appendix 1 List of options

Option	Descriptor	Summary
1a	Operate the practice as a 2c practice	Significant gaps on an ongoing basis across the 2c network for GP staffing. A further 2c practice would potentially destabilise this further impacting on care across all 2c practices.
1b	Operate as a 2c practice with a closed list with a view to closing once list has reduced to a certain number for dispersal	As for 1a. No advantage to extending the time to close the practice if that decision was taken. Increases uncertainty for patients.
2	Close the practice and disperse patients across other practices	Dispersal to all practices across the city risks destabilising other practices who are already finding workload demands difficult to meet. Dispersal to a smaller number of practices who may have, or can create, capacity would support stability across the city, and support longer term aim that people live locally to their practice.
3a	Merge with another independent practice	Would support continuity of care for patients as would retain their own GP, but possibly from another site. Maintains wider stability for practices. However no practice has approached the Ryehill GPs to look at this option.
3b	Combine with a 2c practice	Similar to 3a – a merger - but as not independent businesses not technically a merger. Notes from 1a apply re staffing capacity. If current Ryehill staff were moving to the combined practice it increases both workforce and demand. Given the reason for contract terminating is lack of GP capacity it increases the gap within 2c practices.
4	Reshaping boundaries of existing 2c practices and disperse within new boundaries, everyone out with Dundee with be dispersed to practices in their own area.	Some dispersal could impact negatively on practices, along with a significant increase to patient numbers and workload for the 2c practices which they would not have the capacity to meet. Would support people accessing general practice within their locality
5	Tender process	Potential to retain a practice on current site but may not retain staff. No local practice has suggested an interest in this and previous tenders in this context have not been successful. Cannot achieve within the timescales.
6	Partial dispersal of patients to a size to allow the practice to continue	Discounted as not seen as viable by the practice
7	Other GMS practices to provide support to enable practice to continue	Discounted as no practices have offered to provide support on an ongoing basis

Each option was considered against the following objectives.

1. To ensure all patients currently registered with Ryehill Medical Practice continue to have access to high quality, person-centred and safe GP and primary care services
2. The solution retains GP services within the local West End area
3. The solution ensures that ALL patients within the Dundee Practices continue to have access to high quality, person-centred and safe GP and primary care services
4. The solution is achievable within the timeframe
5. The solution is viable to enable a sustainable long term solution
6. The solution is consistent with the strategic direction for primary care services in Dundee
7. The solution ensures best use of resources (particularly staff)

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

City Chambers
DUNDEE
DD1 3BY

12th April, 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 Integration Joint Board which is to be held remotely on Wednesday, 20th April, 2022 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434228 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 18th April, 2022.

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

Yours faithfully

VICKY IRONS
Chief Officer

A G E N D A

1 APOLOGIES

2 DECLARATION OF INTEREST

3 MINUTES OF PREVIOUS MEETINGS AND ACTION TRACKER

(a) MINUTE - **Page 1 and Page 15**

The minutes of previous meetings of the Integration Joint Board held on 23rd February, 2022 and 25th March, 2022 are attached for approval.

(b) ACTION TRACKER - **Page 19**

The Action Tracker (DIJB36-2022) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

4 PERFORMANCE AND AUDIT COMMITTEE – APPOINTMENT OF CHAIRPERSON

Reference is made to Article III of the minute of meeting of this Integration Joint Board held on 25th March 2022 wherein it was noted that NHS Tayside had appointed Pat Kilpatrick to the position of Vice Chairperson of the Integration Joint Board following the retiral of Trudy McLeay who previously held that position.

It is reported that Trudy McLeay also held the position of Chairperson of the Performance and Audit Committee and the Integration Joint Board's instructions are requested with regard to the appointment of Pat Kilpatrick to position of Chairperson of the Performance and Audit Committee.

5 CLINICAL CARE AND PROFESSIONAL GOVERNANCE - Page 25

(Report No DIJB27-2022 by the Chief Officer, copy attached).

6 REVISION OF DUNDEE INTEGRATION SCHEME (DIJB18-2022)

In December 2020 the Integration Joint Board was informed that NHS Tayside and Dundee City Council had completed the statutory review of the Dundee Health and Social Care Integration Scheme (required by section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014) and had agreed that a revised scheme should be prepared (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 15th December 2020 refers). The report provided to the IJB at that time set out the intended approach to the preparation of a revised scheme and committed to providing an update on progress no later than 31st March 2021. Further updates were provided to the Integration Joint Board in August 2021 and February 2022 on the progress of work to prepare a revised scheme (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 25th August 2021 and Article XV of the minute of the meeting of the Dundee Integration Joint Board held on 23rd February 2022 refer).

The Tayside Chief Executives Group has now reached agreement on a draft integration scheme for each local authority area that is suitable for public consultation. Dundee City Council and NHS Tayside have approved the draft Dundee Health and Social Care Integration Scheme for consultation.

Sections 46 (4) and 46 (5) of the Public Bodies (Joint Working) (Scotland) Act 2014 require the Health Board and local authority to jointly consult on the draft revised scheme and to take into account views expressed in finalising the scheme prior to it being submitted to Scottish Ministers for approval. Plans and materials have been developed to support the consultation exercise, which began on 25th March 2022 and ended 17th April 2022 (see https://www.dundeecity.gov.uk/consultations-and-surveys/consultation-health-and-social-care-integration-scheme-in-dundee for consultation information). The consultation has been promoted by both NHS Tayside and Dundee City Council on their websites and social media platforms. The Dundee Health and Social Care Partnership has also uploaded the consultation information to its website.

The Chief Finance Officer has worked with members of the Integration Joint Board to agree and submit a response on their behalf.

Subsequent to the consultation, required amendments will be proposed to the Tayside Chief Executives before final drafts are submitted to Dundee City Council and NHS Tayside for approval for submission to the Scottish Government. It is expected that final approvals will be sought following the forthcoming local government elections.

The Project Lead who has supported the revision of the schemes, in collaboration with the Integration Scheme Project Board, is retiring in mid-May 2022. The corporate bodies are working to identify resources to complete the work on the revision of the integration scheme on their behalf.

The revised scheme must be submitted to Scottish Ministers for approval no later than June 2022.

The Integration Joint Board is asked to note the updated position.

7 LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2020/2021 PERFORMANCE - Page 51

(Report No DIJB19-2022 by the Chief Officer, copy attached).

8 STRATEGIC AND COMMISSIONING PLAN 2022/2023 EXTENSION - Page 67

(Report No DIJB20-2022 by the Chief Officer, copy attached).

9 COVID 19 REMOBILISATION IMPLEMENTATION PLAN UPDATE - Page 97

(Report No DIJB21-2022 by the Chief Officer, copy attached).

10 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT - Page 127

(Report No DIJB34-2022 by the Chief Officer, copy attached).

11 MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE - Page 131

(Report No DIJB28-2022 by the Chief Officer, copy attached).

12 CARERS INVESTMENT PLAN UPDATE - Page 137

(Report No DIJB22-2022 by the Chief Finance Officer, copy attached).

13 DUNDEE CITY INTEGRATION JOINT BOARD STRATEGIC RISK REGISTER ANNUAL REPORT - Page 145

(Report No DIJB23-2022 by the Chief Finance Officer, copy attached).

14 RESHAPING NON-ACUTE CARE PROGRAMME IN DUNDEE - Page 155

(Report No DIJB24-2022 by the Chief Officer, copy attached).

15 AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2021/2022 - Page 163

(Report No DIJB25-2022 by the Chief Finance Officer, copy attached).

16 FINANCIAL MONITORING POSITION AS AT FEBRUARY, 2022 - Page 185

(Report No DIJB26-2022 by the Chief Finance Officer, copy attached).

17 CODE OF CONDUCT FOR MEMBERS OF DEVOLVED PUBLIC BODIES - Page 197

(Report No DIJB35-2022 by the Clerk, copy attached).

18 MEETINGS OF THE INTEGRATION JOINT BOARD 2022 – ATTENDANCES - Page 219

(A copy of the Attendance Return DIJB32-2022 for meetings of the Integration Joint Board held over 2022 is attached for information and record purposes).

19 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held remotely on Wednesday, 22nd June, 2022 at 10.00 am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Pat Kilpatrick
Elected Member	Councillor Lynne Short
Elected Member	Bailie Helen Wright
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	Eric Knox
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)	Dr Norman Pratt
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
Proxy Member (DCC Appointment for Voting Members)	Depute Lord Provost Bill Campbell
Proxy Member (DCC Appointment for Voting Members)	Councillor Steven Rome
Proxy Member (DCC Appointment for Voting Member)	Councillor Margaret Richardson

(b) CONTACTS – FOR INFORMATION ONLY

Organisation	Recipient
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 23rd February, 2022.

Present:-

Members	Role
Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Trudy MCLEAY(Vice-Chairperson)	Nominated by Health Board ((Non-Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	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
David WILSON	Registered Medical Practitioner (whose name is included in the list of primary medical services performers)
Sarah DICKIE	Registered Nurse
Diane MCCULLOCH	Chief Social Work Officer
Raymond MARSHALL	Staff Partnership Representative
Jim MCFARLANE	Trade Union Representative
Eric KNOX	Third Sector Representative
Martyn SLOAN	Person proving unpaid care in the area of the local authority
Emma FLETCHER	Director of Public Health
David SHAW	Clinical Director

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

Christine JONES	Partnership Finance Manager
Jenny HILL	Head of Health and Community Care
Alan SMALL	Independent Chair, MAPPA Strategic Oversight Group
Elaine TORRANCE	Independent Convenor, Dundee Adult Support and Protection Committee and Independent Chair, Dundee Child Protection Committee
Glyn LLOYD	Head of Integrated Childrens Services and Community Justice
Joyce BARCLAY	Senior Officer, Strategy and Performance
Shona HYMAN	Dundee Health and Social Care Partnership
Linda GRAHAM	Interim Director of Psychological Therapies, NHS Tayside
Anne Marie MACHAN	Audit Scotland Representative (Audit Manager)
Kathryn SHARP	Strategy and Performance Service Manager

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES

Apologies for absence were submitted on behalf:-

James COTTON	Registered Medical Practitioner (not providing primary medical services)

II DECLARATION OF INTEREST

There were no declarations of interest.

III MEMBERSHIP

(a) APPOINTMENT – VOTING MEMBER

It was reported that Trudy McLeay would be retiring from NHS Tayside Board on 31st March, 2022 and that NHS Tayside Board have nominated Pat Kilpatrick as replacement Voting Member on the Integration Joint Board effective from 1st April, 2022.

The Integration Joint Board agreed to note the position and that her replacement on the Integration Joint Board would be Pat Kilpatrick.

The Chair took the opportunity to pay tribute to Ms McLeay for the personal contribution she had made over her term of membership both in the capacity as Chairperson and Vice Chairperson.

(b) RESIGNATION – NON VOTING MEMBER

It was reported that Linda Gray had tendered her resignation as a Non Voting Member on the Integration Joint Board effective from 7th February, 2022. Ms Gray had been appointed to the Integration Joint Board in the capacity of Service User Representative.

The Integration Joint Board agreed to note the position and that notification of her replacement would be reported in due course.

The Chair took the opportunity to pay tribute to Ms Gray for the personal contribution she had made as a member of the Integration Joint Board

(c) RETIREMENT – NON VOTING MEMBER

It was reported that Eric Knox would be retiring from Dundee Volunteer and Voluntary Action on 31st March, 2022 and that the Integration Joint Board would be advised of proposed replacement Third Sector Representative in the capaicty as Non Voting Member in due course.

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

The Chair took the opportunity to pay tribute to Mr Knox for the the personal contribution he had made over the period of his membership on the Integration Joint Board.

IV MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Integration Joint Board held on 15th December, 2021 was submitted and approved subject to adjustment to reflect that Anne Buchanan was present.

(b) ACTION TRACKER

The Action Tracker (DIJB14-2022) for meetings of the Integration Joint Board was submitted and noted.

V PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 2ND FEBRUARY, 2022

The minute of the previous meeting of the Performance and Audit Committee held on 2nd February, 2022 was submitted and noted for information and record purposes.

(b) CHAIRPERSON'S ASSURANCE REPORT

There was submitted Report No DIJB15-2022 by Trudy McLeay, 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 COVID ASSESSMENT CENTRE

There was submitted an Agenda Note DIJB33-2022 reflecting on the establishment and operation of the Covid Assessment Centre at Kings Cross Hospital, Dundee as the service drew to a close.

It was reported that the service was originally established over the first weekend of the emerging pandemic in 2020, and had coordinated community based assessment and care in Partnership with Tayside General Practices throughout the Pandemic.

Having heard the personal reflections of Dr David Shaw and the Chief Officer on the commitment of all staff involved in the operation of the Centre the Integration Joint Board agreed to note the commitment and work undertaken by all involved in the establishment and operation of the Covid Assessment Centre and that their grateful thanks be extended to all of the original team who used their initiative to establish the new centre, to the Health and Social Care Partnership management leads, to the Out of Hours operational and clinical teams, to GP practices, to the nursing teams to the services areas who worked flexibly across the Kings Cross site, to estates, to IT, to facilities and cleaning staff, and to all the colleagues from other services who helped at the peak of the pandemic.

VII RYEHILL MEDICAL CENTRE

Vicky Irons, Shona Hyman and Dr David Shaw gave a verbal update on the recent announcement that that Ryehill Medical Practice in Dundee had given notice to terminate its contract with NHS Tayside with effect from 30th June, 2022.

It was reported that as with many practices across Scotland, Ryehill Medical Practice had been affected by the national shortage of GPs and unfortunately, they had been unable to recruit partners or salaried staff to a point they were unable to provide safe and effective care.

There were currently 5,400 patients registered with the practice. Almost one third were in the 20-30 age group, reflecting the student population locally. However, mapping had demonstrated a spread of patients across Dundee, and peripheral areas.

NHS Tayside Primary Care Services Department had written to patients at the Practice to advise them of this situation and to outline the next steps to ensure they had continued safe and sustainable access to a GP.

When a practice gave notice to stop providing services, the Health Board has a responsibility to ensure that safe primary care services were provided to the local population. NHS Tayside's main priority was to ensure that patients who were currently registered at Ryehill Medical Practice had continued access to a GP in their local area.

NHS Tayside and Dundee Health and Social Care Partnership were working together to ensure that patients could access local GP and primary care services from 1st July, 2022.

They were working together to explore and develop options to be able to continue to deliver safe and sustainable primary care services in the local area.

The practice would continue to be fully operational up until 30th June, 2022, with the GPs continuing to practice from Ryehill Medical Practice and there was no need for patients to take any action at this time as everyone would continue to be looked after by the GPs and staff at Ryehill Medical Practice. Any new patients moving to the area would be able to register with a nearby GP practice.

The Integration Joint Board agreed to note that they would be updated throughout the process with details of the arrangements that had been made for ongoing care and treatment.

The Integration Joint Board agreed to note the content of the briefing and that it was intended to submit a paper on recommendations on the way forward to meeting of the Integration Joint Board to be held on 20th April, 2022.

VIII DUNDEE ADULT SUPPORT AND PROTECTION COMMITTEE – MID TERM REPORT

There was submitted Report No DIJB2-2022 by the Independent Convenor, Dundee Adult Support and Protection Committee submitting for information the Adult Support and Protection Committee Independent Convenor's Mid-Term Report for the period April 2020 to March 2021, which was attached to the report as Appendix 1.

The Integration Joint Board agreed:-

(i) to note the content of the report and of the Independent Convenor's Mid-Term Report April 2020 to March 2021, which was attached to the report as Appendix 1;

(ii) to note the progress achieved in response to the recommendations made by the Independent Convenor in the Biennial Report 2018/2020 as outlined in section 4.4 of the report; and

(iii) to note the areas for improvement identified within the annual report which were to be incorporated into the Adult Support and Protection Committee's delivery plan as outlined in section 4.5 of the report.

Following questions and answers the Integration Joint Board further agreed:-

(iv) to note following enquiry from Bailie Wright the advice of Elaine Torrance that in relation to Fire Deaths evacuations plans were being established for people being discharged from hospital and that over the period of the Pandemic the Adult Support and Protection Committee had met more frequently and were continually updated in relation to Care Home arrangements in the interests of residents and hidden harm such as scam phonecalls and that a development plan would address all concerns expressed in inspection report;

(v) to note following eqnuiry from Trudy McLeay in relation to new regulations for the Smoke and Fire Alarm installataion in people homes to reduce the possibility of fire deaths and costs in this regard that Diane McCulloch would establish what financial support there was available to people for this and in particular those on low incomes;

(vi) to note following enquiry from Ms McLeay that there was sugnificant partnership work undertaken across the range of agencies in Tayside and that individual authorities may work together to progress a particular piece of work;

(vii) to note the assurance given by Sarah Dickie that the Clinical and Professional Oversight Group of NHS Tayside would be made aware of any concerns raised in relation to the care of residents in Care Homes;

(viii) to note following enquiry from Donald McPherson in relation to the time period reflected in the mid term report ending March 2021 that Elaine Torrance would take look at the possibility of reporting being made at an earlier stage and that new guidance on the content of reports was awaited from the Scottish Government;

(ix) to note following enquiry from Donald McPherson in relation to the content of the report in terms of governance and process the possibility of addressing the objectives, work undertaken to reach those objectives and outcomes achieved narrated within the beginning of the report that Elaine Torrance would take note of this for future reports; and

(x) to note following enquiry from Donald McPherson in relation to the majority of referrals being made by Police Scotland and those that didn't meet the three point test and whether or not ths required further examination the explanation from Diane McCulloch as to how referrals were handled by the First Contact Team upon receipt.

IX ARRANGEMENTS FOR MANAGING HIGH RISK OFFENDERS

There was suibmitted Report No DIJB4-2022 by the Independent Chair, Tayside MAPPA Strategic Oversight Group submitting for information the twelfth Annual Report on arrangements for managing high risk offenders across Tayside over the period 1st April, 2020 to 31st March, 2021.

The Integration Joint Board agreed;-

(i) to note the content of the report and the ongoing developments in relation to the risk assessment and risk management of high risk of harm offenders and the content of the Annual Report which was attached to the report as an Appendix.

Following questions and answers the Integration Joint Board further agreed:-

(ii) to note following enquiry from the Chairperson the explanation from Alan Small on access and operation of the Visor system over the period of the Pandemic;

(iii) to note following enquiry from Bailie Wright in relation to progress on Significant Case Reviews, changes to MAPPA guidance and the rate of court convictions over the Pandemic period the advice of Alan Small and Glyn Lloyd that there was currently one review which was outstanding due to awaiting revised MAPPA Guidance and that there would be a period of grace before the new guidance was implemented to allow for local partners tp put in place any procedures required and that the flow of court business would continue to be monitored and that although the pandemic had impacted on court settings police bail conditions still applied as people were managed through the justice system;

(iv) to note following enquiry from Bailie Wright the advice of Alan Small that the evidence relayed to the MAPPA Strategic Oversight Group partners on changes made and how these were implemented helped to give assurance to the Strategic Oversight Group of positive outcomes; and

(v) to note following enquiry from Donald McPherson the advice of Martin Dey that both the approach in Angus Council and Dundee City Council was welfare led in terms of offender management.

X DUNDEE CHILD PROTECTION COMMITTEE ANNUAL REPORT 2021

There was submitted DIJB1-2022 by the Independent Chair, Dundee Child Protection Committee presenting the Integration Joint Board with the Dundee Child Protection Committee's Annual Report 2021.

The Integration Joint Board agreed:-

(i) to note the content of the report and the annual report, including key achievements and challenges over the August 2020 to July 2021 period which was outlined in the annual report which was attached to the report as Appendix 1;

(ii) to note the progress that had been made in developing an effective partnership response to Child Protection issues in the city as outlined in section 4.5 of the report; and

(iii) to note the areas for improvement identified within the annual report which would be incorporated into the Child Protection Committee's delivery plan as outlined in section 4.6 of the report.

Following questions and answers the Integration Joint Board further agreed:-

(iv) to note following enquiry from Bailie Wright the advice of Elaine Torrance it was anticipated that the delivery plan would be finalised after April 2022 and that a development session would establish priorities for the following year;

(v) to note following enquiry from Bailie Wright the explanation from Glyn Lloyd on the focus of contact with children of concern and their families over the Pandemic and the referral process and the work of the Hidden Harm Group in this regard;

(vi) to note following enquiry from Bailie Wright on the positive outcomes of the inspection and the work undertaken by staff to achieve this that as advised by Glyn Lloyd a number of areas of work developed over the pandemic would be retained;

(vii) to note following enquiry from Trudy McLeay in relation to there being 19% of unborn babies in Dundee registered on the child protection register in comparison to the Scottish average being 4% the explanation from Elaine Torrance and Glyn Lloyd that this was due to a number of factors including the unborn baby protocol, earlier intervention in Dundee, demographics and a range of interventions undertaken in Dundee at targeted support an identification of risks;

(viii) to note following enquiry from Bailie Wright on the high level of domestic abuse in Dundee the advice of Elaine Torrance on the range of interventions in place and joint working with Dundee Violence Against Women Partnership and other Multi Agency work being undertaken and that Kathryn Sharp would be happy to provide further information to members on this outwith the meeting; and

(ix) to note the suggestion by Councillor Short in relation to the success of the Food Insecurity Network and other innovations run by the Third Sector that this may allow for awareness raising information on the Violence Against Women Partnership to be circulated to households on help available and as indicated by Eric Knox as a means of using the network more to influence critical services for the vulnerable.

XI JOINT INSPECTION OF SERVICES FOR CHILDREN AT RISK OF HARM IN DUNDEE CITY – FINDINGS AND IMPROVEMENT PLANS

There was submitted Report No DIJB3-2022 by the Independent Chair, Dundee Child Protection Committee informing the Integration Joint Board of the findings of the Joint Inspection of Services for Children at Risk of Harm in Dundee City, published by the Care Inspectorate on 11th January, 2022, and outlining improvement plans arising from these findings.

The Integration Joint Board agreed:-

(i) to note the content of the inspection report published by the Care Inspectorate which was attached to the report as Appendix 1;

(ii) to note the summary of inspection findings, including areas of strength and areas for improvement provided as outlined in sections 4.3 and 4.5 of the report; and

(iii) to note the multi-agency approach to improvement planning that had been progressed since notification of inspection findings and the improvement plan approved by the Dundee Chief Officers Group and to be submitted to the Care Inspectorate as outlined in section 4.6 and Appendix 2 of the report.

Following questions and answers the Integration Joint Board further agreed:-

(iv) to note following enquiry from Bailie Wright the advice of Elaine Torrance that video had been prepared for staff briefing them on the positive outcomes from the inspection and congratulating them for their efforts in this regard in which had been the first inspection taken place in Scotland and that a multi agency work place briefing had also been issued to all staff together in parallel to the work being undertaken by a Sub Group which would look at ways to further communicate with staff;

(v) to note following enquiry from Bailie Wright the advice of Elaine Torrance that a development session would be held to look at inspection priorities in terms of the development plan and that if any additional capacity was required this would be raised with the Chief Officers Group;

(vi) to note as indicated by Trudy McLeay the importance of Stakeholder engagement feedback which she considered was a positive way forward and the advice of Elaine Torrance that engagement was being undertaken with youngsters;

(vii) to note the suggestion of Donald McPherson in terms of improvement areas for outcomes to be indicated and how these would be measured;

XII FAIRER WORKING CONDITIONS – HOME CARE

There was submitted DIJB5-2022 by the Chief Officer updating the Integration Joint Board regarding ongoing work to consistently implement good practice principles for fairer work with commissioned providers of home care services.

The Integration Joint Board agreed:-

(i) to note the content of the report, including the good practice principles for fairer work that had been identified in section 4.2 of the report; and

(ii) to note the progress that had been achieved to date and approach to working in partnership with commissioned providers to consistently implement these principles across the home care workforce.

Following questions and answers the Integration Joint Board further agreed:-

(iii) to note the disappointment of the Integration Joint Board that one service provider had not responded to the audit undertaken;

(iv) to note that both Jim McFarlane and Raymond Marshall would welcome the opportunity in discussion with Jenny Hill to meet with each of the service providers to promote and make them aware of the benefits of Union involvement within the workplace not only for their staff but for the equal benefit of service users;

(v) to note as indicated by Donald McPherson the need for service providers to be encouraged to maintain these principles of fair working conditions and for these to be audited periodically;

(vi) to note following enquiry from Martyn Sloan that Jenny Hill and Dave Berry would examine how requirements may be provided for and worded in contractual arrangements going forward; and

(vii) to note that Cllr Short was on the Living Wage Steering Group and would meet with Raymond Marshall outwith the meeting to examine further living wage accredidation within NHS Tayside.

XIII STRATEGIC AND COMMISSIONING PLAN 2019/2022 – STATUTORY REVIEW

There was submitted Report No DIJB6-2022 by the Chief Officer informing the Integration Joint Board that the Strategic Planning Advisory Group had completed their work in reviewing the Strategic and Commissioning Plan 2019/2022 and recommending the current plan be extended for a further one year period 2022/2023.

The Integration Joint Board agreed:-

(i) to note the work undertaken by the Strategic Planning Advisory Group to progress the statutory review of the Strategic and Commissioning Plan 2019/2022, including engagement with partners and the public as outlined in sections 4.4 and 4.5 of the report; and

(ii) to approve the Strategic Planning Advisory Group's recommendation to extend the Strategic and Commissioning Plan 2019-2022 for a further one year period, to end on 31st March, 2023, retaining the current vision and strategic priorities but including revised actions as outlined in section 4.5 and appendices 1, 2 and 3 of the report thereby completing the statutory review of the strategic plan required under Section 37 of the Joint Working (Public Bodies) (Scotland) Act 2014.

XIV PREVENTION OF HOMELESSNESS DUTIES – A JOINT SCOTTISH GOVERNMENT AND COSLA CONSULTATION

There was submitted Agenda Note DIJB7-2022 referring to September 2017, when the First Minister set out a new commitment to eradicate rough sleeping, transform the use of temporary accommodation in Scotland and end homelessness. Ministers subsequently established the Homelessness and Rough Sleeping Action Group (HARASAG) to make recommendations on how these changes could be achieved. In response to those recommendations, in November 2018, the Scottish Government and COSLA published the Ending Homelessness Together action plan (updated in October 2020), which included a commitment to develop wide-reaching prevention duties. At the request of the Scottish Government, Crisis convened the Prevention Review Group, chaired by Professor Suzanne Fitzpatrick, to develop recommendations for legal duties on Scottish local authorities and wider public bodies to prevent homelessness. The recommendations of the Prevention Review Group were published in February 2021 (https://www.crisis.org.uk/media/244558/preventing-homelessness-in-scotland.pdf) and were now subject of a joint consultation by the Scottish Government and COSLA.

The consultation aimed to support the introduction of legislation as part of the upcoming Housing Bill in year two of the current Parliament, which would lead to system change and person-centred and trauma-informed service responses to meet individual needs to better prevent homelessness. The consultation invited views in two broad areas:

1. Introducing new duties (through a Housing Bill expected in 2023) on a range of public bodies and landlords to prevent homelessness, particularly by asking and acting on a risk of homelessness, as well as responsibilities relating to strategic and joint planning.

2. Changing existing homelessness legislation to ensure homelessness is prevented at an earlier stage, including a proposal to extend the duty to take reasonable steps to prevent homelessness p to six months before, to maximise the housing options available to people and to prescribe what reasonable steps may include.

The consultation period was until 31st March, 2022. The consultation document and supporting information could be accessed at: https://www.gov.scot/publications/prevention-homelessness-duties-joint-scottish-government-cosla-consultation/documents/.

The consultation included proposals that had a direct and indirect impact on Integration Joint Boards. This included proposing new statutory responsibilities specifically for health and social care partnerships/integration authorities, social workers and for GPs, as well as seeking views on how any new responsibilities might be best implemented in practice. Proposals also covered aspects such as case co-ordination and joint planning that impact upon how health and social care services and practitioners work in partnership with other public and third sector partners.

Through discussion with partner organisations it had been agreed that work would take place through the Homelessness Partnership (a strategic planning group of the HSCP) to develop a partnership response to the consultation wherever possible. However, it had also been noted that individual partners, including the Health and Social Care Partnership, may decide to submit separate responses on specific matters directly impacting their functions.

The Integration Joint Board agreed:-

(i) to note the consultation and intended approach to developing a response.

Following questions and answers the Integration Joint Board further agreed:-

(ii) to note observation of Trudy McLeay on impact of homelessness on Mental Health and the possibility of the Listening Service being used as a means of directing people to contact services the advice of Kathryn Sharp that it was recognised that Dundee had progressive developments and innovative work in place in terms of best practice and that this would be reflected in the draft response which would be shared with the membership prior to being submitted.

XV REVISION OF DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME

There was submitted Agenda Note DIJB8-2022, referring to December 2020, when the Integration Joint Board was informed that NHS Tayside and Dundee City Council had completed the statutory review of the Dundee Health and Social Care Integration Scheme (required by section 44 of the Public Bodies (Joint Working) Scotland Act 2014) and had agreed that a revised scheme should be prepared (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 15th December, 2020 refers). The report provided to the Integration Joint Board at that time set out the intended approach to the preparation of a revised scheme and committed to providing an update on progress no later than 31st March, 2021. A further update was provided to the Integration Joint Board in August 2021 on the progress of work to prepare a revised scheme (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 25th August, 2021 refers).

The work to progress the production of a revised scheme had continued to progress more slowly than had originally been intended. This had largely been due to the continued pressures on all parties arising from the pandemic, including the most recent surge in infections.

At the current time the following key areas of progress had been achieved:

- All sections of the scheme had now been reviewed and proposed amendments identified. This had been progressed through consultation with relevant stakeholders, from example the Tayside GIRFE Group which led on Clinical, Care and Professional Governance and the Directors of Finance / Chief Finance Officer Group.

- A draft of the proposed revised integration scheme for each Integration Joint Board had been submitted to the Tayside Chief Executives Group for consideration.

The next step in the process of completing the revision of the scheme was the approval of the draft scheme by NHS Tayside Board and Dundee City Council for public consultation. Sections 46 (4) and 46 (5) of the Public Bodies (Joint Working) (Scotland) Act 2014 required the Health Board and local authority to jointly consult on the draft revised scheme and to take into account views expressed in finalising the scheme prior to it being submitted to Scottish Ministers for approval. The timeline for submission of the draft scheme to NHS Tayside Board and Dundee City Council and subsequent consultation was being considered by the Tayside Chief Executives Group. The revised scheme was required to be submitted to Scottish Ministers for approval no later than June 2022.

The Integration Joint Board agreed to note the updated position.

XVI PSYCHOLOGICAL THERAPY SERVICES STRATEGIC UPDATE

There was submitted Report No DIJB9-2022 by the Chief Officer providing the Integration Joint Board with a strategic update on Psychological Therapy and Psychotherapy Services, delivering care and treatment across Angus, Dundee and Perth. These services were hosted within the Dundee Health and Social Care Partnership.

The Integration Joint Board agreed:-

(i) to note the contents of the report;

(ii) to approve the proposal to develop a Psychological Therapies Strategic and Commissioning Plan as outlined in section 4.10 of the report;

(iii) to note the intention to establish a Tayside Psychological Therapies Strategic Commissioning Group as outlined in section 4.12 of the report; and

(iv) to remit to the Chief Officer to submit a further Psychological Therapy Services strategic update, including a draft Strategic Plan, to a future Integration Joint Board meeting for approval.

XVII SUPPORTING PEOPLE WITH LEARNING DISABILITIES – STRATEGIC UPDATE

There was submitted Report No DIJB10-2022 by the Chief Officer briefing the Integration Joint Board about the development of a new Strategic and Commissioning Plan to support people with learning disabilities and their unpaid family carers in Dundee and associated pan Tayside developments.

The Integration Joint Board agreed:-

(i) to note the work that had been undertaken to develop a draft Strategic Plan discussion document as outlined in Appendix 1 of the report;

(ii) to note the Engagement Plan as outlined in Appendix 2 of the report that would support further co-production between March and June 2022;

(iii) to note the pan Tayside work which was underway to improve outcomes for people with learning disabilities and neurodiversity as outlined in sections 4.11 and 4.12 of the report; and

(iv) to remit to the Chief Officer to submit a report to update the Integration Joint Board on the engagement outcomes and to present a final draft Strategic and Commissioning Plan for approval to the meeting of the Integration Joint Board to be held in August 2022.

Following questions and answers the Integration Joint Board further agreed:-

(v) to note following enquiry from Martyn Sloan in relation to working group engagement time line the advice of Joyce Barclay that an on line session had been arranged and that this was primarily aimed at workforce and that Carers would also be welcome to participate.

XVIII COMMUNITY WELLBEING CENTRE DEVELOPMENT

There was submitted Agenda Note DIJB13-2022 referring to a report which was submitted to Dundee Integration Joint Board in April 2021 outlining the plans to develop a Community Wellbeing Centre as part of broader developments in the provision of mental health crisis and urgent care in Tayside. At that time, it was envisaged that it would take up to 12 months for the development to realise, with project completion for the end March 2022.

A potentially suitable building to host the Centre was identified in April/ May 2021, and a specification submitted to Hillcrest in June 2021. In August 2021, Hillcrest provided initial plans which were revisited as the space on offer was potentially tight in relation to the specification. Hillcrest undertook further work on plans and submitted revised proposals to the Dundee Health and Social Care Partnership in October 2021. These plans were agreed and discussions moved to agree the capital costs that would be incurred in order to progress plans.

Following discussions in Autumn, anticipated capital costs increased from the initial assumption and work had been ongoing to identify ongoing rent costs and revenue requirements around staffing.

Hillcrest had now secured agreement from their Board to proceed with the capital works, on the basis of costs being met by both Hillcrest and the Dundee Health and Social Care Partnership. Work was also underway to determine the value of the contract for a voluntary sector provider to run the Centre. Financial planning for the Centre would consider projected revenue costs and potential available funding which was likely to come from new Scottish Government funding for Mental Health and/or social care.

Hillcrest would progress the work on the building, including the detailed design and tender stage prior to construction. Given the current building delays, related to the provision of building materials and manpower at this time, Hillcrest had advised that the work would not be completed within the original deadline of March 2022. They had provided assured that once budget approvals were in place, this would be progressed as quickly as possible and they would advise of anticipated timescales for completion once this is clearer.

A stakeholder group had been in operation since November 2021 and would be fully involved in co-producing the service specification for the Centre. Dundee Volunteer and Voluntary Action would lead on the stakeholder group processes, and would engage with community groups and Health and Wellbeing networks through a conversation café model from the end January to early February. A series of questions about how the Centre should look; feel and what should happen there had been developed by Dundee Volunteer and Voluntary Action and would be used to gather as many views as possible. The Stakeholder Group would review all contributions and it was anticipated that the invitation for organisations to tender wouldl be distributed in early March. A Prior Information Notice was due to be sent out imminently to potential organisations who would be interested. The delay in invitation to tender, would mean that an organisation would not be awarded the contract before May/June, however, the benefits of a fully engaged stakeholder group driving the development of the Centre were significant.

Progress continued to be made with the additional support that was linked to the Centre development. The Ambulance vehicle was fully operational, and Penumbra had appointed a manager for the DBI Service and had a detailed implementation plan with associated timeline.

In summary, progress continued to be made, however, the anticipated timescale for the Centre to be operational had now been revised to August 2022.

The Integration Joint Board agreed to note the position.

Following question and answers the Integration Joint Board further agreed to note the observation of Trudy McLeay for continued stakeholder engagement at the centre and the advice of Dave Berry that this was undertaken at a strategic planning level.

XIX FINANCIAL MONITORING POSITION AS AT DECEMBER, 2021

There was submitted Report No DIJB11-2022 by the Chief Finance Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2021/2022, including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

The Integration Joint Board agreed:-

(i) to note the content of the report including the overall projected financial position for delegated services to the 2021/2022 financial year end as at 31st December, 2021 as outlined in Appendices 1, 2, 3 and 4 of the report;

(ii) to note the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis as outlined 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 and develop a range of actions to mitigate any overspend.

Following questions and answers the Integration Joint Board further agreed:-

(iv) to note following enquiry from Trudy McLeay that Dave Berry was looking at inpatient mental health services as indicated in the report and how this risk element would be managed across the Tayside Partnerships.

XX DUNDEE INTEGRATION JOINT BOARD 2022/2023 BUDGET DEVELOPMENT UPDATE

There was submitted Report No DIJB12-2022 by the Chief Finance Officer providing an overview of the potential implications of the Scottish Government's Budget 2022/2023 on the Integration Joint Board's Delegated Budget.

The Integration Joint Board agreed:-

(i) to note the content of the report including the potential implications to the delegated budget of the impact of the Scottish Government's Budget on Dundee City Council and NHS Tayside's financial settlements as outlined in sections 4.2 and 4.3 of the report;

(ii) to note the provision of additional specific funding from the Scottish Government to support Health and Social Care Integration as outlined in sections 4.2.6 to 4.2.8 of the report; and

(iii) to remit to the Chief Finance Officer to present a proposed budget for 2022/23 for consideration by the Integration Joint Board at its meeting on 25th March, 2022.

XXI MEETINGS OF THE INTEGRATION JOINT BOARD 2021 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB29-2022 for meetings of the Integration Joint Board held over 2021.

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

XXII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Integration Joint Board would be held remotely on Friday, 25th March, 2022 at 10.00 am.

Ken LYNN, Chairperson.

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Dundee Health & Social Care Partnership

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 25th March, 2022.

Present:-

Members	**Role**
Ken LYNN *(Chairperson)*	Nominated by Dundee City Council (Elected Member)
Trudy McLEAY *(Vice Chairperson)*	Nominated by Health Board (Non-Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	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
Martyn SLOAN	Carer Representative
James COTTON	Registered Medical Practitioner (not providing primary medical services)
Michelle MURPHY (for Eric KNOX)	Third Sector Representative
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:-

Christine JONES	Finance Manager
Jenny HILL	Head of Health and Community Care
Anne Marie MACHAN	Audit Scotland (Audit Manager)

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members	**Role**
Dr Emma FLETCHER	NHS Tayside (Director of Public Health)
Dr David SHAW	Clinical Director
Raymond MARSHALL	Staff Partnership Representative
Eric KNOX	Third Sector Representative

II DECLARATION OF INTEREST

There were no declarations of interest.

III POSITION OF VICE CHAIRPERSON - APPOINTMENT

It was reported that at the meeting of NHS Tayside Board held on 24th February, 2022, it was agreed that Pat Kilpatrick be appointed as Vice Chairperson of Dundee Integration Joint Board effective from 1st April, 2022.

The Integration Joint Board agreed to note the position.

IV DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2022/2023

There was submitted Report No DIJB16-2022 by the Chief Finance Officer advising of the implications of the proposed delegated budget for 2022/2023 from Dundee City Council and indicative budget from Tayside NHS Board and seeking approval for the range of investments and expenditure proposed to set a balanced budget for Dundee Health and Social Care Partnership for 2022/2023.

The Integration Joint Board agreed:-

(i) to note the implications of the proposed delegated budget to Dundee Integration Joint Board from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2022/2023 as detailed in sections 4.2 and 4.5 of the report;

(ii) to accept the delegated budget proposed by Dundee City Council as detailed in section 4.5 and Table 2 of the report;

(iii) to instruct the Chief Finance Officer to report back to the Integration Joint Board following receipt of formal notification from Tayside NHS Board of the budget offered with associated recommendations including any implications of the finalisation of hosted services budgets and the Large Hospital Set Aside on the Integration Joint Board's net budget position;

(iv) to note the range of estimated cost pressures and funding uplifts anticipated to impact on the Integration Joint Board's 2022/2023 delegated budget as detailed in Appendix 1 of the report;

(v) to approve an uplift to staff pay element of Adult Social Care Providers' Contract Value to enable the increased hourly wage payment to staff providing direct care with effect from 1st April 2022, as detailed in section 4.7.4 of the report, and approve an inflationary uplift of 2% on these Providers' non-pay element plus 2% uplift on Contract Values for other Adult Social Providers with effect from 1st April 2022, as detailed in section 4.7.5 of the report;

(vi) to approve the range of investments set out in the Summary Investments Report as detailed in Appendix 2 of the report;

(vii) to approve the establishment of an earmarked reserve to support the costs associated with the switchover from analogue to digital telecare over 2022/2023 and 2023/2024 through a transfer from general reserve balances as detailed in section 4.10.4 of the report; and

(viii) to remit the Chief Officer to issue directions as detailed in Section 8 of the report.

Following questions and answers the Integration Joint Board further agreed:-

(ix) to note following enquiry from Bailie Wright the assurance given by the Chief Finance Officer that ring fenced monies for Improvement Services would be used as indicated in the report;

(x) to note following enquiry from Donald McPherson in relation to level funding from Scottish Government for switch over from Analogue to Digital the advice of the Chief

Finance Officer that all Partnerships were in a similar position and different funding streams were being examined in relation to shortfall required for this in comparison to total cost and the benefits of the continued expansion of Community Alarm service were highlighted;

(xi) to note following enquiry from Donald McPherson in relation to the In-Patient Mental Health Service the advice of the Chief Finance Officer that discussions were ongoing with other partnerships about possible funding routes and that proposals would be submitted to a future meeting of the Integration Joint Board when they were finalised;

(xii) to note following enquiry from Sarah Dickie in relation to the position of Refugees from Ukraine the advice of Diane McCulloch that further details on the Family Scheme were awaited and funding and the possible impact on services such as mental health in light of trauma experience was also highlighted, the Chief Finance Officer also explained that contingencies had been built in to the budget for this as may be required given previous experiences of providing for Refugees;

(xiii) to note as advised by Trudy McLeay that NHS Tayside had an Equalities and Diversity Person in place within the NHS Translation Service to provide for both Ukrainian and Russian speakers;

(xiv) to note as advised by the Chief Finance Officer that the Direction would be reviewed in June 2022 when the final element of the budget from NHS Tayside was in place;

(xv) to note the observation from Councillor Short to keep to the budget indicated with a view to not incurring any underspends;

(xvi) to note following enquiry from Councillor Short in relation to the positioning of the Custody Unit in Dundee and costs in this respect the advice of Diane McCulloch that a report on this matter would be submitted to meeting of the Integration Joint Board on 29th April 2022 and that a representative of the Scottish Prison Service may be present to answer any questions;

(xvii) to note following enquiry from Councillor Short that Diane McCulloch would provide clarification to her outwith the meeting in relation to the financing of Social Worker position advertised for Custody Unit; and

(xviii) to note the observation of Trudy McLeay in relation to progressing of Digital Strategies such as “Team Medicine” the opportunity for Dundee to lead on this and make approach to the Scottish Government in this regard and that Martyn Sloan would welcome and update at a future meeting of the Integration Joint Board on Technology Enabled Care.

V MEETINGS OF THE INTEGRATION JOINT BOARD 2022 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB19-2022 for meetings of the Integration Joint Board held to date over 2022.

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

VI DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Integration Joint Board would be held remotely on Wednesday, 20th April, 2022 at 10.00 am.

KEN LYNN, Chairperson.

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ITEM No …3(b)……

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 20 APRIL 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	30th 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.	23/06/21	VIII(vi)	STRATEGIC AND COMMISSIONING PLAN – COVID IMPACT AND STRATEGIC REVIEW	The Partnership to get in touch with the Steering Group behind the Campaign "Make Dundee a Living Place"	Chief Officer	30th July 2021	In progress	Follow up required – anticipated conclusion by June 2022
3.	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 23rd November via Microsoft Teams. The event was well attended and a record of the outcomes is being produced. This will be shared once available.
4.	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 23rd November will inform the completion of a final draft of the Dundee Plan for submission to IJB in August 2022.

5.	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 23rd November will inform the final draft of the Tayside Action Plan, this will be submitted to IJB once available.
6.	25/08/21	V(v)	CARERS INVESTMENT PLAN UPDATE	to note the observation of Martyn Sloan on the benefit of more detail on what was to be provided through the Investment Plan and that Dave Berry would look to issue the Integration Joint Board with more information in this regard such as staffing matters.	Chief Finance Officer	27th October 2021	In progress	Further work being undertaken through sessions with stakeholders to report back through the Carers Partnership. To be presented to the June IJB
7.	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	27th October 2021	In progress	Report to come to June 2022 IJB – delayed due to Covid
8.	25/08/21	IX(iv)	FINANCIAL MONITORING POSITION AS AT JUNE 2021	to note that Dave Berry would refine the content of the report for next meeting in relation to explanation of underspends and overspends following enquiry from Bailie Helen Wright in relation to impact of Covid.	Chief Finance Officer	27th October 2021	In progress	Deferred to 2022/23 due to other priorities to be delivered against available resources. From August 2022 financial monitoring.
9.	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	27th October 2021	In progress	Implementation plan being developed with the aim of bringing to both Dundee and Angus IJB's by August 2022
10.	27/10/21	VIII(ii)	ANNUAL PERFORMANCE REPORT	to instruct the Chief Officer to update the Annual Performance Report with financial year 2020/2021 data for all National Health and Wellbeing indicators as soon as data was made	Chief Officer	15th December 2021	In progress	2020/21 end of year data has not yet been confirmed by Public Health Scotland. This will be actioned as soon as data is made

				available by Public Health Scotland as outlined in section 4.2.2 of the report.				available.
11.	27/10/21	IX(v)	MENTAL HEALTH AND WELLBEING PLANNING IN LIGHT OF THE IMPACT OF COVID 19 ON CITIZENS IN DUNDEE	to note following enquiry from Councillor Short in relation to the section 4.5 of the report on protected characteristics that Arlene Mitchell would share information with Councillor Short around the inequalities analysis undertaken with Public Health.	Locality Manager	15th December 2021	Complete	
12.	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	15th December 2021	In progress	To be arranged following new IJB membership confirmed from June 2022
13.	27/10/21	X(x)	INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE PROGRESS REPORT JULY 2021	to note following enquiry from Councillor Short that the Chief Officer would get further information on the creation of the new Independent Group led by Fiona Lees and how this would connect to the existing Tayside Executive Leadership Group and advise the Integration Joint Board accordingly.	Chief Officer	15th December 2021	In progress	Follow up required
14.	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	15th December 2021	In progress	Delayed by Covid Sept 22 Engagement event planned for April to develop the delivery plan. Once this is complete the performance framework can be developed.

15.	27/10/21	XVI(iv)	ANNUAL COMPLAINTS PERFORMANCE	to note following enquiry from Donald McPherson in relation to section 13.1 of the report that Dave Berry would arrange for a breakdown on figures on the number of complaints not upheld and partially upheld to be provided to the membership.	Chief Finance Officer	15th December 2021	In progress	To be provided by June 2022
16.	15/12/21	VI(iv)	CSWO ANNUAL REPORT 2020/2021	to note that the Chief Social Work Officer would submit a report to a future meeting on the Community Custody Unit and how this was being supported.	Chief Social Work Officer	April 2022	In progress	Report now to be submitted to IJB in June 2022
17.	15/12/21	X(ii)	TRAUMA INFORMED PRACTICE AND LEADERSHIP	to instruct the Chief Officer to provide an update report no later than April 2022, including the finalised trauma-informed practice and leadership implementation plan.	Chief Officer	April 2022	In progress	Now June 2022
18.	15/12/21	XII(iv)	SCOTTISH GOVERNMENT ADDITIONAL INVESTMENT WINTER PLANNING FOR HEALTH AND SOCIAL CARE	to instruct the Chief Finance Officer to report on progress to the April 2022 Integration Joint Board meeting.	Chief Finance Officer	April 2022	In progress	Deferred until final year end expenditure position confirmed – June 2022
19.	23/02/22	VII	RYEHILL MEDICAL CENTRE	Chief Officer to submit a report on way forward for provision of service at Ryehill Medical Centre	Chief Officer	20th April 2022	Complete	Report submitted to April IJB
20. .	23/02/22	XVII(iv)	SUPPORTING PEOPLE WITH LEARNING DISABILITIES	to remit to the Chief Officer to submit a report to update the Integration Joint Board on the engagement outcomes and to present a final draft Strategic and Commissioning Plan for Learning Disabilities approval to the meeting of the Integration Joint Board to be held in August 2022.	Chief Officer	August 2022	In progress	Report will be submitted for August 2022 IJB meeting.
21.	23/02/22	XX(iii)	DIJB 2022/2023 BUDGET	to remit to the Chief Finance Officer to present a proposed budget for	Dave Berry	25th March 2022	Complete	Budget meeting held

			DEVELOPMENT	2022/23 for consideration by the Integration Joint Board at its meeting on 25th March, 2022.				

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ITEM No …5……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD 20 APRIL 2022**

REPORT ON: **CLINICAL CARE AND PROFFESSIONAL GOVERNANCE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB27-2022**

1.0 PURPOSE OF REPORT

1.1 To provide the Integration Joint Board with information relating to Clinical, Care and Professional Governance for the periods 01.10.2021 to 30.11.2021. and 01/12/2021 to 31/01/2022. Clinical, care and professional governance matters are reported through the Performance and Audit Committee on a 2-monthly basis, following submission to NHS Tayside's Care Governance Committee. As a result of the schedule of meetings for the Performance and Audit Committee, the programme of reports for the period 01/10/21 – 31/01/2022 are presented as exceptional reports to the IJB to ensure there are no unnecessary lags in providing assurance.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report and the attached appendices.

2.2 Instructs the Chief Officer to provide an annual Clinical, Care and Professional governance report for the financial year April 2021 – March 2022 to the June IJB meeting.

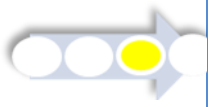
2.3 Notes that the level of assurance provided for this period is Reasonable assurance (as defined in section 4.6).

3.0 FINANCIAL IMPLICATIONS

There are no additional financial implications arising from this report.

4.0 MAIN TEXT

4.1 This report is being brought to the meeting to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75.

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.

4.2 The role of the Dundee HSCP Governance forum is to provide assurance to the Dundee Integration Joint Board, NHS Tayside Board (through the Care Governance Committee) and Dundee City Council, that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership.

4.3 The GIRFE Framework has been agreed by all three HSCPs and the refresh of the document was endorsed at Care Governance Committee and noted by NHS Tayside Board on 31 October 2019. To ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs, quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A GIRFE Steering Group has been established and continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures and this template.

4.4 The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, HIS and Care Inspectorate, September 2018. The domains are:

Information Governance
Professional Regulation and Workforce Development
Patient / Service User / Carer and Staff Safety
Patient / Service User / Carer and Staff Experience
Quality and Effectiveness of Care
Promotion of Equality and Social Justice

4.5 This report is assuring the IJB that clinical governance and risk management processes are in place, that reliable, safe and effective, and person-centred care is delivered in all health and care settings, and learning is identified and shared thereby reducing harm to people.

4.6 The IJB is being asked to provide their view on the level of assurance the attached reports provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is from 01/11/2021 to 31/01/2022 and is provided through two reports as submitted to the Care Governance Committee. Appendix 1 presents the information for the period 01.10.2021 to 30.11.2021. and Appendix 2 presents the information for period 01/12/2021 to 31/01/2022.The level of assurance provided for the period is assessed as Reasonable.

4.7 In addition to the bi-monthly reporting, the DH&SCP CC&PG group provides an annual report summarising the actions, risks and governance arrangements for each financial year. It is proposed that the annual report for the financial year be submitted to the IJB for the June 2022 meeting.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	That clinical, care and professional governance standards are not met,
Risk Category	Operational, Governance
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12)
Mitigating Actions (including timescales and resources)	An established framework and process for the monitoring and responding to Clinical, Care and Professional Governance risk is embedded within the Dundee Health and Social Care Partnership.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Approval recommendation	That the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Vicky Irons
Chief Officer
Dundee HSCP

DATE: 04 October 2021

Appendix **1**

Title: Dundee HSCP Clinical and Care Governance Assurance Report for Period 01.10.2021 to 30.11.2021

Responsible Officer: Dr David Shaw, Clinical Director
Diane McCulloch, Head of Health and Social Care

Report Author: Matthew Kendall, Allied Health Professions Lead

1 Assessment

A Clinical and Care Risk Management

a.1 There are no new current risks added to Datix since the last report.

Out of the 24 current risks, 17 have actions required to ensure that they remain up to date, which shows a deteriorating position. Risk owners have all been contacted and offered support in updating their risks.

Title of Risk	Priority Level	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
Increasing demand in excess of resources, DDARS	1	15	25
Insufficient numbers of DDARS staff with prescribing competencies	1	25	25
Current funding insufficient to undertake the service redesign, DDARS	1	20	20
COVID-19 impact: maintaining DDARS	1	12	15
Clinical treatment of patients – Mental Health Service (946)	2	15	15

<u>DDARS</u>

a.2 Four of the top five risks continue to sit with the Dundee Drug and Alcohol Recovery Service. There have been further service pressures due to staff turnover that affect all the key risks identified. The current pandemic response has also limited the HSCP progress with risk management due to a significant number of staff in isolation.

Two of these risks continue to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing challenges relating to recruitment and retention into the DDARS service.

The service continues to experience staffing pressures across both social work and nursing staff as a result of vacancies and sickness absences. DDARS continues to experience nursing vacancies and increasing recruitment difficulties.

Since the addition of the third consultant, the service is progressing initial assessments and is beginning to see a reduction in referral waiting lists (155 people currently waiting: 90 for alcohol assessment, 57 for drugs assessment and 8 for both drugs and alcohol, with the longest current wait being 139 days). Key worker unallocated remains a concern.

The restructuring of the service now supports patients from two GP practices to be managed and supported by their own GP while still registered to the service.

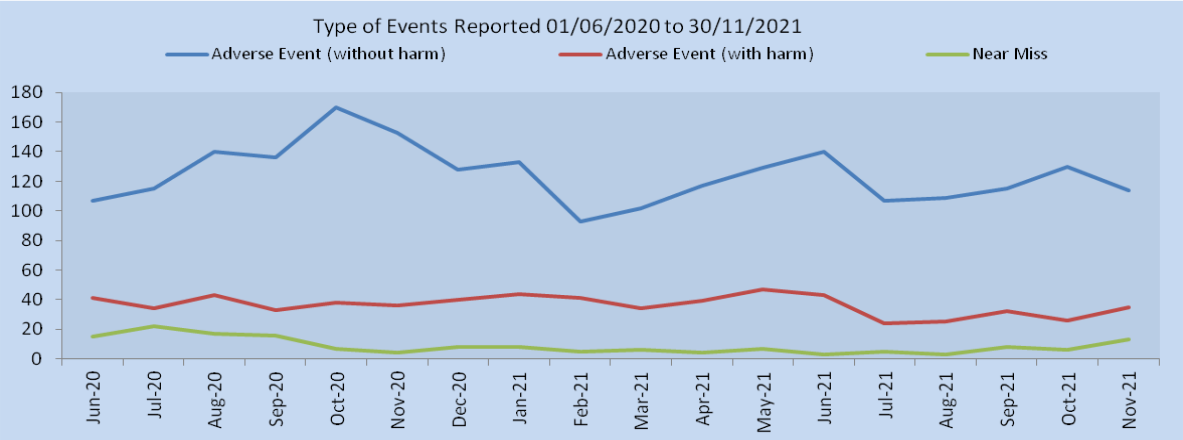
The service is scoping out potential alternative accommodation, although remains an area of concern.

Mental Health

a.3 The Community Mental Health Team are medically staffed entirely by Locum Consultants but have a stability to this in people remaining longer-term in post than previously. There is currently one locum on paternity leave and the CMHT has a significant number of people awaiting first assessment. To begin to better mitigate the short-term risks and address the national shortage of psychiatrists in the longer term, the service have appointed two Advanced Nurse Practitioners and a specialist mental health pharmacist who is further supported by a pharmacy technician. The service have a further two ANPs in training and intend to graduate them into this role on qualification.

b. Adverse Event Management

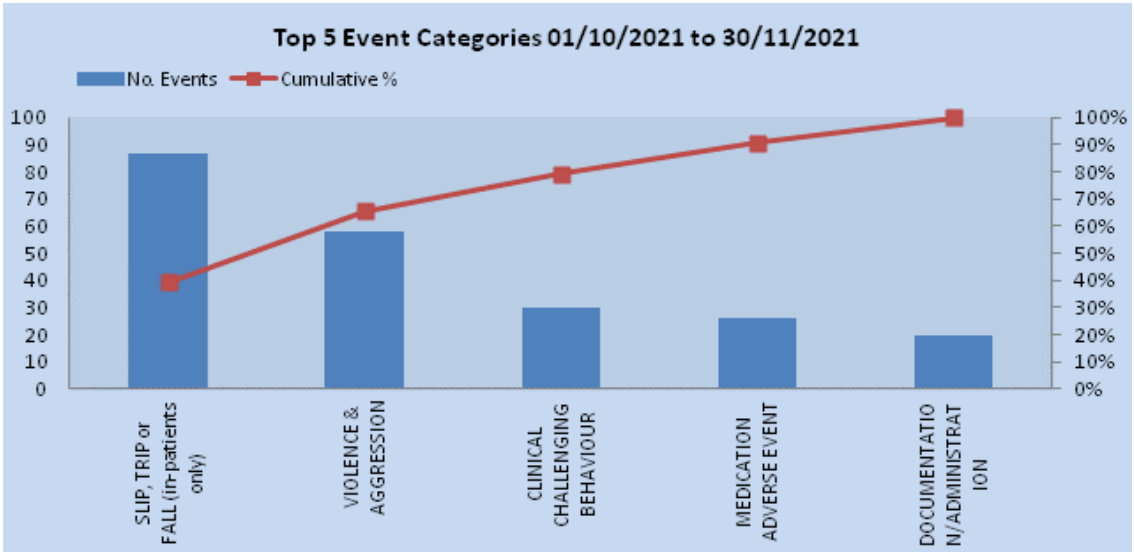
b.1 There were 324 adverse events reported within the time period 01/10/2021 to 30/11/2021. The following graph shows the type of adverse events reported though Datix by month over the past 18 months.



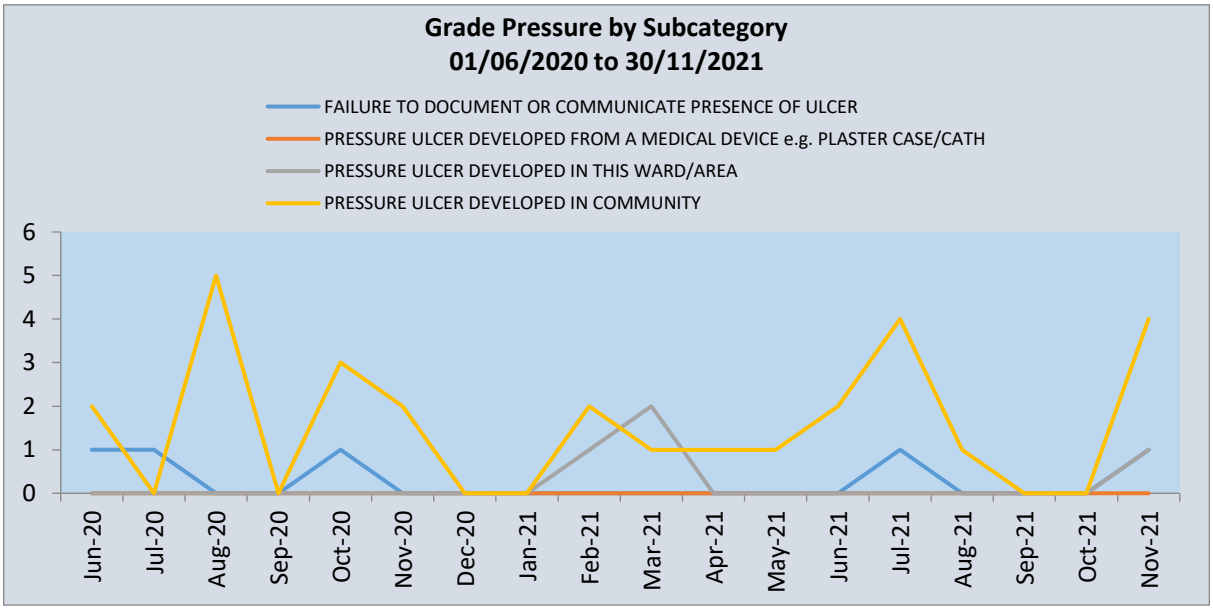
There are no significant concerns relating to this data for escalation. Teams continue with quality improvement work in relation to falls and violence and aggression (V&A) / clinically challenging behavior(CCB), with a specific focus on accurate reporting for V&A and CCB.

b.2 While medication adverse events remain in the top 5 reported incidents they remain widely reported across teams with no themes or patterns identified. The weekly governance huddle follow up on these events to ensure reflective practice is taking place and the opportunity for improvement is sought across teams.

The following graph shows the top 5 categories reported between 01.10.2021 and 30.11.2021. The top 5 categories are: slip, trip or fall (inpatients only), violence and aggression, clinically challenging behaviour, medication adverse event and documentation/administration. These categories account for 221 of the 324 events (68%) reported within the time period.



b.3 There have been seven pressure ulcer events reported within the time period. The number of pressure ulcers reported over the past 18 months is shown in the following graph, by subcategory.



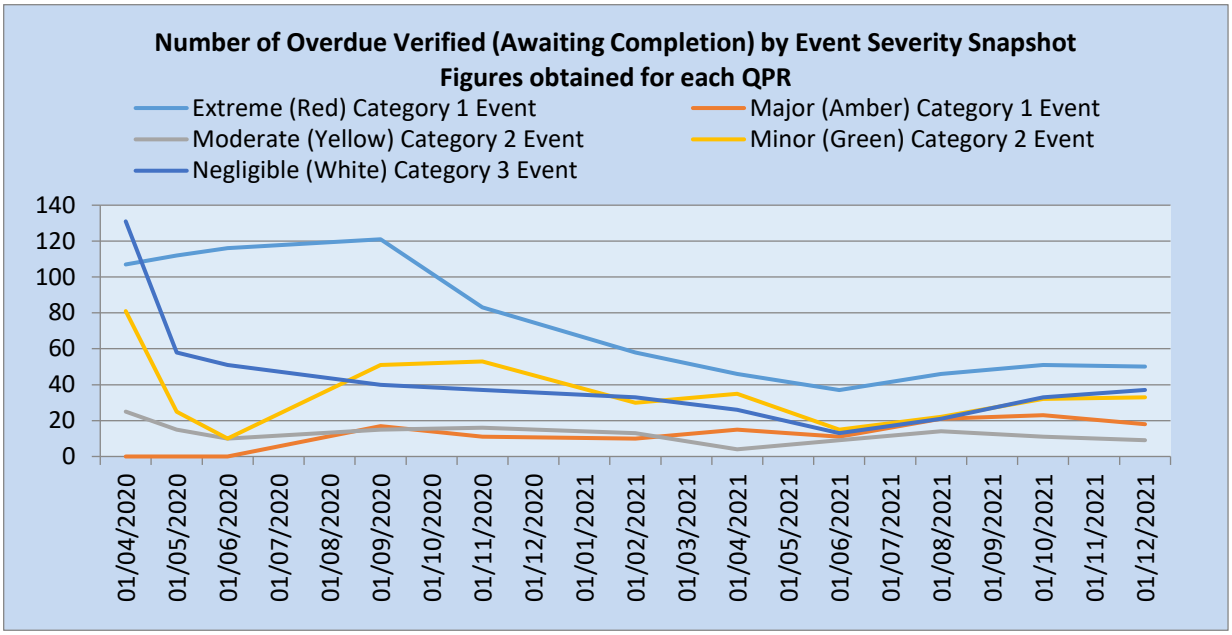
The community teams have reviewed this data due to the increase in pressure ulcers noted in November 2021. One incident is still under review and all of the others identified that these pressure ulcers were unavoidable with prevention measures in place or discussed with patients and carers and decisions were made by the patients not to follow the advice provided. One of the reported pressure ulcers was a moisture lesion, and education has been provided to this reporter to ensure accurate reporting and recording for pressure ulcers in the future. While these pressure ulcers have been identified as unavoidable, the Lead Nurse is taking forward work with the community nursing team to review all aspects of care related to pressure ulcers.

Never Event

b.4 There was one never event reported relating to inpatient care. This is currently being investigated and the clinical governance team are working with the clinical teams to determine the level of review required for this incident. The patient is making good progress with rehabilitation in the hospital environment.

Overdue verified events

b.5 The following graph shows the number of verified events that are overdue for completion over the past 12 months.

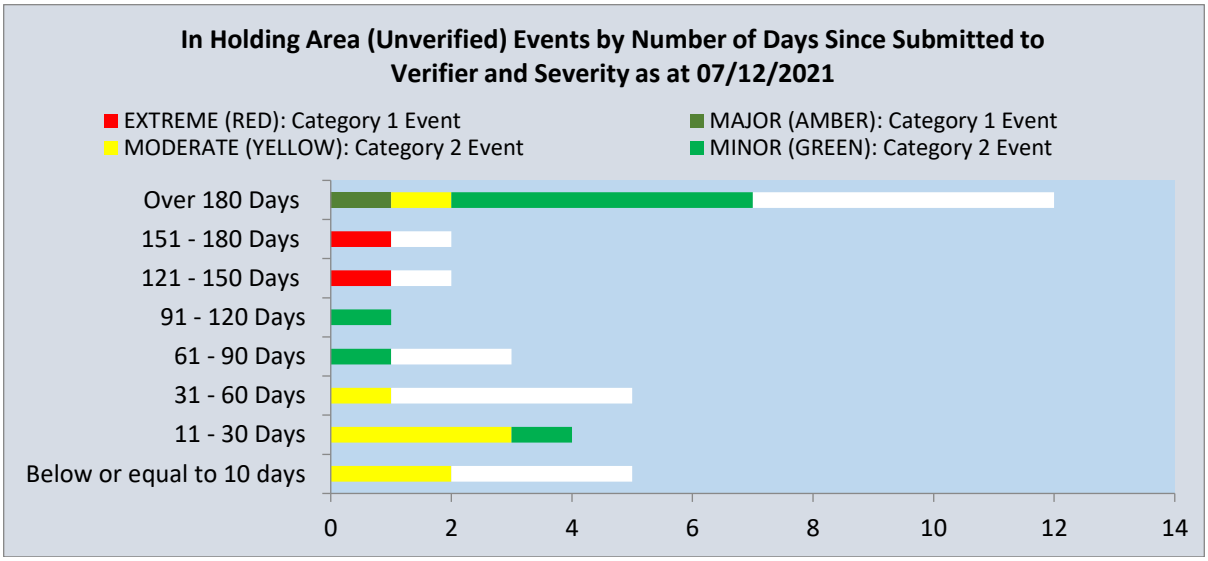


b.6 The table below shows the number of overdue events by the year they were reported. The numbers in brackets represent the number of overdue events by year as included in the last report, demonstrating that the number of historical outstanding reviews continues to reduce.

	2018	2019	2020	2021
EXTREME	1 (1)	5 (6)	11 (15)	23 (17)
MAJOR	0	0 (1)	4 (7)	14 (5)
MODERATE	0	0	4 (4)	5 (3)
MINOR	0	0	5 (5)	28 (24)
NEGLIGIBLE	0	0	0	37 (25)
TOTAL	1	5	24	107

The majority of overdue extreme and major events sit within the Mental Health Service and DDARS. As has been noted in previous reports, significant improvement has been noted in reducing the numbers of overdue adverse events. While historical events continue to slowly reduce, this report highlights a plateau in improvement over the past few months. Increased clinical demand and unplanned staff absence have contributed to this increase for 2021 Datixs, with the current Omicron variant of COVID-19 reducing staff's capacity to continue review of these incidents at previous rates.

<u>Unverified Events</u>



b.7 At the time of data extraction there were 34 unverified events that had exceeded the timescale of 72 hours for verification. The following graph shows the unverified events by the severity and the number of days overdue. Of these events 24 are graded either negligible or minor.

A number of these incidents are linked to the vaccination program rather than Dundee HSCP, and the clinical governance team is supporting the management of these incidents. Reminders have been sent to verifiers regarding unverified incidents.

The extreme incidents are linked to the DDARS service and both form aspects of the recorded risks (612, 233) and are being managed as outlined in the DATIX risk system.

Significant Adverse Event Reviews (SAERs)

b.8 One SAER was finalised in this reporting period. This was in relation to a suspected suicide. A summary of the findings is listed below:

- The SAER concluded that no omission by staff can be identified which may have contributed to this incident or prevented this incident from occurring.
- The use of numerous separate healthcare and social work records, both electronic and paper-based, on this occasion did not lead to any breakdown or interruption in treatment plan, but the reviewer has identified this use of these multiple systems could potentially lead to problems with other healthcare and social work individuals accessing up to date relevant information.
- Events leading up to the incident were managed by staff appropriately given the patient's presenting condition.
- No evidence was found that this incident, although tragic for all concerned, could have been avoided as the patient was deemed to have capacity during the numerous assessments that took place prior to the incident.
- Previous self harm attempts had involved medication overdose.
- All contacts had involved symptoms of anxiety and/or low mood.
- Patient A had a history of alcohol misuse and associated impulsive acts whilst under the influence of alcohol.

b.9 The following areas were highlighted as areas for review and/or improvement.

- There are multiple electronic and paper-based healthcare records used by Health and Social Care Services that do not all connect with each other and staff do not have access to all the information within each system. A review of the systems in use and access to systems across the Health and Social Care Partnership and NHS Tayside is required to ensure timely sharing of information and seamless communication with all services.
- Review of communication at times of transition between services to ensure seamless care.

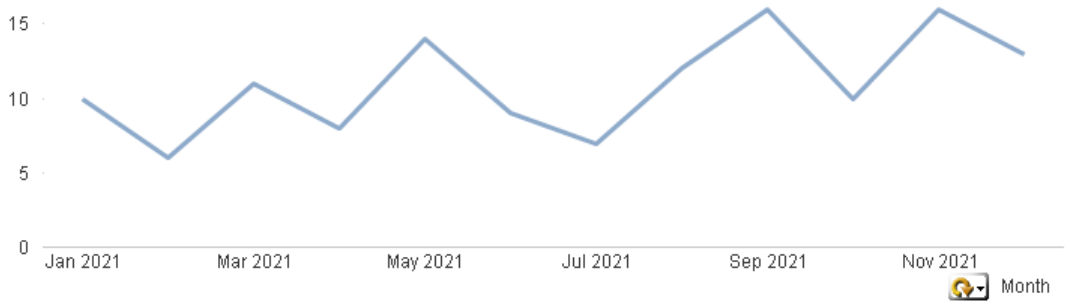
- The need for a flexible complex care whole system approach when many services and teams are involved to ensure a flexible joined up response and seamless care.

b.10 What we have learnt:

- Dundee Drug and Alcohol Recovery Service normally admits only people under 65 years old into the service. This requires to be reviewed.
- The NHS email system sees social work emails as from an external organisation – that takes longer to see "out of office" information which can have an impact on timely communication. This needs to be reviewed.
- Emails to GP practices should go to the generic email for the GP practice to be dealt with in a timely manner and not to a person-specific GP email who may be out of the practice.

Complaints and Feedback

b.11 Total number of new complaints received from Jan 2021 to Dec 2021



This graph shows a steadily increasing number of new complaints received throughout 2021.

b.12 Current Complaints as at 18/01/22 – Combined Stages 1 and 2

No. of Open Cases - 27										
Clinical Care Group/Department	**Days_Band**	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	>40 Days	>60 Days	>80 Days	**Total**
Community Learning Disabilities Nursing - Dundee HSCP		-	1	-	-	-	-	-	-	**1**
Corporate (Dundee HSCP)		-	1	-	-	-	-	-	-	**1**
Mental Health (Dundee)		1	-	1	2	2	3	1	1	**11**
Dundee Drug and Alcohol Recovery Service		-	-	-	-	1	-	-	-	**1**
Allied Health Professionals (Dundee HSCP)		-	-	-	-	1	-	-	-	**1**
Community Nursing (Dundee HSCP)		-	-	1	-	1	-	-	-	**2**
General Practice - Dundee HSCP		-	-	-	1	1	-	-	2	**4**
Older People Services (Dundee)		1	1	-	-	2	-	1	-	**5**
CBIR		-	-	1	-	-	-	-	-	**1**
Total		**2**	**3**	**3**	**3**	**8**	**3**	**2**	**3**	**27**

b.13 Current Complaints as at 18/01/22 – Stage 2

No. of Open Cases - 24

Clinical Care Group/Department	Days_Band	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	>40 Days	>60 Days	>80 Days	Total
Community Learning Disabilities Nursing - Dundee HSCP		-	1	-	-	-	-	-	-	**1**
Corporate (Dundee HSCP)		-	1	-	-	-	-	-	-	**1**
Mental Health (Dundee)		-	-	-	2	2	3	1	1	**9**
Dundee Drug and Alcohol Recovery Service		-	-	-	-	1	-	-	-	**1**
Allied Health Professionals (Dundee HSCP)		-	-	-	-	1	-	-	-	**1**
Community Nursing (Dundee HSCP)		-	-	1	-	1	-	-	-	**2**
General Practice - Dundee HSCP		-	-	-	1	1	-	-	2	**4**
Older People Services (Dundee)		1	1	-	-	2	-	-	-	**4**
CBIR		-	-	1	-	-	-	-	-	**1**
Total		**1**	**3**	**2**	**3**	**8**	**3**	**1**	**3**	**24**

b.14 Current Complaints as at 18/01/22 – Stage 1

No. of Open Cases - 2				
Clinical Care Group/Department	**Days_Band**	0-5 Days	11-15 Days	**Total**
Mental Health (Dundee)		1	1	**2**
Total		**1**	**1**	**2**

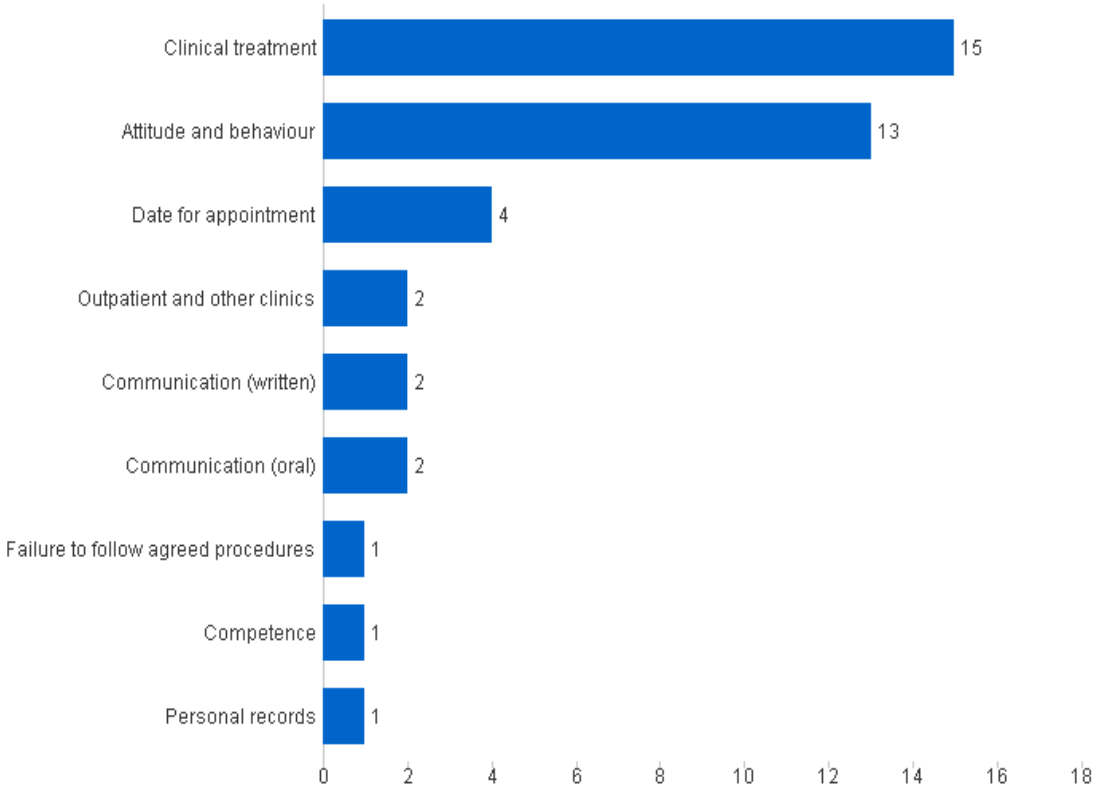
Complaints and Feedback are managed by service managers (including hosted services) with professional leads being sighted on responses, which support identifying/sharing learning and areas for improvement.

Feedback and positive reports from patients and carers are also being promoted for reporting at Primary Governance Groups as part of performance and learning focus.

Further work, in collaboration with the Complaints and Feedback Team, is underway to better understand where and why responses to some complaints take longer than the standard 20 days. The CCPG Group monitors response times, themes and supports the sharing of learning from complaints.

Learning and improvement from complaints and feedback.

b.15 The top themes associated with complaints across the Dundee HSCP are outlined in the table below:



The top subtheme is disagreement with treatment and/or care plan (11), followed by inappropriate comments (<5) and unacceptable time to wait for appointments (<5).

Examples of learning and improvement from complaints

Disengagement

b.16 Concerns were raised regarding disengagement with mental health services resulting in discharge. Nursing staff now ensure a disengagement plan is included within the risk management plan which includes a graded escalation plan for making contact should patients miss appointments. This can include contacting the patient's significant other, trying to contact again within an agreed timeframe, the nurse carrying out a home visit and, if required, the nurse contacting the police depending on the risk.

Telecommunication Access

b.17 A common theme identified is the difficulty patients and families experience in getting through to the two Duty Worker lines in the community mental health teams. Work with the telecommunications team has led to a change in how these calls are routed through the system and additional external lines being opened to better manage traffic through the system. This learning was also applied across other teams.

Complex whole system

b.18 Complex complaints across the Mental Health service lead to further complaints due to the amount of time it sometimes takes to get all the information to the right clinical team in a timeous fashion. The Mental Health team, the NHS Tayside Complaints and Feedback team and the Dundee HSCP Complaints team are working to ensure improved access and enhanced collaborative working to ensure all issues are fully addressed with colleagues across the whole system.

Interim Social Care Placement

b.19 To support flow and capacity through very challenging circumstances, patients have sometimes been placed to interim social care solutions. This potentially very emotional and distressing situation has been reviewed to ensure appropriate, early MDT messaging and an escalation pathway has been implemented to support complex cases, with the intention of keeping this work as patient-centred as possible.

Sexual Health Pathways

b.20 Pathways were reviewed and implemented around remote working and prophylactic antibiotic therapy within the Tayside Sexual and Reproductive Health Service.

c. External Reports & Inspections

There have been no inspections during this reporting period.

d. Adult Support & Protection

There are no exceptions to report during this reporting period.

e. Mental Health

Delayed Discharges

e.1 The level of delayed discharges across General Adult Psychiatry (GAP) and Learning Disability (LD) services has continued to significantly impact on capacity and flow. As of 16 January 2022 there are a total of 26. This equates to 16% of GAP beds, 38% of LD beds.

Health and Social Care Partnership	No of GAP Acute Admission and Rehabilitation Delayed Discharges	No of Learning Disability Delayed Discharges
Dundee	9	5
Angus	5	<5
Perth & Kinross	<5	<5
Other	<5	<5
Total	**17**	**9**

e.2 Actions taken by the services to address delayed discharge:

- Fortnightly meeting established with Senior Mental Health and Learning Disability Leaders from all three HCSPs, with commitment to work together to resolve delayed discharges.
- Agreement to use an updated standard delayed discharge template for Mental Health and Learning Disabilities. Template will be updated and shared weekly.
- Angus, Dundee and Perth & Kinross Leads will ensure sharing of information as to who would be part of the escalation process when delays occur.
- Readiness for Discharge Tool to be discussed in all areas to ensure awareness of use within inpatient services.
- Consideration being given to specific MDT for LD-specific delays (acknowledging complexity).
- Two Discharge Coordinators in post to support improving discharge planning (funded by winter pressure funding).
- Quality Improvement Advisor identified to support improving discharge planning across the services.

Models of Care

e.3 Mental health and learning disability care is delivered by multi-disciplinary teams. Medical input is only one part of the care and treatment delivered and it is not essential for all patients to be seen face-to-face by Consultants. Rather, it is important that medical time is used to guide and advise treatment plans with this achieved by members of the MDT being able to thoroughly assess a person's needs and consult with medical colleagues to together make decisions about the need, for example, for medication changes. By safely increasing consultancy models, there is an increased availability of medical time for those complex cases that do require assessment by a Consultant. This is in keeping with the concept of ‘right person, right place, right time’.

f. Drug and Alcohol-Related Deaths

Drug-Related Deaths

f.1 The service continues to work to support those at high risk. The Non-Fatal Overdose Rapid Response Service ensures priority access to assessment and treatment services. A recent contract with a third sector organisation will deliver Opiod Substitution Therapy to those who are self-isolating or unable to access their medication support through pharmacy.

There were less than five fatalities reported in this reporting period. They were across the categories of suicide (suspected), suspected drug-related death and expected death and were across both the Mental Health and DDARS services.

Medication Assisted Treatment (MAT) Standards

f.2 DHSCP have submitted an initial assessment to the MAT Improvement Support Team (MIST) setting out the progress made to date and the areas where further work is required. The information provided identified areas where further support, both financial and national guidance, would support progression. It is acknowledged that each Alcohol and Drug Partnership area will outstrip the resources available to the MIST Team. In addition to this support, funding was received for a MAT standards project worker for Dundee and job descriptions are currently being evaluated by DCC and NHS Tayside. In regards to specific standards, work progresses around primary care shared care and there are ongoing discussions with the Scottish Government; additional funding is being sought for residential rehabilitation pathways and work is progressing to support independent advocacy.

1.3.1 Quality/ Patient Care

The principle focus of all services is a desire to achieve the six dimensions of healthcare quality. These state that healthcare must be:

- Safe
- Effective
- Patient-centred
- Timely
- Efficient
- Equitable

The work being progressed will have a positive impact on the quality of care and services for staff and the population of Tayside.

1.3.2 Workforce

Remobilising continues to be challenging for staff in the HSCP, who are increasingly exhausted and feeling the impact of the past 22 months working through a pandemic. Senior and Service Managers are focusing on supporting their staff through this period.

As the new Omicron variant becomes more prevalent, increasing staff absence further compounds the workforce challenges.

1.3.3 Financial

Not applicable.

1.3.4 Risk Assessment/Management

Risks are included in the report above.

1.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed. Promotion of Equity and Social Justice is one of the domains included in the GIRFE reporting assurance framework.

1.3.6 Other Impacts

There are no other direct impacts for this report.

1.3.7 Communication, Involvement, Engagement and Consultation

The Dundee HSCP has carried out its duties to involve and engage external stakeholders where appropriate.

1.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group, 20 January 2022.

1.4 Recommendation

This report is being presented for:

- **Assurance**

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate

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Appendix 2

Title: Dundee HSCP Clinical and Care Governance Assurance Report for Period 01.012.2021 to 31.01.2022

Responsible Officer David Shaw, Clinical Director
Diane McCulloch, Head of Health and Social Care

Report Author: Matthew Kendall, Allied Health Professions Lead

1 Assessment

a. Clinical and Care Risk Management

Title of Risk	Priority Level	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
Increasing demand in excess of resources, DDARS	1	15	25
Insufficient numbers of DDARS staff with prescribing competencies	1	25	16
Current funding insufficient to undertake the service redesign, DDARS	1	20	20
COVID-19 impact: maintaining DDARS	1	12	12
Clinical treatment of patients – Mental Health Service (946)	2	15	15
Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	1	20	16

a.1 Insufficient numbers of DDARS staff with prescribing competencies: Current score for this risk has reduced from 25 to 16. Additional funding has been allocated to the service to recruit additional staff with prescribing competencies. Recruitment to these posts remains a challenge and training of staff in post will take time. One additional consultant has also recently joined the service.

COVID-19 impact: maintaining DDARS: Current risk score for this risk has reduced from 15 to 12. Stabilisation of the workforce in terms of an improved picture for recruitment and slightly improved retention has supported the reduction in this risk.

<u>New Risk in Top 5</u>

a.2 A new risk has been added in the DDARS team regarding the lack of available resource to deliver the benzodiazepine dependent pathway. Many people dying from drug deaths who are open to DDARS, have etizolam present in the PM toxicology. DDARS does not have access to the resources in the community or a stabilisation inpatient facility to deliver prescribed diazepam detoxes.

Clinical risks including overdose, could be increased by reduced access to prescribed diazepam withdrawals caused by:

- a lack of capacity / staffing resource to monitor for respiratory depression and substance use
- a lack of staffing resource for structured psychological interventions

- biochemistry drug screening not delivering results for substances commonly causing harm in a clinically useful timescale.

The team are currently working towards:

- Identifying the model and resources required for residential rehabilitation
- Agreeing the multiagency resources required to implement the benzodiazepine pathway
- Identifying the minimum resources required for DDARS to manage patients dependent on benzodiazepines in the community

a.3 Four of the top five risks continue to sit with the Dundee Drug and Alcohol Recovery Service. There have been further service pressures due to staff turnover that affect all of the key risks identified. Two of these risks have improved in this reporting period, with one new risk being added which now sits in the top five risks in the DHSCP, described above.

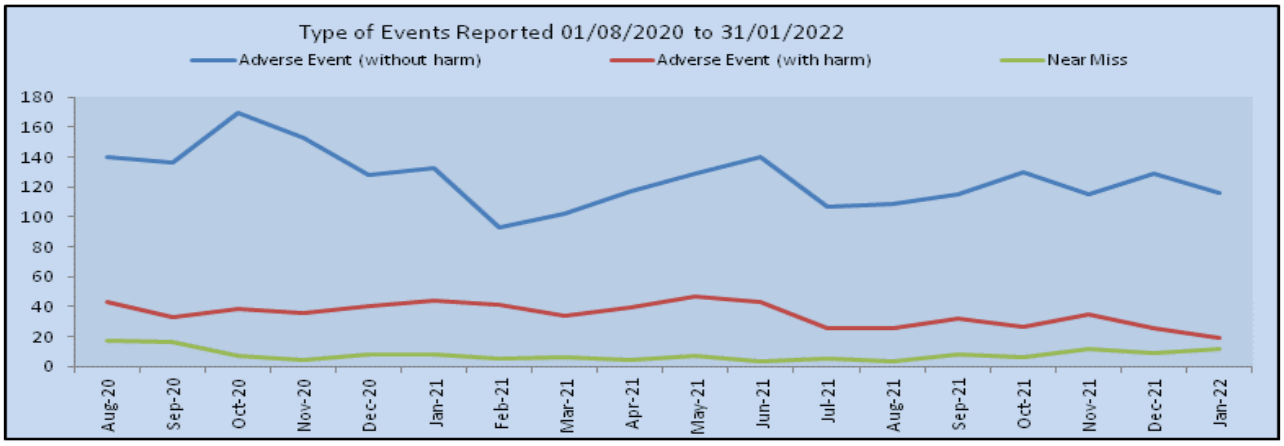
One of these risks continues to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing challenges relating to recruitment and retention into the DDARS service combined with the increased referral rates through the pandemic.

Mental Health Risk

a.4 The Community Mental Health Team are medically staffed entirely by Locum Consultants but have a stability to this in people remaining longer-term in post than previously. There is currently one locum on paternity leave and the CMHT has a significant number of people awaiting first assessment. To begin to better mitigate the short-term risks and address the national shortage of psychiatrists in the longer term, the service have appointed two Advanced Nurse Practitioners and a specialist mental health pharmacist who is further supported by a pharmacy technician. The service have a further two ANPs in training and intend to graduate them into this role on qualification.

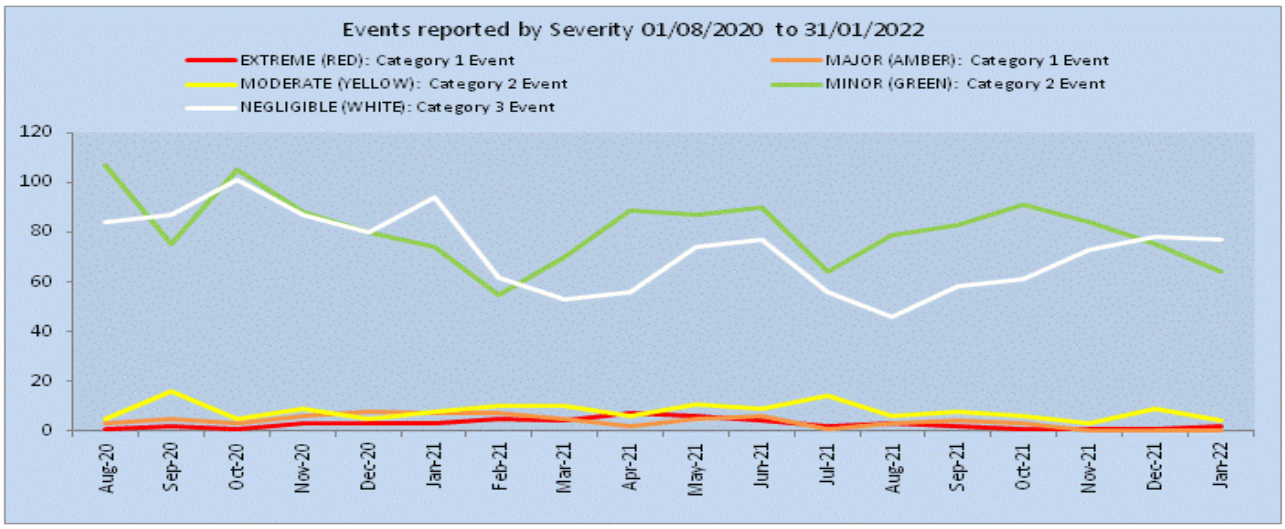
b. Adverse Event Management – Themes

b.1 There were 310 adverse events reported within the time period 01/12/2021 to 31/01/2022. The following graph shows the type of adverse events reported though Datix by month over the past 18 months.



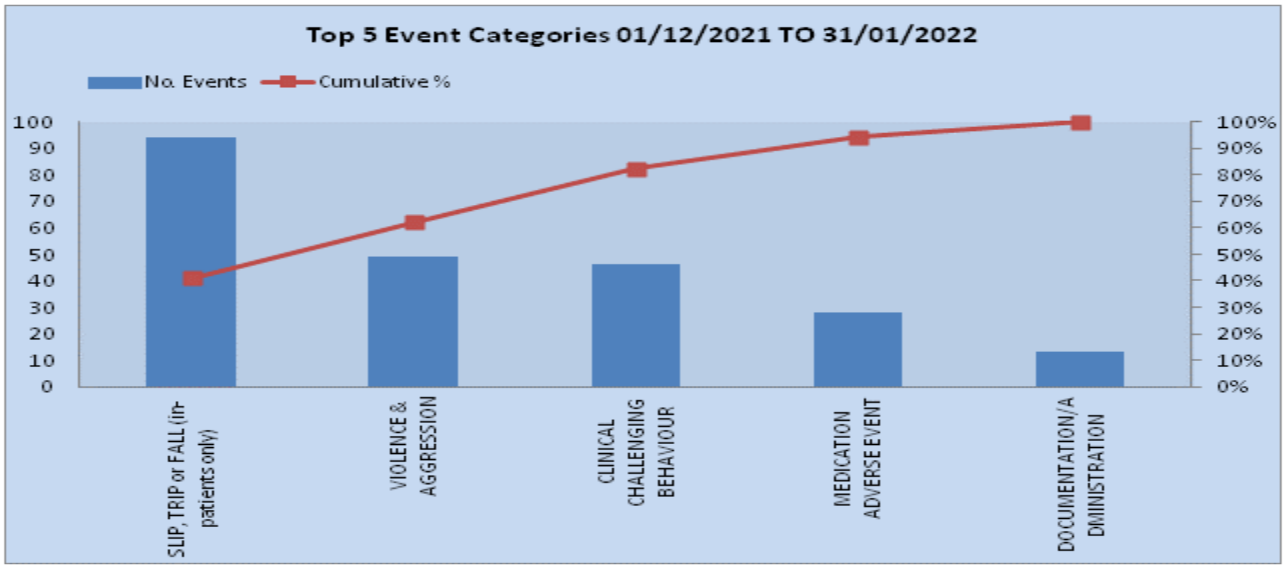
The ratio of events with harm to events with no harm is 1:4. This is an improvement from the last report where the ratio was recorded as 1:3.

b.2 The following graph shows the impact of the reported adverse events by month over the past 18 months, with low numbers of events in the extreme and major categories.



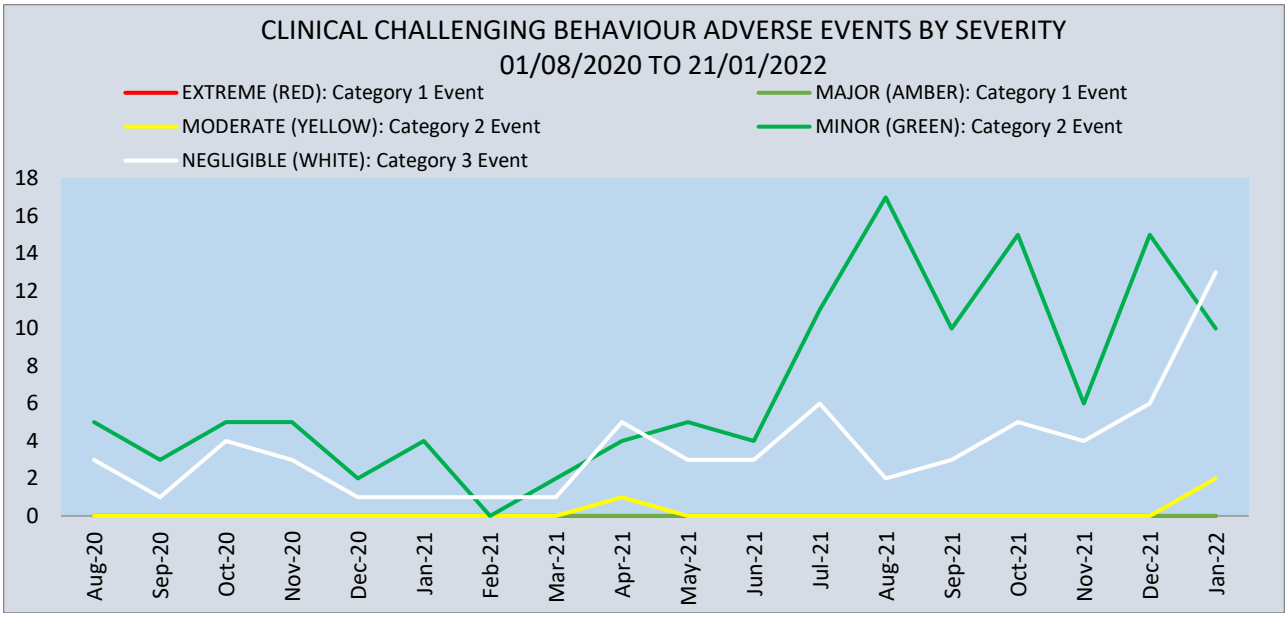
Top Five Categories of Adverse Events

b.3 The top five categories reported between 01/12/2021 and 31/01/2022 are slip, trip or fall (in patients only), violence and aggression, clinical challenging behaviour, medication adverse event and documentation/administration. The following graph shows the top five categories.



There are no significant concerns relating to this data for escalation. Teams continue with quality improvement work in relation to falls and violence and aggression (V&A) / clinically challenging behavior (CCB), with a specific focus on accurate reporting for V&A and CCB. There are two wards where reporting of CCB remains inaccurate and further discussion has been held with these wards for support and education.

b.4 The graph below shows the impact of education in the Dundee HSCP regarding accurate reporting for CBB adverse events.



Medication Adverse Events

b.5 The community nursing service reviewed a 13 month period for medication adverse events. Over this time they had 28,327 visits where medication was administered (often multiple medications per visit). Within the review period there were 66 medication adverse events (0.2%). Not all of these incidents are related to actions of the community nurse service, some relate to pharmacy, delivery of drugs or transfer of drugs between environments.

The subcategories are listed below:

Subcategory	**Total**
MISSED DOSE BY STAFF	**17**
INCORRECT DOSE/RATE	**11**
INCORRECT TIME/FREQUENCY	**6**
DUPLICATION OF DOSE	**5**
INCORRECT MEDICINE	**5**
SAME MEDICINE/DOSE ADMINISTERED TWICE	**4**
DISCREPANCIES IN CONTROLLED DRUG RECORD	**4**
POOR COMMUNICATION LEADING TO COMPROMISED PATIENT CARE	**3**
CONTROLLED DRUG INCIDENT	**3**
DRUG STOCK DISCREPANCY	**2**
INCORRECT FORM	**1**
TRANSCRIPTION ERROR	**1**
SELF ADMINISTRATION ERROR	**1**
INCORRECT USE	**1**
MISSED DOSE NOT DOCUMENTED	**1**
INCORRECT PATIENT	**1**
Total	**66**

The process following a medication adverse event would include a review (individual, team, service) and staff involved undertake a reflective account. Advice is sought from medical staff regarding appropriate actions to be taken following the event.

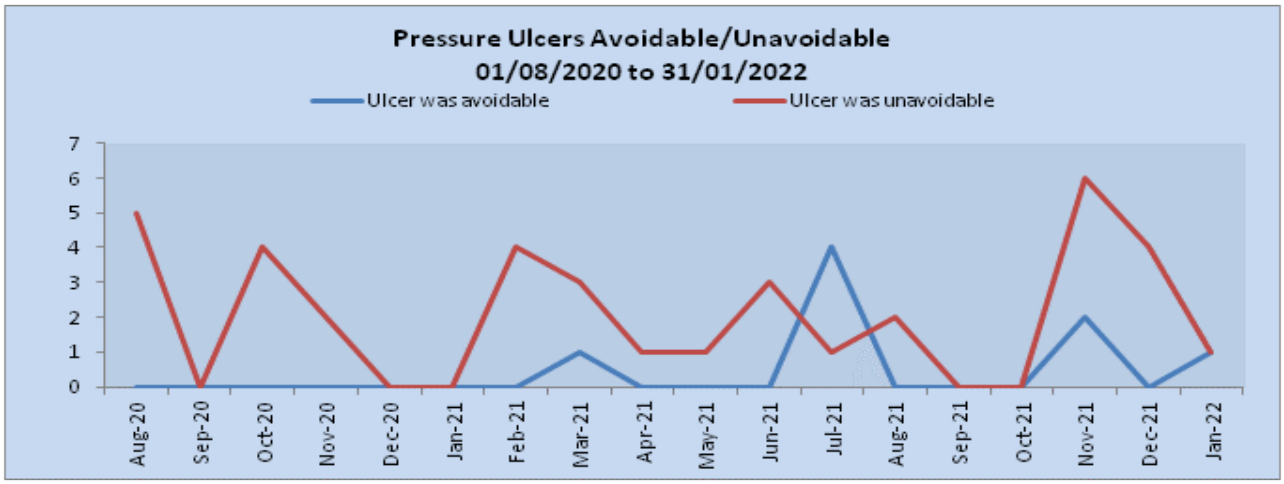
There are no specific patterns in terms of staff involved, specific drugs, specific patients, route of administration etc. The community nursing service are currently, and have been for some time, exploring the use of electronic patient records and electronic diary management systems and it is anticipated that the implementation of these may support the reduction of medication adverse events. They report the

chaotic and high demand services that are provided contribute to the errors made by staff in relation to medication administration.

The community nurse service is committed to ongoing monitoring and review of medication adverse events.

Pressure Ulcers

b.6 There have been seven pressure ulcer events reported within the time period. The number of pressure ulcers reported over the past 18 months is shown in the following graph, categorized as those that were determined as avoidable and those that were determined as unavoidable.

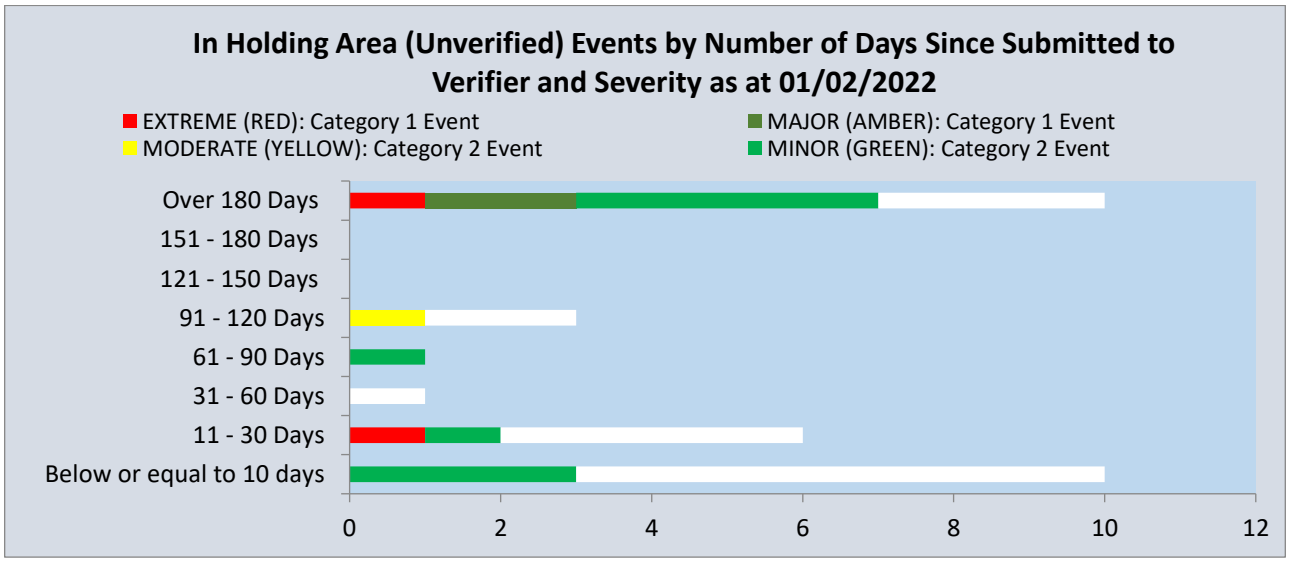


The avoidable pressure ulcer was incorrectly assessed by a newly graduated practitioner and was a moisture lesion. A review of this event highlighted good practice in terms of the assessment new patients received when transferred between hospitals incorporating person centred care and relatives involvement. Support and education has been provided to staff to enhance future skin care assessments.

c. Adverse Event Management – Systems and Processes

Overdue Unverified Events

c.1 At the time of data extraction, there were 31 unverified events that had exceeded the timescale of 72 hours for verification, down from 34 last month. The following graph shows the unverified by events by the severity and the number of days overdue. Of these events, 26 are graded either negligible or minor.



A number of these incidents are linked to the vaccination program rather than Dundee HSCP, and the clinical governance team is supporting the management of these incidents. Reminders have been sent to verifiers regarding unverified incidents.

The extreme incidents are linked to the DDARS service and both form aspects of the recorded risks (612, 233) and are being managed as outlined in the DATIX risk system. These have both now been actioned and are no longer outstanding.

Overdue verified Events

c.2 The table below shows the number of overdue events by the year they were reported. The numbers in brackets represent the number of overdue events by year as included in the last report, demonstrating the number of historical outstanding reviews continues to reduce.

A total number of 163 events are overdue based on verified events awaiting completion.

	2018	2019	2020	2021	2022
EXTREME	1 (1)	7 (5)	11 (11)	25 (23)	1
MAJOR	0	0	4 (4)	14 (14)	0
MODERATE	0	0	2 (4)	11 (5)	2
MINOR	0	0	4 (5)	15 (28)	14
NEGLIGIBLE	0	0	0	44 (37)	8
Total	1	7	21	109	25

The majority of overdue extreme and major events sit within the Mental Health Service and DDARS. As has been noted in previous reports, significant improvement has been noted in reducing the numbers of overdue adverse events. Improvement in this area has slowed. With more stable staffing being embedded across DDARS and MH services a renewed focus and priority will be given to this work.

d. Complaints and Feedback

d.1 Complaints and Feedback are managed by service managers (including hosted services) with professional leads being sighted on responses, which support identifying/sharing learning and areas for improvement.

Feedback and positive reports from patients and carers are also being promoted for reporting at Primary Governance Groups as part of performance and learning focus.

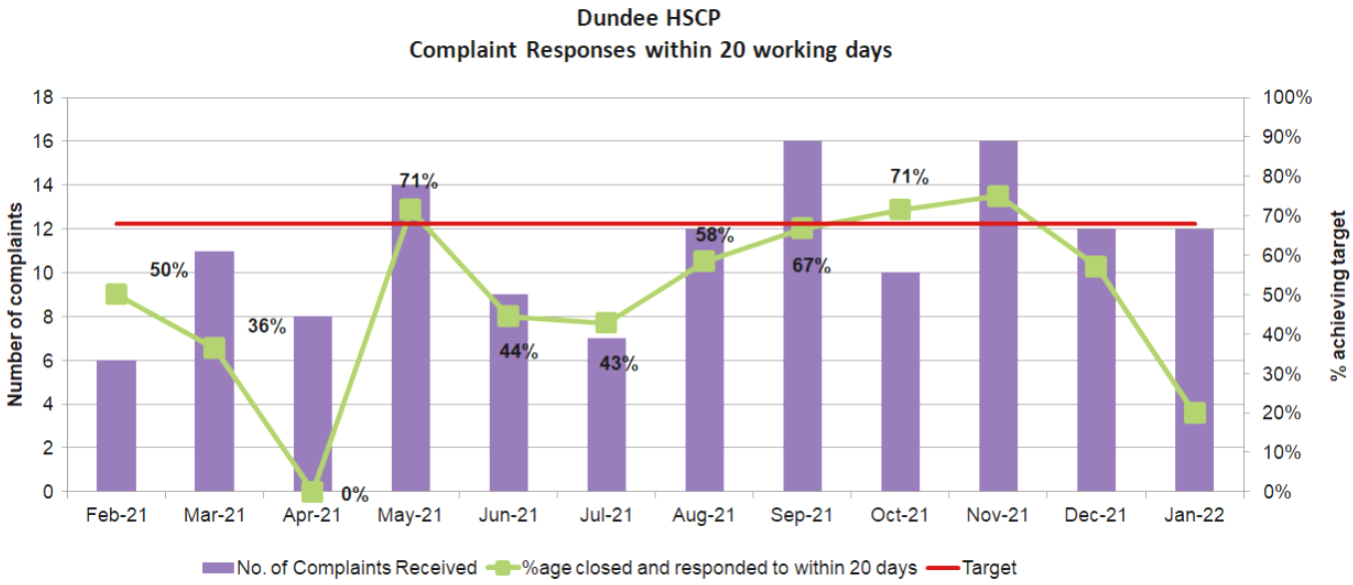
Further work, in collaboration with the Complaints and Feedback Team (CAFT), is planned (this has been delayed due to reduced staffing in the CAFT) to better understand where and why responses to some complaints take longer than the standard 20 days. The CCPG Group monitors response times, themes and supports the sharing of learning from complaints.

d.2 Number of closed complaints by month:

Dundee													
	Feb-21	**Mar-21**	**Apr-21**	**May-21**	**Jun-21**	**Jul-21**	**Aug-21**	**Sep-21**	**Oct-21**	**Nov-21**	**Dec-21**	**Jan-22**	**Performance**
No. of Complaints Received	6	11	8	14	9	7	12	16	10	16	12	12	

No. of Complaints closed	6	11	8	14	9	7	12	15	7	12	7	10	
No. of complaints responded to within 20 working days	3	4	0	10	4	3	7	10	5	9	4	2	
%age closed and responded to within 20 days	50.0	36.4	-	71.4	44.4	42.9	58.3	66.7	71.4	75.0	57.1	20.0	
Target (%)	68	68	68	68	68	68	68	68	68	68	68	68	

d.3 Performance through December and January has reduced significantly with only 20% of complaints being managed within a 20 day timeframe in January.



d.4 The following tables show complaints broken down by clinical team and days open, with 10 of the 18 stage 2 complaints waiting longer than the 20 day target.

Current Complaints as at 03/03/2022 – Stage 1

No. of Open Cases - 4			
Clinical Care Group/Department	**Days_Band**	6-10 Days	**Total**
Mental Health (Dundee)		3	**3**
General Practice - Dundee HSCP		1	**1**
Total		**4**	**4**

Current Complaints as at 03/03/2022 – Stage 2

No. of Open Cases - 18

Clinical Care Group/Department	Days_Band	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	>40 Days	>60 Days	>80 Days	Total
Allied Health Professionals (Dundee HSCP)		-	-	-	-	-	-	1	-	**1**
CBIR		-	-	1	-	1	-	-	-	**2**
Mental Health (Dundee)		1	-	2	1	3	1	2	2	**12**
General Practice - Dundee HSCP		-	1	-	-	-	-	-	-	**1**
Older People Services (Dundee)		1	-	-	-	-	-	-	-	**1**
Community Nursing (Dundee HSCP)		1	-	-	-	-	-	-	-	**1**
Total		**3**	**1**	**3**	**1**	**4**	**1**	**3**	**2**	**18**

Learning and improvement from complaints and feedback

d.5 A LAER was held following a complaint within the Psychiatry of Old Age Services, following the death of a patient. The complaint centred primarily around poor and inappropriate communication from a range of staff on and visiting the ward. It should be noted that the death itself was not a part of the complaint and the care provided did not contribute to this. Sharing of this information via the governance forum identified that this was an isolated incident and this type of communication is not widespread across the Partnership.

The key aspects identified were focussed on a lack of patient-centred care and poor communication with the patient and their family.

A number of actions have been implemented following review including:

- Training (Oral Health Education, ALERT, Verification of Death)
- SBAR Developed to support enhanced communication between medical and nursing staff
- Enhanced Junior Doctor's Induction (To support communication within ward team)
- Reflection on Conduct and Professionalism for staff involved.
- This learning has been shared across Dundee HSCP via the CCPG Forum.

e. External Reports & Inspections

There have been no inspections.

f. Adult Support & Protection

No exceptions to report.

g. Mental Health

CMHT are currently not subject to RTT reporting, however it is likely that the Mental Health Service Standards which the Government are consulting on, will introduce this. There is currently marked variation in waiting times between CMHT East & CMHT West (where it is longer). It is likely that this is consequent of a number of issues, including less availability of medical staff (2 WTE as opposed to 2.8 WTE) at a time of increased referral rates and different ways of working. A significant piece of work has now taken place to review every waiting case (senior nurses and ANPs) and different criteria applied to the decision making to offer entry into the system through a different discipline. For general cases, this has reduced the number waiting from 364 to 161. ADHD referrals are a system stressor across the whole of Tayside and consume a disproportionate amount of medical time as prescribing for adults is 'off licence.' As around 80% of referrals are for people under 25, it is hoped that we may be able to Commission alongside ASC diagnostic services.

h. Drug and Alcohol-related Deaths

Drug-Related Deaths

h.1 The service continues to work to support those at high risk. The Non-Fatal Overdose Rapid Response Service ensures priority access to assessment and treatment services. A recent contract with a third sector organisation will deliver Opioid Substitution Therapy to those who are self-isolating or unable to access their medication support through pharmacy.

Fatality Learning Events

h.2 There were 22 fatality learning events reported during this period. 14 Fatality learning events were reported in December 2021; 8 Fatality learning events were reported in January 2022 and include information from relevant service areas including, but not exclusively substance use and mental health services.

The table below shows the Subcategory by Incident Category (Fatality)

	FATALITY
EXPECTED DEATH	5
SUICIDE (CONFIRMED)	1
SUICIDE (SUSPECTED)	2
SUSPECTED DRUG-RELATED DEATH	7
UNEXPECTED/TRAUMA-RELATED DEATH	7
Total	22

Fatality Events

*h.*3 There were 2 fatality events reported within the time period.
Both events were reported as Unexpected/Trauma-related death and were in Mental Health and Learning Disability services.

Medication Assisted Treatment (MAT) Standards

h.4 DHSCP have submitted an initial assessment to the MAT Improvement Support Team (MIST) setting out the progress made to date and the areas where further work is required. The information provided identified areas where further support, both financial and national guidance, would support progression. It is acknowledged that each Alcohol and Drug Partnership area will outstrip the resources available to the MIST Team. In addition to this support, funding was received for a MAT standards project worker for Dundee and job descriptions are currently being evaluated by DCC and NHS Tayside. In regards to specific standards, work progresses around primary care shared care and there are ongoing discussions with the Scottish Government; additional funding is being sought for residential rehabilitation pathways and work is progressing to support independent advocacy.

1.3.1 Quality/ Patient Care

The principle focus of all services is a desire to achieve the six dimensions of healthcare quality. These state that healthcare must be:

- Safe
- Effective
- Patient-centred
- Timely
- Efficient
- Equitable

The work being progressed will have a positive impact on the quality of care and services for staff and the population of Tayside.

1.3.2 Workforce

Delays in Agenda for Change approvals for new & changed job descriptions are having an increasingly problematic impact on service developments including the ability to spend Government or externally funded programmes of work and redesign.

Recruitment continues to pose challenges across all areas of service.

1**2.3.3 Financial**

Not applicable.

1**.3.4 Risk Assessment/Management**

Risks are included in the report above.

1.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed. Promotion of Equity and Social Justice is one of the domains included in the GIRFE reporting assurance framework.

1.3.6 Other impacts

There are no other direct impacts for this report.

1.3.7 Communication, involvement, engagement and consultation

The Dundee HSCP has carried out its duties to involve and engage external stakeholders where appropriate.

1.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group, 24 March 2022.

1.4 Recommendation

This report is being presented for:

- **Assurance**

As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable.

ITEM No …7……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20 APRIL 2022**

REPORT ON: **LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2020/21 PERFORMANCE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB19-2022**

1.0 PURPOSE OF REPORT

1.1 To inform the Integration Joint Board of the performance of Dundee Health and Social Care Partnership against the health and social care indicators in the Local Government Benchmarking Framework (LGBF), for the financial year 2020/2021.

2.0 RECOMMENDATIONS

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

2.1 Note the performance against the health and social care indicators in the Local Government Benchmarking Framework (LGBF) for the financial year 2020/21 as detailed in this report and in Appendix 1.

2.2 Note that LGBF performance information will be published on the Dundee City Council website and reported to the Policy and Resources Committee against benchmarks applied by Dundee City Council across all LGBF indicators (section 4.9).

2.3 Confirm their preferred approach to reporting of LGBF adult social care data in the future from the options set out in section 4.10 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Improvement Service has recently released draft 2020/21 Government Benchmarking Framework (LGBF) performance data for all 32 local authorities in Scotland. LGBF is now in its tenth year and provides trend-based insights as well as comparisons with performance in other local authorities. The adult social care indicators relate to functions that are delegated to the Integration Joint Board and are delivered as integrated services by the Health and Social Care Partnership. Data from the framework forms part of the evidence to show the extent to which the integration of health and social care has improved services.

4.2 Family Groups of local authorities with similar levels of deprivation and urban density have been created to assist with benchmarking. Dundee's family group includes Glasgow City, North Lanarkshire, West Dunbartonshire, North Ayrshire, East Ayrshire, Inverclyde and the Western Isles. In 2 of the 11 indicators the Partnership performed better than the family group average in 2019/20.

4.3 7 of the 11 indicators are also core National Health and Social Care Indicators and are already reported by the Partnership within the annual performance report. 4 of these indicators are reported from the results of the biennial Health and Social Care Experience Survey. In addition to the annual

performance report, 2 of these indicators are also reported as part of the quarterly performance reports submitted to the Performance and Audit Committee and have recently been the subject of individual, in-depth analytical reports. For these indicators reporting via the quarterly and annual reports provides data more quickly than through LGBF (where there are very significant time-lags associated with the annual LGBF report).

4.4 The draft LGBF 2020/21 data for 2 of the annual indicators which are also core National Health and Social Care Indicators are not extracted from the core national indicator data published by Public Health Scotland and therefore the LGBF 2020/21 data differs from the data that is utilised for annual and quarterly performance reports. This is potentially confusing for both members of the public, the integrated workforce and other stakeholders but is out-with the control of local partners.

4.5 In September 2020 the PAC approved targets for performance based on family group rank and the actual performance required to achieve this rank (Article X of the minute of the meeting of the Dundee PAC held on 22 September 2020 refers). Historically, Dundee City Council has set targets across all other sections of the LGBF framework for non-delegated functions, however it is the IJB who should set targets in relation to delegated functions. Appendix 1 details the performance of the Dundee Health and Social Care Partnership against the indicators in the 'adult social care' category of the LGBF during 2020/21. Within each category Dundee performance is compared to the performance of family group partnerships and the targets set by the PAC in 2020.

4.6 In previous reporting years setting of targets, both by Dundee City Council and the IJB has been based on group rank. Achieving the target rank relies not only on the Partnerships own performance during the year but also on unpredictable variation in performance of other Partnerships within the group. In 2020/21, based on the target rank, three indicators met or exceeded the target rank position; homecare cost per hour, personal care at home and rate of readmissions. Four did not meet the target rank; SDS spend as a % of budget, residential costs, care service gradings and bed days lost. Of the four indicators that did not meet the target one was within one ranking of the target (residential care costs). Targets were set for the 4 indicators reported from the biennial Health and Care Experience Survey but as this is a biennial survey it is not due to be repeated until 2021/22.

4.7 Benchmarking and longitudinal analysis are both analytical methods which inform continuous improvement. Longitudinal analysis revealed that over the ten-year period to March 2021 performance has been maintained or improved for 2 out of 7 of the adult social care indicators (delayed discharge and personal care at home). 4 of the indicators are taken from the results of the Health and Care Experience Survey; results for these indicators cannot be compared longitudinally as the methodology for filtering respondents was changed by the Scottish Government between the 2017/18 and 2019/20 surveys. The Scottish Government has advised that comparing the results of the 2017/18 and 2019/20 surveys is not accurate and should not be done.

4.8 Prior to the COVID-19 pandemic the Improvement Service acknowledged that the adult social care indicators required to be reviewed and work had begun at a national level with relevant stakeholders to progress this work. The adult social care suite of indicators is no longer considered to be a robust suite of indicators for benchmarking purposes. Different socio-demographics, service structures and hospital pathways across Partnerships mean that benchmarking of performance can result in an overly simplistic comparison of performance. It has also been recognised that a focus on cost-based indicators rather than outcome and quality indicators is unhelpful. Unfortunately, the planned national review did not progress following the onset of the COVID-19 pandemic. The Improvement Service has indicated that the planned review of the LGBF adult social care dataset will not recommence until there is further clarity regarding future plans for the National Care Service.

4.9 Publication of the LGBF forms part of each council's statutory public performance reporting, however there is not a requirement on councils to report on every indicator; advice from the Improvement Service is that indicators should be used where appropriate, and contribute to local intelligence to inform improvements. The Council includes the adult social care data in their overall LGBF performance report which is submitted to their Policy and Resources Committee. The Council has decided to use a target across all indictors to be within 1% of the family group median. Where an indicator does not meet this target, it will be reported as an 'area for improvement'. This methodology is applied to adult social care indicators as part of the overall LGBF framework; performance against targets set by the IJB is not included in the report, although officers from the Partnership are given the opportunity to comment on and contribute to the draft report. Following discussion with the Council regarding reporting of LGBF data they have confirmed their intention to continue to report the adult social care indicators set against the Council wide target.

4.10 At this time there is a need to agree a future approach to reporting of LGBF data to the IJB, taking into account the limited value of the current dataset, overlap with quarterly and annual performance reports and provision of information to the Council. Officers have identified three viable options:

1. The IJB's Performance and Audit Committee continues to receive this full analysis of the adult social care suite on an annual basis. This could include assessment against an agreed target as follows:
   i) bespoke targets set by the Performance and Audit Committee; or,
   ii) adoption of the wider whole LGBF framework target set by the Council.

2. LGBF adult social care data is more fully integrated into annual and quarterly performance reports only, within individual indicators identified as being part of the LGBF dataset. No separate annual report is provided detailing LGBF performance for adult social care.

3. No specific reporting of the LGBF adult social care indicators is undertaken until such times as the Improvement Services has completed the review of the indicators within the adult social care dataset. The annual LGBF report prepared by the Council is provided to the IJB following its submission to the Council's Policy and Resources Committee.

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	The risk of not meeting targets against LGBF indicators could affect outcomes for individuals and their carers and not make the best use of resources.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	- Consider approach to utilising LGBF adult social care indicators as part of a wider framework of performance indicators for health and social care.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval Recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 The Heads of Service, Health and Community Care, Chief Finance Officer, Chief Social Work Officer, Dundee City Council Corporate Performance Service and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 18 February 2022

Lynsey Webster
Senior Officer, Strategy and Performance

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APPENDIX 1

ADULT SOCIAL CARE

Snap Shot Profile

The Health and Social Care Partnership provides a broad range of services for a wide variety of needs and people in different situations, in some cases commissioned from the third and independent sector. Services can include helping people to live independently in their own home, hospital to home transition and other community support.

Most people wish to stay at home wherever practicable. Sometimes, however, they may need residential care for short periods or for a longer-term. The Partnership can also arrange nursing care, if necessary.

For 2020/21 the adult health and social care category consisted of 11 indicators, covering unit cost and performance data. A summary of our 2020/21 data alongside family group and Scottish average has been provided below.

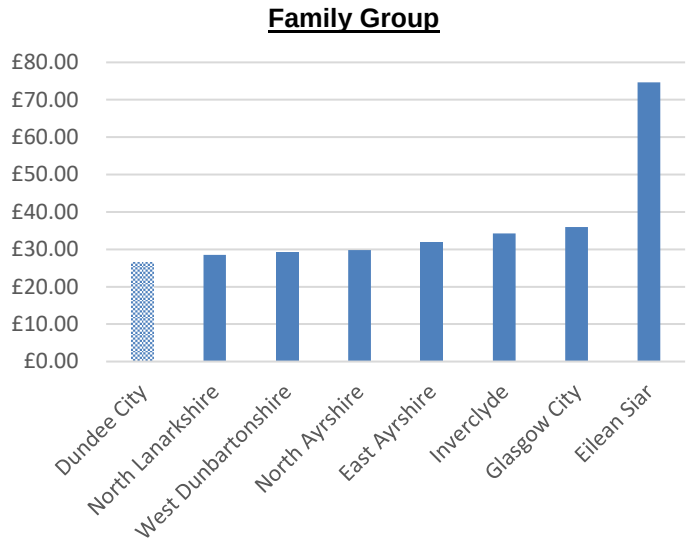
Table 1: Summary of Social Care Performance 2020/21

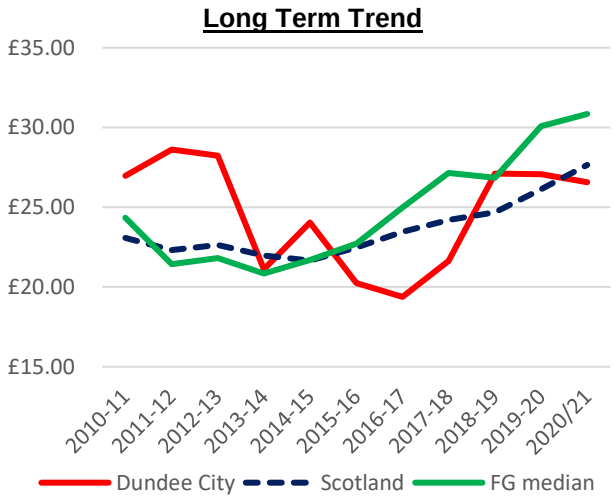
Indicator	2017/ 18 Data	2018/ 19 Data	2019/ 20 Data	2020/2 1 Data	2020/21 Target	2020/21 Target Group	Group Rank (out of 8)	Scottish Rank (out of 32)	Group Ave	Scottish Ave
Homecare cost per hour aged 65 and over	£21.24	£27.12	£27.06	£26.56	£27.06	**3**	**1**	14 (up from 21 in 1920)	£36.38	£27.65
SDS (Direct Payments) spend on adults 18+ as a % of total social work spend	1.09%	2.43%	4.96%	2.53%	5.05%	**3**	**7**	30 (down from 18 in 1920)	8.2%	8.17%
% of people aged 65 or over with long term care needs receiving personal care at home	59.32%	56.18%	57.07%	60.51%	62%	**7**	**7**	20 (up from 24 in 1920)	65.21%	61.71%
Residential costs per week per resident for people aged 65 or over	£479	£475	£476	£581	£476	**5**	**6**	25 (down from 23 in 1920)	£439	£401
Rate of readmission to hospital within 28 days per 1,000 discharges **(Core Indicator)**	126.7	128.70	127.23	151.61	127.23	**8**	**8**	30 (up from 32 in 1920)	120.03	104.69
Proportion of care services graded 'good' (4) or better in Care	82.3	85.29	76.87	80.0%	79.37%	**4**	**7**	28 (down from 25 in 1920)	84.24	82.50

Inspectorate inspections **(Core Indicator)**										
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+) **(Core Indicator)**	349.2	372.18	443.27	326.80	240.15	**2**	**3**	12 (down from 9 in 1920)	519.54	773.78
*% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	84.9	N/A	76.58	**N/A**	**81.54 (21/22)**	4	7		81.07	80.03
*Percentage of adults supported at home who agree that they are supported to live as independentl y as possible	83.8	N/A	78.83	**N/A**	**82.00 (21/22**	4	7		82.40	80.78
*Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	77.9	N/A	73.04	**N/A**	**75.54 (21/22)**	4	6		76.0	75.43
*Percentage of carers who feel supported to continue in their caring role	38.3	N/A	34.57	**N/A**	**35.84 (21/22**	4	6		35.57	34.23

*Data available biennially from the Health and Care Experience Survey

Older Persons (over 65) Home Care Costs Per Hour





From 2016/17 to 2018/2019 there was an increase in the older people home care cost per hour, however the cost has seen a small reduction since 2019/20. In 2020/21 Dundee ranked best within the family group and 14th best out of the 32 Partnerships in Scotland, which is an improvement in 7 rankings from 2019/20

The cost in Dundee was £10 per hour less than the Family Group average when including Eilean Siar, which is significantly high, and £4 per hour less that the Family Group average when excluding Eilean Siar.

The cost in Dundee was £4 less than the Family Group median.

The number of home care hours provided increased from 773,240 in 2018/19 to 910,520 in 2020/21 (18% increase).

Dundee met the target of £27.06

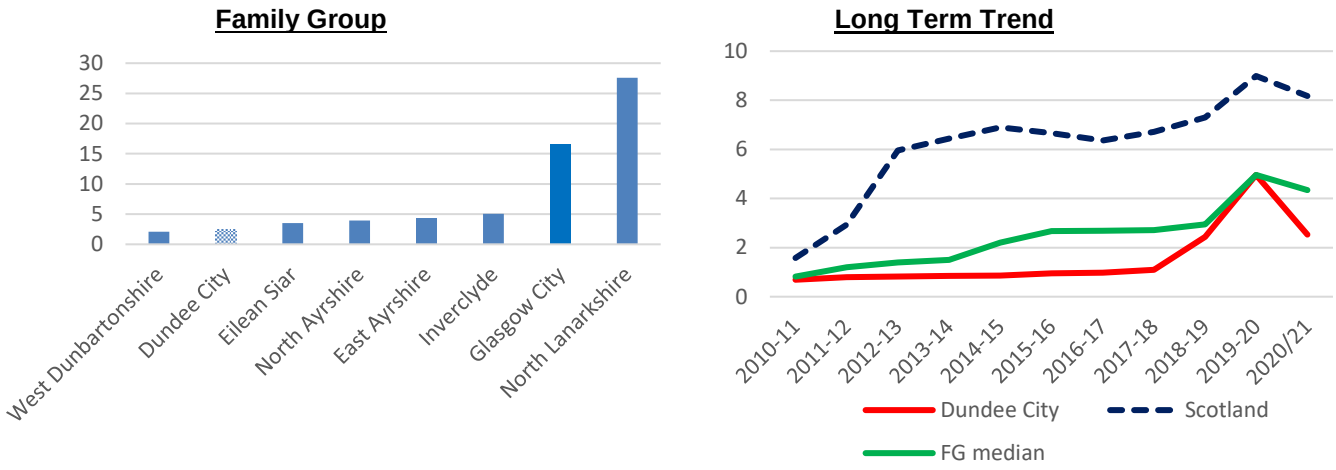
Dundee met the Council's target of within 1% of the family group median.

On 24 January 2018 the IJB agreed the recommendation of the Review of Homecare Services to ensure work patterns reflect the needs of service users and create efficiencies in the service. Recommendations were implemented during 2020.

A mixed contract solution was implemented, with staff retained on 30-hour, double shift contracts (7am start) or 25-hour double shift contract (7.30 am start) or 23 hour, single shifts (7am start). This improved service model has increased the level of staff/service user contact time by up to 1,118 hours per week including travel time. The 30-hour contracts includes the banking of up to 5 hours per week that are aggregated and used periodically throughout the year to offset absences.

The demand for homecare remains high in Dundee and we continue to work with in-house teams and contracted services to provide a best value service, whilst focusing on personal outcomes and rehabilitation of the people who use our services.

Self-Directed Support Spend On Adults 18+ as a % of Total Social Work Spend



Self-Directed Support allows people to choose how their support needs will be met. This indicator calculates the cost of Direct Payment (Option One) spend on adults as a proportion of the total 'social care' spend on adults (aged 18+).

This indicator was developed because it allows the Partnership to monitor Direct Payments as a proportion of total adult social care expenditure, both over time and in comparison with other Partnerships. Dundee has historically had a low uptake of Direct Payments. Under the Social Care (Self-Directed Support) (Scotland) Act 2013, Direct Payments is one of four options that since 1 April 2014 local authorities have had a duty to offer eligible people who are assessed as requiring social care.

Dundee ranks 7th (2nd poorest) out of the eight family group partnerships and there has been a substantial deterioration (decrease)in performance since 2019-20. Within this family group, Glasgow performed particularly well due to their role in piloting this approach. When assessing the average (mean) spend, 2 other family group partnerships have a similar % spend on SDS Option One to Dundee (within 1% difference). Dundee rank within the 32 partnerships has deteriorated. In 2019-20 Dundee ranked 18th best in Scotland and in 2020-21 Dundee ranked 30th (3rd poorest), which is a deterioration of 15 ranks.

Dundee did not meet the target of 5.05%.

Dundee did not meet the Council's target of within 1% of the family group median.

We have a dedicated Self-Directed Support Officer and administrative and financial staff who provide support, advice and information to service users to support them to make the right choice for themselves and ensure meaningful personal outcomes.

The team is continuously exploring new, service user friendly approaches to make SDS Option 1 accessible and work with personal assistant (PA) support groups on how we can improve the PA market within Dundee.

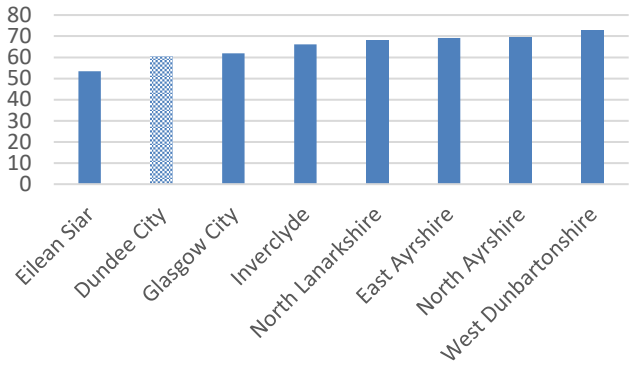
There has been a clear impact in the last couple of years on uptake of SDS Option 1 due to the COVID-19 pandemic. We have followed Scottish Government guidance in relation to a relaxed, flexible and focused approach to SDS assessments and subsequent delivery has been adapted to help manage the difficulties and restriction caused by the pandemic.

Areas of improvement have been identified and the learnings from these will be included moving forwarding into Dundee HSCP's SDS Improvement Action Plan which incorporates both local and national dynamic and local commissioning market pressures as well as good practice and learning via the Scottish Government's Implementation plan. Some recent key developments include:

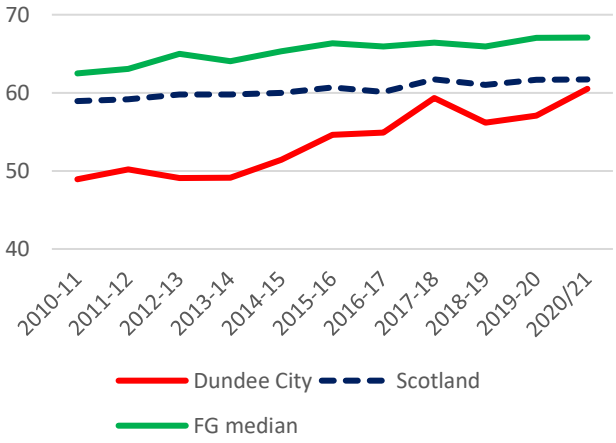
- The use of technology has increased and for some this has been a more flexible and creative way of using allocated resources.
- We have contacted the Scottish Personal Assistants Engagement Network (SPAEN) to look at how we can support recruitment, retention and local support groups for PA's.
- We are aware that completing monitoring forms by SDS Option 1 awarded individuals can be a time-consuming task and therefore we are now exploring the possibility of direct payment cards giving better flexibility to people and reduced hours of paperwork. This will also be a more effective way of information management by our SDS finance team.
- How we communicate has been a key priority and we aim to have all SDS related information, forms and documents available on line and links to these will be embedded on partner websites.
- Various methods have been deployed to get key crucial messages out to our Dundee citizens. An example is a no-reply email which was set up so we can share more information with personal assistants and those awarded an Option 1. This has proved effective in communication around the vaccination programme for personal assistants.
- In line with Scottish Government guidance, we have continued to support flexible options and approaches to Option 1 & 2 services. We continue to support our care sector in flexible delivery of Option 2, increasing choice for those wishing to choose an SDS Option 2 for the delivery of their care.
- Working closely with the Carers Centre we have reviewed our current delivery model. Our aim is to improve access to SDS Options for carers who have been assessed under The Carers (Scotland) Act, 2016 as requiring support to deliver their assessed support.
- There has been closer working between Adult and Children Services in terms of transition of young people in Dundee to ensure a smoother transition and ensure SDS options are part of the transition planning process.

% of people aged 65 or over with long term care needs receiving personal care at home

Family Group



Long term trend



Dundee provides the 2nd lowest % of personal care within the family group and the % is also lower than both the Scottish average and the family group median, although the graph above illustrates that the gap is narrowing.

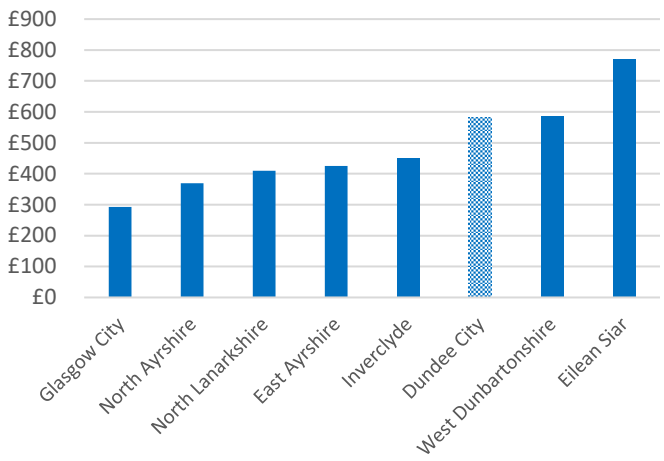
Dundee did not meet the target of 62%.

Dundee did not meet the Council's target of within 1% of the family group median.

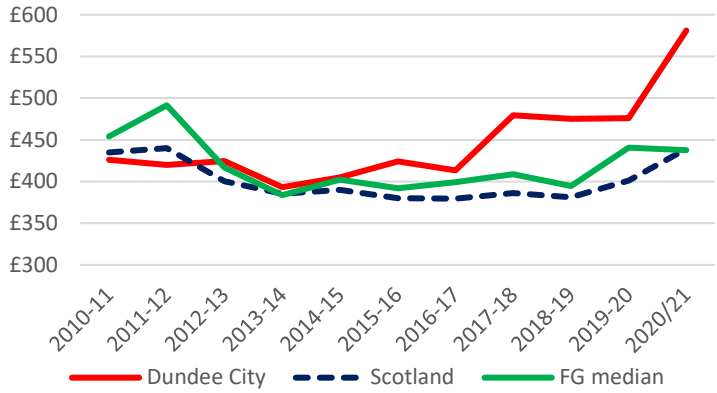
This indicator sits within a service which provides personal care as part of a whole system, multi-disciplinary service model of home and community-based care which is also preventative, rehabilitative and flexible by providing step up and step-down care and support. Examples of services which wrap around the personal care service include the Independent living review team, falls service, nurse led clinics in bone health, continence, nutrition, the development of a frailty screening model in the community and the development of community-based models for people with a range of long-term conditions. When an eligible person requires personal care, it is paramount that they receive this when they require this and services are there to provide both step up and step-down care, for example Hospital at Home and ambulatory care. It is also paramount that if the person becomes rehabilitated that the level of service is reduced to promote and sustain independence. We will continue to monitor and review service provision based on need and rehabilitation, with the awareness that providing rehabilitative services can have a negative impact on the performance towards this indicator despite having a positive impact on personal outcomes.

Residential costs per week per resident for people aged 65 or over

Family Group



Long term trend



The average weekly cost for a care home place in Dundee, for people aged 65+ was £581 in 2020/21 which is over £100 more than in 2019/20.

Dundee ranks 6th (3rd poorest)) within the family group and the range within the group is from £293 to £771 per week.

Dundee did not meet the target of £476.

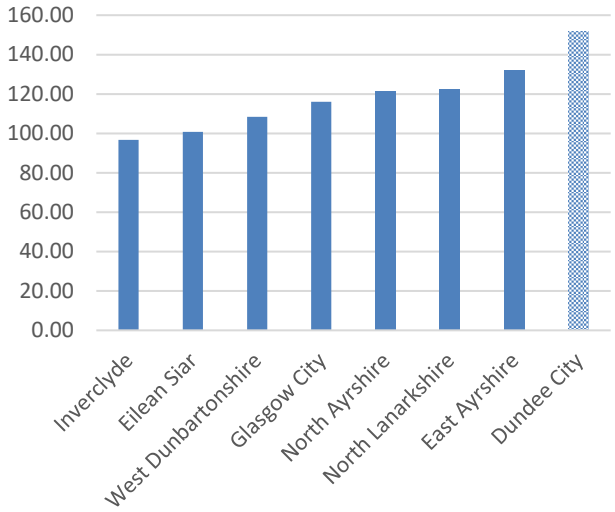
Dundee did not meet the Council's target of within 1% of the family group median.

There are a range of factors which impact on this particular indicator and need to be taken into consideration in assessing relative performance across the country. The cost of residential care for each local authority area includes a combination of Health and Social Care Partnership operated care homes and private and voluntary sector run care homes. The relative spend in each area is influenced by the balance of usage the Partnership has of each type of home. The fees paid to private and voluntary sector run care homes are set nationally through the National Care Home Contract and are therefore standardised across the country. Generally, the cost of running in-house care homes is more expensive than private and voluntary sector provision. Dundee's in-house care homes are smaller in size, providing a more homely setting for residents however do not benefit from economies of scale and therefore cost more. Dundee still has a higher proportion of in-house care homes places compared to Glasgow and Ayrshire Partnerships. Furthermore, the benchmark costs are net of residents financial contributions to the cost of their care. Dundee generally has fewer self-funders than other areas therefore receives less charging income, increasing the net expenditure position of the sector locally.

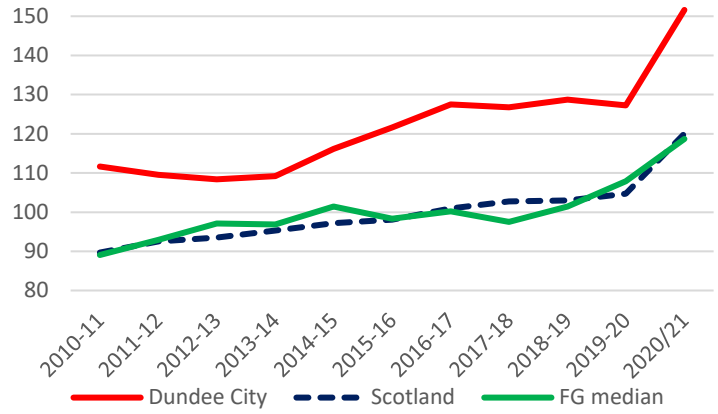
The cost of providing Partnership operated care homes continues to be reviewed to ensure best value is achieved. This includes reviewing staffing structures and managing absence levels to reduce the level of additional hours, or in some instances, the use of agency workers to ensure shifts are covered to the required levels. A new flexi team is in development to maximise consistency for residents, reduce high agency costs and reduce stress related absences.

Rate of readmission to hospital within 28 days per 1,000 discharges

Family Group



Long term trend



Dundee is the poorest performing partnership in the family group. In 2019/20, Dundee was the poorest performing partnership in Scotland in 2020/21 was the 3rd poorest. This is not because Dundee's performance has improved, rather the rate of deterioration in 2 other parterships was greater than in Dundee. Dundee has always had a high rate of re-admission to hospital within 28 days.

The rate for Dundee and also the family group median and Scotland average increased between 2019/20 and 2020/21.

Dundee did not meet the target of 127.23.

Dundee did not meet the Council's target of within 1% of the family group median.

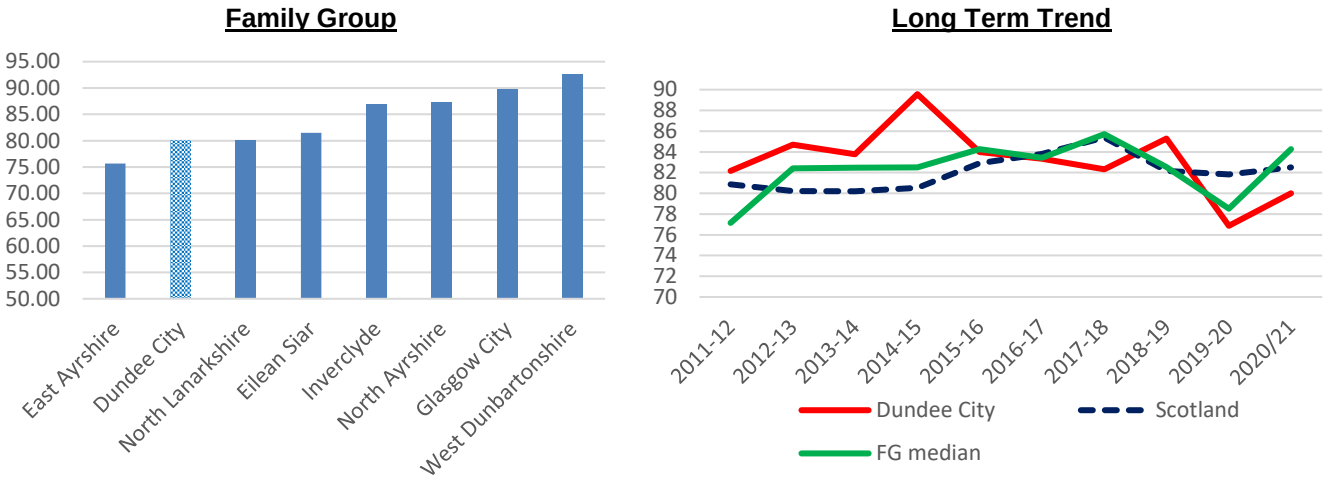
The reason for this high rate is because the total number of discharges (the denominator) decreased from 21,403 in 2019/20 to 17,050 in 2020/21 due to emergency arrangements regarding the COVID-19 pandemic. The actual number of readmissions decreased by 138, from 2,723 in 2019/20 to 2,585 in 2020/21. If the number of discharges in Dundee (denominator) remained at 2019/20 levels, the rate would have been 120.8 which would place Dundee as 5th out of the 8 family group Partnerships.

This indicator is also contained in the Core National Integration Indicators and forms part of the Partnership's local performance framework. It is reported in the Annual Performance Report and performance against this indicator is monitored in the quarterly Performance and Audit Committee (PAC) performance reports under the Core National Indicators and Ministerial Strategic Group Measuring Performance Under Integration suites. Performance is measured at Local Community Planning Partnership level and analysed longitudinally, focusing on direction of travel from the previous quarter and the 15/16 baseline year.

In May 2018 the PAC received an in-depth analytical report for unscheduled care, including readmissions (Article VIII of the minute of the Dundee PAC on 29 May 2018 refers) and received a follow up report in March 2020 (Article III of the minute of the Dundee PAC on 3 March 2020 refers).

Data shows that NHS Tayside records higher levels of follow-up contact with patients following a hospital admission as outpatient appointments, rather than day cases, compared to other NHS Boards across Scotland. The methodology for the national indicator for readmissions includes day cases within its denominator and therefore a low day case rate increases the resultant readmission rate. When recording practices for day case rates are taken into account Dundee's performance against the national readmissions indicator is similar to the Scottish rate. A further in-depth analysis on readmission data will be prepared for the PAC in June 2022. Within the Health and Social Care Partnership our intention is to look closer at the variation across localities to determine if there are further local initiatives which would support individuals and reduce variation. This will include an age standardised analysis across LCPPs.

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections



Dundee is the second poorest performing partnership within the family group and performed around the same as the family group average and around 2% less than the Scottish average. Dundee's performance improved slightly from 2019/20, however was substantially lower than the years prior to 2019/20.

Dundee did not meet the target of 79.37%, however performed within 1% of this.

Dundee did not meet the Council's target of within 1% of the family group median.

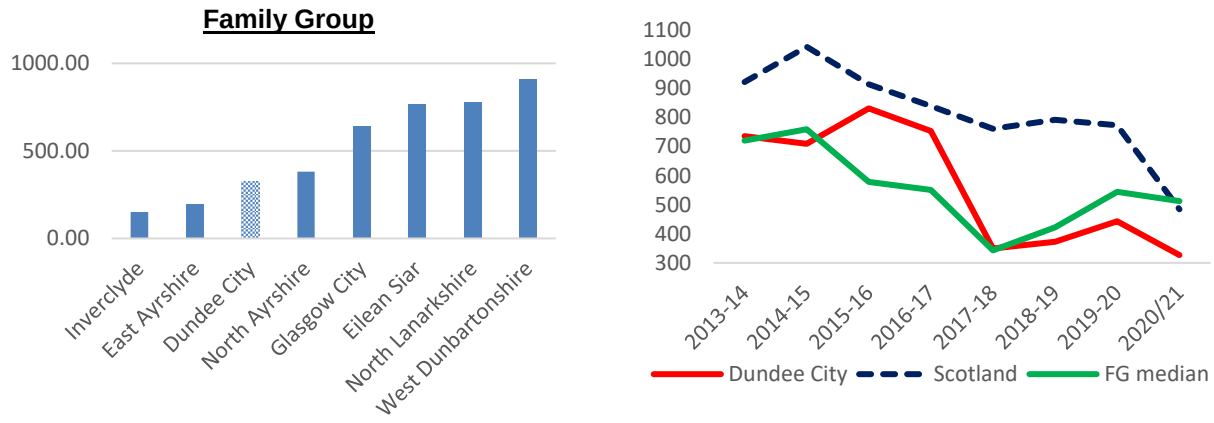
The Performance and Audit Committee agreed in November 2021 that a further in-depth analysis of national indicator 17 should be undertaken to identify reasons for the deterioration in performance since 2015/16 (Article VII of the minute of the Performance and Audit Committee held on 24 November 2021 refers). Officers across the Strategy and Performance Team, Social Care Contracts Team and operational teams have collaborated to complete this further analysis (Article V of the minute of the Performance and Audit Committee held on 2 February 2022 refers). The main points from this analysis were

- There were no clear trends or patterns when analysing the deterioration in performance.
- Care homes showed the greatest pattern of deterioration to 2021, primarily between 2019 and 2020, with People's Wellbeing and Care and Support Planning being most likely to be graded as less than 'good'.
- Seven care homes received gradings less than 'good; in at least one theme in two of the three years analysed. None received grades of less than 'good' in all three years.
- Two adult care services received gradings less than 'good; in at least one theme in two of the three years analysed. One received grades of less than 'good' in all three years.

The quality of both internally delivered and externally commissioned registered social work and social care services is monitored on an ongoing basis through the Social Care Contracts Team, operational managers and Clinical, Care and Professional Governance structures. As well as considering inspection gradings, quality assurance activities also encompass a wider range of indicators of service quality and safety.

The outcome of Care Inspectorate inspections is tracked, reported and scrutinised on an ongoing basis. As well as providing an annual overview report to the Performance and Audit Committee and being included as a core indicator reported in the Partnership's Annual Performance Report, data is considered by the Social Care Contracts Team, operational managers and Clinical, Care and Professional Governance Forums. In relation to externally commissioned providers the Social Care Contracts Team works alongside the operational lead for the contract to consider any immediate significant risks and mitigating actions, to provide improvement support and to revise contract monitoring arrangements to take account of issues identified. Contract monitoring ensures good governance, including financial governance, but also offers a supportive forum in which providers can raise concerns and request support where they have identified challenges or areas for improvement. The information gathered through the contract monitoring process means that the Partnership has good, ongoing Insight into the quality of services and that inspection gradings that fall below 'good' (4) have normally been anticipated by both the provider and Partnership officers in advance of inspection activity taking place. This also means that improvement actions may already have been agreed and be in the process of being implemented when an inspection takes place.

Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)



Dundee was the 3rd best performing partnership in the family group. The past eight years data shows an overall downward trend for delayed discharge, which is an improvement. As the above chart shows, Dundee has always performed better than Scotland (blue dotted line).

The number of days people spend in hospital when they are ready to be discharged has reduced by 56% since 2013/14, which is an improvement.

Although, across Scotland, Dundee deteriorated by 3 rankings from being 9th best to 12th best.

Dundee did not meet the target of 240.15 (2nd in family group), although performance improved from 2019/20.

Dundee met the Council's target of within 1% of the family group median.

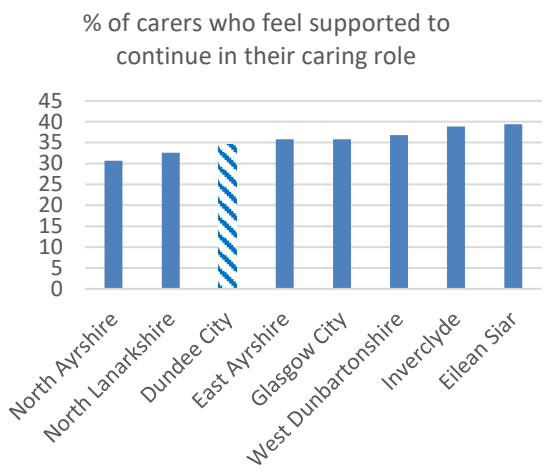
The Performance and Audit Committee receives 6 monthly analytical reports to monitor standard and code 9 delays. Also, on a weekly basis, an update is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

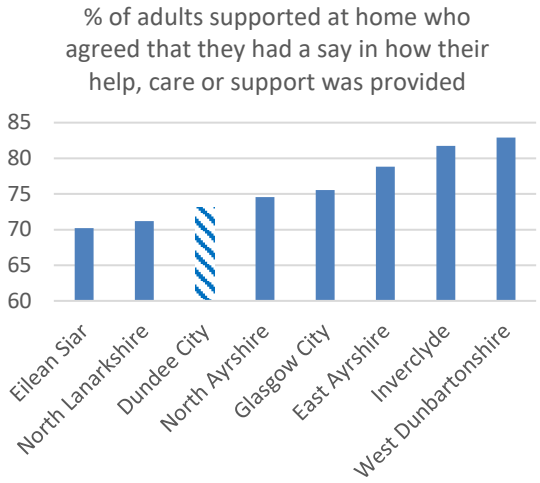
Improvement measures are underway to increase capacity within urgent care with a specific focus on Hospital at Home, Enhanced Community Support and the developing Home First service which will support earlier discharge and assessment within community settings.

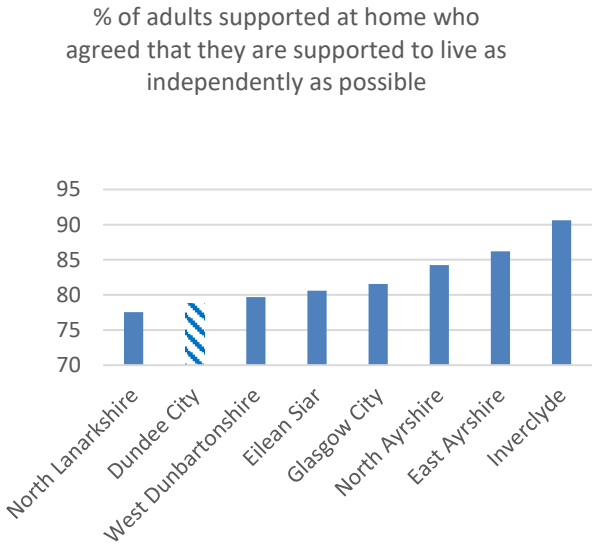
These improvements will be closely modelled around the GP clusters and will be supported by the developing advanced practice model in nursing, allied health services and Scottish Ambulance Service, thereby ensuring general practices are supported appropriately to provide more community-based assessment, diagnosis, care and treatment.

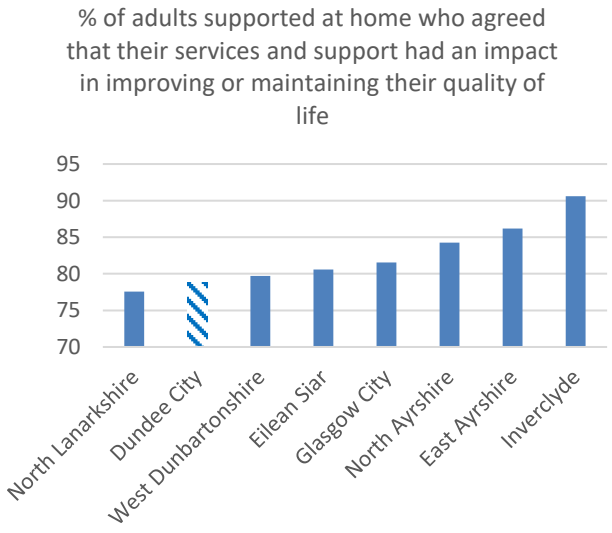
Health and Care Experience Survey

The following indicators are reported from the biennial Health and Care Experience Survey disseminated and reported by the Scottish Government.









Results for these indicators cannot be compared longitudinally as the methodology for filtering respondents was changed by the Scottish Government between the 2017/18 and 2019/20 surveys. The Scottish Government has advised that comparing the results of the 2017/18 and 2019/20 surveys is not accurate and should not be done.

Dundee performed in the bottom half of the family group for all four indicators and the target set for the next reporting period in 2022/23 is for Dundee to perform in the top half of the family group. Based on the 2019/20 data the difference between Dundee's position and the 4th best performing partnership is minimal (between 1 and 2%).

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ITEM No …8……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20 APRIL 2022**

REPORT ON: **STRATEGIC AND COMMISSIONING PLAN 2022/23 EXTENSION**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB20-2022**

1.0 PURPOSE OF REPORT

1.1 To submit to the Integration Joint Board for approval an addendum to the Strategic and Commissioning Plan 2019-2022 extending the plan to 31 March 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the work undertaken by the Strategic Planning Advisory Group develop the addendum to the Strategic and Commissioning Plan 2019-2022 (section 4.2).

2.2 Approve the addendum to the plan with the effect of extending the plan to 31 March 2023 (section 4.3 and appendix 1).

2.3 Note that the Strategic Planning Advisory Group will continue to oversee the implementation of the strategic and commissioning plan throughout 2022/23, reflecting progress in quarterly and annual performance reports submitted to the Performance and Audit Committee and Integration Joint Board (section 4.3).

2.4 Instruct the Chief Officer to submit an update regarding plans for the development of a full replacement strategic and commissioning plan for 2023/23 onwards to the IJB no later than 30 August 2022 (section 4.4).

2.5 Instruct the Chief Officer to issue directions to NHS Tayside and Dundee City Council as set out in section 8.

3.0 FINANCIAL IMPLICATIONS

3.1 The strategic and commissioning plan addendum outlines financial implications within the 2022/23 budget and 5-year financial framework which delivery of priorities and actions will be set against.

4.0 MAIN TEXT

4.1 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). At that time the Chief Officer was instructed to support the Strategic Planning Advisory Group to make the necessary amendments to the strategic and commissioning plan and to submit this to the IJB for approval.

4.2 As reported to the IJB in February 2022, having carried out the statutory review of the current strategic and commissioning plan the Strategic Planning Advisory Group found that the vision

and strategic priorities, as well as the overall format of the plan, remained fit for purpose. However, work was required to update action lists associated with each priority taking into account feedback gathered from stakeholders, including member of the public, and other evidence gathered during the desktop review of the existing plan. The Strategic Planning Advisory Group met in March 2022 and considered a range of approaches to making the necessary amendments. The group concluded that this is best achieved by agreeing and publishing an addendum to the original plan, setting out the rational for the extension and communicating the priority actions to be delivered during the extension year. The addendum has been developed to be read alongside the Strategic and Commissioning Plan 2019-2022 and the Equality Outcomes and Mainstreaming Framework 2019-2022. It is supported by care group strategic planning / commissioning statements and transformation plans previously agreed by the IJB for areas such as mental health and wellbeing, carers, drugs and alcohol and primary care. The addendum also reflects priorities arising from COVID-19 remobilisation activity.

4.3 The draft addendum to the strategic and commissioning plan, which it is recommended the IJB approve, is contained in appendix 1. The Strategic Planning Advisory Group will continue to oversee the implementation of the strategic and commissioning plan throughout 2022/23, reflecting progress in quarterly and annual performance reports submitted to the Performance and Audit Committee and Integration Joint Board. The implementation of the addendum will be supported by the IJB budget for 2022/23. Successful delivery of the actions contained within the addendum will also be dependent on the ongoing corporate support provided to the Health and Social Care Partnership by the corporate bodies, this includes workforce, property, IT / digital and communications functions that are critical to providing an enabling hybrid working and service delivery environment.

4.4 Should the IJB approve the plan addendum it will be published as an electronic document on the Dundee Health and Social Care Partnership website. A summary version has been developed to further enhance accessibility and will be published alongside the fill version, this is contained within appendix 2. Work will also be progressed between the Strategic Planning Advisory Group and the Communication Team in Dundee City Council to highlight the publication of the plan through media channels, including social media. The addendum will also be shared with key stakeholders, including Health and Social Care Scotland (who maintain a national repository of current plans) and the Scottish Government.

4.5 The Strategic Planning Advisory Group, supported by officers from the Strategy and Performance Team, will now begin to make detailed plans for the development of a full replacement strategic and commissioning plan for the period from 2023/24 onwards. Workplans will take into account parallel work by the Dundee Partnership to replace Dundee's City Plan during 2022/23 and also strategic planning activities within each of the corporate bodies. They will also take into consideration the current suite of companion documents to the strategic and commissioning plan and the need to replace the IJB's Equality Outcomes and Mainstreaming Framework by 31 March 2023. An update report will be provided to the IJB on this activity, workplans and timescales no later than 30 August 2022.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. An Integrated Impact Assessment is attached.

6.0 RISK ASSESSMENT

Risk 1 Description	Strategic planning and commissioning plan does not fully reflect the health and social care needs and preferences of the population and is therefore less effective in terms of impact on health and social care outcomes.
Risk Category	Operational, Governance, Political
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is an Extreme Risk Level)

Mitigating Actions (including timescales and resources)	- Review of strategic and commissioning plan has been informed by full update of strategic needs assessment. - Consultation activity with health and social care stakeholders has been undertaken. - Some public engagement has been undertaken (within relevant public health restrictions) although t is acknowledged this has had limitations. - Commitment to undertake activity to develop full replacement plan during 2022/23 including more expansive and accessible public engagement.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Approval recommendation	Given the low level of planned risk, this risk is deemed to be manageable.

Risk 2 Description	The strategic and commissioning plan addendum is not fully implemented and/or does not achieve the desired outcomes.
Risk Category	Operational, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High risk level)
Mitigating Actions (including timescales and resources)	• The Plan is supported by a range of more detail Strategic Commissioning Statements developed by individual Strategic Planning Groups who lead implementation work in their own areas of expertise. • The Strategic Planning Advisory Group will continue to monitor implementation of the plan and reflect progress in quarterly and annual performance reports. • The plan addendum is supported by a balanced budget for 2022/23.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level)
Assessment of Risk Level	Given the risk mitigation actions in place the risk is assessed to be manageable and acceptable.

7.0 CONSULTATIONS

7.1 Members of the Strategic Planning Advisory Group, the Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk have been 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.

Directions 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	X

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 18 March 2022

Kathryn Sharp
Service Manager, Strategy and Performance

Joyce Barclay
Senior Officer, Strategy and Performance

Ailsa McAllister
Senior Officer, Strategy and Performance

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB20-2022
2	Date Direction issued by Integration Joint Board	20 April 2022
3	Date from which direction takes effect	20 April 2022
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes, DIJB12-2019.
6	Functions covered by direction	All delegated services
7	Full text of direction	Dundee IJB directs Dundee City Council and the NHS Tayside Board to develop and align their services to support the vision, priorities and actions identified within the plan addendum.
8	Budget allocated by Integration Joint Board to carry out direction	2022/23 Delegated budget £279.6m
9	Performance monitoring arrangements	The performance of the Strategic and Commissioning Plan will be measured by national targets and indicators, including Ministerial Strategic Group measures through the regular submission of information to the IJB's Performance and Audit Committees and respective Committees of Dundee City Council and NHS Tayside.
10	Date direction will be reviewed	31 March 2023

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Appendix 1

Draft Strategic and Commissioning Plan Extension 2022/23

Dundee Health and Social Care Partnership

Extension of Strategic and Commissioning Plan 2019-2022 (2022-2023)

Contents

1. Introduction

The Dundee City Integration Joint Board (the IJB) is the body responsible for the planning, commissioning and oversight of the services of the Dundee Health and Social Care Partnership. The IJB published the Partnership's current strategic and commissioning plan, 2019-2022, in April 2019. The strategic and commissioning plan is the document that sets out the collective vision and priorities for integrated adult health and social care in Dundee. It directs how Dundee Health and Social Care Partnership (the Partnership) uses it resources to improve health and social care outcomes; this include the services it delivers itself and those that are commissioned from the third and independent sectors. The Partnership is responsible for delivering person-centred adult health and social care services to the people of Dundee. The workforce of the partnership includes employees of Dundee City Council, NHS Tayside and providers of health and social care services from across the third and independent sectors.

The IJB must review their plan at least once every three years to determine whether or not it remains fit for purpose and decide whether to extend, revise or replace the plan. During 2021/22 the IJB has worked with members of the public including supported people and carers , the health and social care workforce, providers of services and partner organisation to review the Strategic and Commissioning Plan 2019-2022.

The review process included:

- Updating the IJB's strategic needs assessment and considering trends and information within this.[1]
- Assessing the impact of the COVID-19 pandemic on the delivery of actions contained within the 2019-2022 plan and progress made in implementing actions within the partnerships COVID recovery plan.
- Considering changes in national policy and strategy, including the proposed establishment of a National Care Service.
- Considering the priorities and actions contained within care group specific strategic plans and transformation programmes, including for mental health and wellbeing, drugs and alcohol, carers and primary care.
- Consultation sessions with members of the health and social care workforce and partner organisations. Some feedback received at these sessions is highlighted throughout this document.
- A public survey along with telephone, on line and face-to -face consultation meetings for members of the public, supported people and carers. Some feedback received from these activities is highlighted throughout this document

In February 2022 the IJB agreed to extend the 2019-2022 plan for a further one-year period to cover April 2022 to March 2023. The review of the plan found that the vision and priorities for integrated adult health and social care continue to reflect the needs of the population and current local and national policy and strategic priorities. However, the review also identified that the action lists supporting each of the strategic priorities within the 2019-2022 require to be updated in order to reflect the current areas of focus that have emerged over the last three years, including from the

[1] https://www.dundeehscp.com/sites/default/files/publications/strategic_needs_assessment_summary_sep21.pdf

pandemic. [2] At the same time the IJB also agreed to extend the Equality Outcomes and Mainstreaming Framework for a further one-year period.

1.1 Extension of 2019-2022 Plan

This extension to the Strategic and Commissioning Plan 2019-2022 presents revised actions aligned to each of the existing priorities within the Plan. The development of these actions has taken into account:

- Progress that has been made in implementing actions identified within the original 2019-2022 plan.
- Actions contained within the IJB's pandemic remobilisation / recovery plans.
- Information contributed by the public and partner organisations during the consultation sessions held as part of the review process.
- The content of care group strategic plans and IJB transformation programmes.

This extension should be read alongside the full Strategic and Commissioning Plan 2019-2022.

The actions identified against each priority are those that will be priorities for implementation throughout 2022/23. Alongside this key strategic developments that aim to improve health and social care outcomes, quality of services and underpin other improvement and transformation activities. This is not an exhaustive list of all actions that will be taken forward over the next year. Further detail about other planned actions is contained within care group specific strategic plans and transformation programmes that are linked throughout this extension document.

> Every person and family should have access to enhanced community-based provision to take greater control of their lives and make positive lifestyle choices that enhance their health and wellbeing and reduce the need for service-based interventions.
>
> Comment from public survey 2022

[2] If you would like more information about the review process and outcomes you can find this at the following links: https://www.dundeecity.gov.uk/minutes/report?rep_id=DIJB12-2021

- https://www.dundeecity.gov.uk/minutes/report?rep_id=DIJB29-2021
- https://www.dundeecity.gov.uk/minutes/report?rep_id=DIJB51-2021
- https://www.dundeecity.gov.uk/reports/agendas/hsc151221ag.pdf - item 9
- https://www.dundeecity.gov.uk/reports/agendas/hsc230222ag.pdf - item 12

Strategic and Commissioning Plan

Care Group Strategic Plans

- Mental Health and Wellbeing Strategy
- Substance Misuse Strategic and Commissioning Plan (Dundee Partnership)
- A Caring Dundee 2 - A Strategic Plan for Working Alongside, Supporting and Improving the Lives of Carers
- Adult Support and Protection Delivery Plan (Dundee Partnership)
- Learning Disability and Autism Strategic and Commissioning Plan(in development)

Transformation Programmes

- Primary Care Improvement Plan
- Reshaping Non-Acute Care
- Unscheduled Care
- Drug Death Action Plan for Change (Dundee Partnership)
- Living Life Well - Tayside Mental Health and Wellbeing Strategy (Tayside Mental Health Alliance)
- Transforming Public Protection Programme (Dundee Partnership)

1.2 Vision and Priorities

As set out in the 2019-2022 Plan the vision for integrated adult health and social care in Dundee is:

Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.

This vision will continue to be supported during the extended year (2022/23) through the four strategic priorities:

2. Strategic Priorities – Actions for 2022/23

Health Inequalities Ambition: Health inequalities across Dundee will reduce so that every person, regardless of income, where they live or population group will experience positive health and wellbeing outcomes.

Through engagement with stakeholders, including people who use health and social care services and unpaid carers, it was established that during 2022/23 there is a need to prioritise:

- Reconnection with individuals and groups in the population who have been most negatively impacted by the pandemic and associated public health restrictions.
- Accessibility of health and social care services and supports, whether delivered by the Partnership or by third and independent sector providers.
- Consider the potential for digital exclusion as services remobilise following the pandemic and digital service models become further embedded.

The following key actions have been identified:

1. Re-design the health and social care 'front-door' to simplify the way in which individuals, families and carers access support for health and social care needs, including during the evening and at weekends.
2. Work with the Dundee Partnership to identify the unique contribution of the Partnership to projects addressing poverty and inequality, including place-based initiatives.
3. Rationalise and enhance existing service directories and other information resources to ensure accessible information (in digital and other formats) is available about supports, services and resources that can address people's health, social care and wellbeing needs.
4. Work with partners, including people with lived experience and their carers, to develop and implement the Dundee Wellbeing Centre to improve the range and accessibility of services for people with mental health and wellbeing needs.
5. Work with the Alcohol and Drugs Partnership to progress the implementation of the Medically Assisted Treatment Standards across Partnership services.
6. Work with Dundee's Children's Services Partnership to improve transition planning and responses for young people, including care experienced young people and young carers.
7. Integrate trauma-informed leadership, workforce development and practice across Partnership services, with a particular focus on mental health and drug and alcohol support and services.

Need to ensure socio-economic factors are addressed, targeted at those with most need – supporting access to welfare, food, housing, employment etc.

Comment from stakeholder consultation session 2021

Need early recognition when you have issues – I was not sure what was happening, didn't know what help was there.

Comment from public consultation session 2022

Early Intervention and Prevention Ambition: Enhanced community-based supports are enabling people to take greater control of their lives and make positive lifestyle choices that enhance their health and wellbeing and reduce the need for service-based interventions.

Through engagement with stakeholders, including people who use health and social care services and unpaid carers, it was established that during 2022/23 there is a need to prioritise:

- Co-ordinated approach to connecting people at an earlier stage to health and social care resources and supports within their neighbourhoods and localities.
- Addressing social isolation and loneliness, particularly the impact of public health restrictions on vulnerable and at-risk populations.
- Health promotion activity in relation to mental health and wellbeing and obesity.

The following key actions have been identified:

1. Develop a single, shared framework for the further development of social prescribing across Dundee that takes account of services delivered directly by the Partnership alongside a wide variety of signposting and support services within the third sector and can inform future improvement and commissioning.
2. Develop a lead professional model for adults to better co-ordinate responses to the needs of adults with multiple health and social care needs at an earlier stage.
3. Further develop community-based services that respond to social isolation and loneliness, including the impact of the pandemic and associated public health restrictions on vulnerable groups within the population.
4. Develop an up-to-date understanding of community-based health and social care resources and identify effective and accessible mechanisms (digital and other formats) for sharing this information with communities.
5. Develop partnerships with NHS Tayside Public Health to enhance health promotion activity across Partnership services and delivery sites.

> As a carer with a disability the pandemic…has caused extreme isolation for me, as well as the person I cared for.
>
> Comment from public consultation session 2022
>
> When the start is poor, the finish is poor.
>
> Comment from public consultation session 2022

Localities and Engaging with Communities Ambition: People can access services and supports as close to home as possible, with these services and supports responding to the specific needs of the local community.

Through engagement with stakeholders, including people who use health and social care services and unpaid carers, it was established that during 2022/23 there is a need to prioritise:

- Re-establishing meaningful engagement between the Partnership and the public in relation to strategic planning, service improvement and performance.
- More clearly defining our approach to locality delivery of health and social care services.
- Strengthening our public facing communications.
- Better utilising existing community-based resources, such as Community Centres, libraries and pharmacies to reconnect people to health and social care supports following the pandemic.

The following key actions have been identified:

1. Engaging with people who use health and social care services, unpaid carers, wider communities and stakeholders to develop a shared framework for the development and delivery of locality health and social care services. This will include consideration of community hubs, that respond to the unique needs and circumstances of families, neighbourhoods and localities.
2. Work with people who use health and social care services, unpaid carers and wider communities to develop a range of approaches to meaningfully engaging with them. The aim is to co-produce health and social care strategic, improvement and transformation plans, inform needs assessments and scrutinise performance.
3. Strengthen the role of the Partnership within revised arrangements for community planning within Dundee, including our contribution to locality-based community planning structures / networks.
4. Enhance arrangements for improved, consistent communication with the public regarding Partnership services and supports, developments and performance, including through the Partnership website and social media.

> Although it is good to see supports moving closer into the community, locality working is more than this.
>
> Comment from stakeholder consultation session 2021

Models of Support/Pathways of Care Ambition: People will live more independently at home for longer, supported by redesigned community based, person centred services.

Through engagement with stakeholders, including people who use health and social care services and unpaid carers, it was established that during 2022/23 there is a need to prioritise:

- Improvements to mental health and wellbeing services.
- Improvements to drug and alcohol services.
- Enhancing the availability of a range of community-based services, including Community Nursing, Care at Home and primary care services.
- Support to unpaid carers and the workforce to address the impact of the pandemic on their health and wellbeing.
- The personalisation of assessment processes and service provision across all Partnership supports and services.
- Responses to long-covid and to post-covid and post-lockdown rehabilitation.

Over 2022/23 these priorities will be delivered through continued implementation of 7 key programmes of transformation:

- ✓ Re-shaping Non-Acute Care – this programme of work aims to provide modern, person-centred and accessible services from both the Royal Victoria Hospital and the Kingsway Care Centre through a focus on inpatient accommodation and capacity, appropriate onward journeys of care and support and ambulatory care for patients with neurological conditions.

- ✓ Unscheduled Care – in partnership with the Tayside Unscheduled Care Board, this programme of work aims to improve staff, patient and carer experiences of urgent and unscheduled care. The programme includes four key areas of focus: Redesign of Urgent Care (RUC), Ambulatory Interface Care (AIC), Discharge without Delay (DwD), and Winter and Contingency planning. These represent a programme of work to deliver, in partnership, a whole system of care offering greater integration and sustainability as a system of care for patients providing alternatives to admission, supporting care closer to home: Right Care, in the Right Place, at the Right Time, First Time.

- ✓ Primary Care Improvement Plan – a programme of work supporting the development and implementation of multi-disciplinary supports working in and around general practice, enabling GPs to focus capacity on their role as Expert Medical Generalists. This includes vaccination, pharmacotherapy, musculoskeletal services, mental health services, social prescribing, urgent care, and care and treatment services.

- ✓ Mental Health and Wellbeing – delivered through both Living Life Well, the Tayside Mental Health and Wellbeing Strategy, and Dundee's Mental Health and Wellbeing Strategy 2019-2024. This programme of work aims to support whole systems re-design and improvement of mental health and wellbeing services and supports whilst also shifting the balance of care to community-based settings and early intervention and prevention.

- ✓ Drug and Alcohol Services – delivered in partnership with the Dundee Alcohol and Drugs Partnership, this programme of work includes the development of a whole system, recovery orientated care pathway, implementation of national standards for treatment and support and preventative activity to address the underlying causes of drug and alcohol use across the population.

- ✓ Transforming Public Protection Programme – delivered in partnership with Dundee's multi-agency Protecting People Committees, a programme of collaboration with multi-agency leaders and the multi-agency workforce supporting the achievement of excellence across core aspects of protecting people practice and the realisation of transformative, integrated approaches that deliver sector leading whole system responses to people of all ages who are at risk.

- ✓ Personalisation – a programme of work to support Partnership services to embed personalisation of practice, services and supports, including outcomes-focused practice and the implementation of self-directed support.

Through these programmes of transformation and actions targeted to reduce social isolation and strengthen health promotion the Partnership will maintain a focus on supporting people through recovery and rehabilitation during and after the COVID-19 pandemic. This will include people who have had coronavirus, those experiencing negative impacts of lockdown restrictions and those who have been impacted by the pausing of non-critical health and social care services and supports.

In addition, work will continue to implement planned improvements set out within 'A Caring Dundee 2' to enhance support to unpaid carers across the city.

It is most important to people who need personal care that it should be reliable and be given by workers who are well trained and are empathetic. - I'm very happy with the (personal care) service I'm getting from a very skilled and pleasant person.

Comment from public consultation session 2022

I have had a very positive experience of support from the Partnership. The lead professional approach helped me to get support across a range of issues I needed support with. There was a team of people focused on me and I didn't need to see the engine underneath, I just had a person making a difference to my life…

Comment from public consultation session 2022

3. Resources

3.1 Financial

The Partnership's budget continues to consist of financial resources delegated by both NHS Tayside and Dundee City Council, and strategic investment and expenditure plans are set annually by the IJB.

The 2022/23 Annual Budget Report was presented to the IJB on 25 March 2022 https://www.dundeecity.gov.uk/reports/agendas/hsc250322ag.pdf

The public sector financial position continues to be challenging with tightening budget allocations, increasing demands for services and rising costs of service provision; and in addition, the Partnership (like all aspects of society) has experienced additional pressures and challenges from both Brexit and Covid-19 pandemic.

In addition to delegated budgets, the Partnership has also received additional non-recurring funding from Scottish Government in recent years to support the additional demands, remobilisation and recovery from Covid-19 pandemic, with elements of this funding now being embedded into baseline budgets to support and sustain shifts towards new ways of working and changing demands, as well as investment in independent and third sector social care providers to support good practice principles for Fairer Work and a more sustainable social care workforce.

The combined budget for 2022/23 is anticipated to be in the region of £280m.

Specific investments continue to be made in Primary Care, Mental Health, Carers, Social Care and Drug and Alcohol Recovery services, in line with national policy and Partnership strategic priorities.

Service and Transformation Plans will continue to be developed and reviewed to reflect the changing demands, working practices and demographic needs of the local population, and incorporated into the rolling 5-year Financial Framework to ensure a financially sustainable position.

3.2 Workforce

The workforce that delivers the Partnership's integrated health and social care services and supports is not directly employed by the IJB . Staff who deliver integrated services are employed by Dundee City Council and NHS Tayside and within independent and third sector organisations commissioned to deliver services on behalf of the IJB. Over the next 12 months it will be essential that Dundee City Council and NHS Tayside continue to consider the impact of workforce policies and developments in the context of integrated teams and to enable the further development and future-proofing of the health and social care workforce. During 2022/23 there will be a specific focus on:

- Developing an integrated workforce plan for the Partnership, aligned to wider workforce planning activities in both NHS Tayside and Dundee City Council.
- Implementing Fair Work First Commitments both in relation to the internal workforce and through commissioning arrangements with third and independent sector providers.
- Continuing to develop creative approaches to address recruitment and retention challenges in various sectors of the workforce, including linking to national initiatives.

- Further developing our modelling of future workforce requirements for health and social care, including skills needs analysis, development of further integrated job roles, career progression routes and implementation of national workforce models.
- Supporting the workforce to understand and transition to new models of working that have emerged from the COVID-19 pandemic within the context of integrated services.
- Further developing a trauma-informed response to workforce wellbeing, focusing on the four key themes of:
    - Self-care
    - Peer support
    - Team resilience
    - Visible and supportive leadership

The Partnership will also continue to work with Dundee City Council and NHS Tayside to support employees who are also unpaid carers.

3.3 Information Technology

During 2022/23 work will continue in partnership with within NHS Tayside and Dundee City Council, who provide the Partnership services with IT support services, to direct the development and implementation of integrated IT systems that enable hybrid working and service delivery across the health and social care workforce and services. During this period there will be a specific focus on:

- Developing IT infrastructure, hardware and systems, to enable hybrid working which is both effective and safe for the workforce and for people accessing services and unpaid carers. This will build on learning from the pandemic period and seek to extend innovative approaches across Partnership services, including the use of technology enabled care (TEC). This work will be aligned to NHS Tayside Digital Strategy.
- Improving our information pathways, including ensuring information about all our services and referral pathways are accessible for all our patients, service users, carers and workforce.
- Continue to work towards integrated information systems to ensure the workforce has relevant information to care for and support patients and service users in line with Information Governance legislation and the Scottish Government Health and Social Care Data Strategy.
- Preparing Homecare services for the switch from analogue to digital telephone lines.

> Face-to-face connections are very important and we need to resume these as well as maintaining digital links.
>
> Comment from stakeholder consultation session 2021

3.4 Property

The IJB does not own any property; Partnership services operate from a variety of buildings across the city that are owned, leased or otherwise operated by Dundee City Council and NHS Tayside. Some services are also provided from property owned or leased by third and independent sector providers. NHS Tayside and Dundee City Council have both committed to property rationalisation programmes which will continue to impact on the operation of Partnership services during 2022/23. Transformation programmes supporting the redesign of adult health and social care services often include consideration of how property supports service delivery, both now and into the future. During 2022/23 work will continue with Dundee City Council, NHS Tayside and other partners to enable the delivery of good quality, innovative and effective supports and services that meet individual, carer, families and community health and social care needs whilst also making best use of property assets that are collectively available to partners. Over the next 12 months there will be a specific focus on:

- Working with Dundee City Council and NHS Tayside to develop an integrated property strategy for Partnership services that clearly sets out:
    - Current property use;
    - Future demands for property, considering the impact of changes in demographics / demand for health and social care services, planned transformation of health and social care pathways, new models of working (including hybrid and home working) emerging from the pandemic, and property condition; and
    - Identified priorities for changes in property use in the short, medium and long-term.
- Work across Primary Care to:
    - assess current property pressures in relation to GP premises and associated with the successful implementation of priorities within the Primary Care Improvement Programme; and,
    - develop a primary care premises strategy that addresses these pressures and supports enhanced investment across primary care premises.

Appendix 2

Summary Version of Strategic and Commissioning Plan Extension 2022/23

Information about Dundee Health and Social Care Partnership Strategic and Commissioning Plan Extension 2022-2023

The last Dundee Health and Social Care Partnership Strategic and Commissioning Plan was for the work we did between April 2019 until April 2022. The Plan is about health and social care services for adults in Dundee.

The vision for the plan is:

Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.

The Integration Joint Board has agreed that the plan will be extended for another year. There are four priorities the plan: Health Inequalities; Early Intervention and Prevention; Locality Working and Engaging with Communities; and Models of Support/Pathways of Care. There will be new actions will be under these 4 priorities. Actions will also be taken as part of Strategic Plans for Care Group and through Transformation Programmes.

Here are some of the planned actions for each Priority:

Health Inequalities

- Make it easier to find support for health and social care needs.
- Improve directories of supports for people's health, social care and wellbeing.
- Work with Dundee's Children's Services to improve transition planning.

Early Intervention and Prevention .

- Further develop services that respond to social isolation and loneliness.
- Work with Public Health to provide more health promotion activity across Dundee.

Localities and Engaging with Communities.

- Strengthen the role of the Health and Social Care Partnership in community planning.
- Improve communication with the Public.

Models of Support/Pathways of Care

There are other actions taking place in the following plans and programmes:

Care Group Strategic Plans

- ✓ Mental Health and Wellbeing Strategy
- ✓ Substance Misuse Strategic and Commissioning Plan (Dundee Partnership)
- ✓ A Caring Dundee 2 - A Strategic Plan for Carers

- ✓ Adult Support and Protection Delivery Plan (Dundee Partnership)
- ✓ Learning Disability and Autism Strategic and Commissioning Plan (in development)

Transformation Programmes

- Primary Care Improvement Plan
- Reshaping Non-Acute Care
- Unscheduled Care
- Drug Death Action Plan for Change (Dundee Partnership)
- Living Life Well - Tayside Mental Health & Wellbeing Strategy (Tayside Mental Health Alliance)

There will also be a continued focus on supporting people through recovery and rehabilitation during and after the COVID-19 pandemic.

Resources

The budget for 2022/23 will be around £280m.This includes funding from NHS Tayside and Dundee City Council and some additional funding from Scottish Government.

The Workforce are employed by Dundee City Council, NHS Tayside and by commissioned independent and third sector organisations. In 2022-23 some of the actions will be to:

- Develop a workforce plan for the Health and Social Care Partnership.
- Carry out Fair Work First commitments.

Information Technology work will continue with NHS Tayside and Dundee City Council to develop integrated IT systems across the health and social care workforce and services and further developed technology enabled care.

The Integration Joint Board does not own any property; services are based in buildings owned or leased Dundee City Council, NHS Tayside, and third and independent sector providers. Over the next 12 months the Health and Social Care Partnership will working with Dundee City Council and NHS Tayside on a property strategy. There will also be work to address property pressures in relation to GP premises.

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Integrated Impact Assessment Report.

Committee Report No: IJB2019

Document Title: Dundee Health and Social Care Partnership Strategic and Commissioning Plan – 2022/23 Extension

Document Type: Strategy

New/Existing: Existing

Period Covered: 31/03/2022- 31/5 /2023

Document Description:
This report is an Extension of Strategic and Commissioning Plan 2019-2022 (2022-2023). Extension of 2019-2022 Plan. The extension to the Strategic and Commissioning Plan 2019-2022 presents revised actions aligned to each of the existing priorities within the Plan.

Intended Outcome: The Plan has been developed to support each citizen of Dundee to have access to the information and support that they need to live a fulfilled life.

How will the proposal be monitored?
The Plan will be monitored through Dundee Integration Joint Board and the Strategic Planning Advisory Group. An Annual Performance Report will be produced and published.

Author Responsible:

Name: Joyce Barclay

Title: Senior Officer

Department: Health and Social Care Partnership

E-Mail: joyce.barclay@dundeecity.gov.uk

Telephone: 01382 433947

Address: Floor 1, Friarfield House, Barrack Street, Dundee

Director Responsible:

Name: Vicky Irons

Title: Chief Officer

Department: Health and Social Care Partnership

E-Mail: Vicky.Irons@dundeecity.gov.uk

Telephone: 01382 434000

Address: Claverhouse, Jack Martin Way

A. Equality and Diversity Impacts:

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

Equality and diversity Implications:

The concerns and issues raised during engagement about the extension to the plan have been incorporated into the actions in the proposed plan. It is anticipated that the planned actions will have a positive impact, in particular to people with a disability, people who are older and those subject to Health Inequality and fairness issues.

The description of impacts submitted with the original plan is noted below:

The plan is expected to deliver a positive impact to people affected by the above characteristics and by socio-economic disadvantage.

The survey available for Public Consultation specifically asked about potential negative impacts of the draft plan. 25% of 188 people answering the survey said they thought it might.

All who said there might be a negative impact were asked to comment on this.
There were a limited number of comments that seemed to relate to equality or socio-economic disadvantage. These comments included:

- The plan has a potential negative impact on these sections of society (protected Characteristics and Socio-economic disadvantage if not implemented in a co-ordinated way
- Concentrate on Health…..don't try to fix poor housing, lack of employment, low wages
- Unstable home environments may impact on delivery of Health services
- You have too much focus on It/Tech this will exclude people
- A concern was raised about older people with dementia and lack of understanding a resources
- A mixture of local and centralised services is best. The focus on locality based services will dilute what is available. If services are centralised you can use one bus fare for more than one activity/appointment. You could spend some money subsidising transport costs into the city centre
- A greater range of services is needed
- The content of the (Draft)plan could demonstrate a better recognition of difference in gender and how it relates to gender equality

Over all the Plan is thought to be able to contribute to improving outcomes for people affected by all of the above characteristics. The Equality Outcomes which have been set at

the same time as the plan will take action to address any potential negative impacts on people. The Equality Outcomes were developed in Partnership with Dundee Citizens.

Proposed Mitigating Actions: Not applicable

Is the proposal subject to a full EQIA? : No

B. Fairness and Poverty Impacts:

Geography	
Strathmartine (Ardler, St Mary's and Kirkton):	Positive
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	Positive
Coldside(Hilltown, Fairmuir and Coldside):	Positive
Maryfield(Stobswell and City Centre):	Positive
North East(Whitfield, Fintry and Mill O' Mains):	Positive
East End(Mid Craigie, Linlathen and Douglas):	Positive
The Ferry:	Positive
West End:	Positive
Household Group	
Lone Parent Families:	No Impact
Greater Number of children and/or Young Children:	No Impact
Pensioners - Single/Couple:	Positive
Single female households with children:	No Impact
Unskilled workers or unemployed:	Positive
Serious and enduring mental health problems:	Positive
Homeless:	Positive
Drug and/or alcohol problems:	Positive
Offenders and Ex-offenders:	Positive
Looked after children and care leavers:	Positive
Carers:	Positive
Significant Impact	
Employment:	Positive
Education and Skills:	Positive
Benefit Advice/Income Maximisation:	Positive
Childcare:	No Impact
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications:

The Plan is expected to have a positive impact on most of the groups listed above. The priority given to Health Inequalities supports the Fairness agenda including work to support employment, work in deprived communities and money advice. Some areas have been identified no impact as DHSCP works in partnership with Children and Family services but has no direct responsibility for families with high numbers of children or single parents so no impact is anticipated.

There is an anticipated positive impact as the actions planned within the plan extension include seeking renewed ways to work as part of Dundee partnership on issues above

Proposed Mitigating Actions: Not applicable

C. Environmental Impacts

Climate Change

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

Resource Use

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

Transport

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

Natural Environment

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

Built Environment

Built Heritage:	No Impact
Housing:	Positive

Is the proposal subject to Strategic Environmental Assessment?

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

Proposed Mitigating Actions:

Not applicable N/A

Environmental Implications:

Not applicable N/A

D. Corporate Risk Impacts

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

Corporate Risk Mitigating Actions:
Not applicable N/A

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ITEM No …9……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20 APRIL 2022**

REPORT ON: **COVID-19 REMOBILISATION IMPLEMENTATION PLAN UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB21-2022**

1.0 PURPOSE OF REPORT

1.1 To update the Integration Joint Board on progress achieved during 2021/22 in implementing priority actions identified with the Dundee Health and Social Care Partnership COVID-19 Remobilisation Implementation Plan.

2.0 RECOMMENDATIONS

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

2.1 Note the progress made in implementing identifed remobilisation actions during 2021/22 (sections 4.2 and 4.3 and appendix 1).

2.2 Note the current national context in relation to remobilisation planning (section 4.4).

2.5 Approve the recommendation that the Partnership no longer maintain a separate COVID-19 remobilisation plan, but that remaining remobilisation priorities are reflected in the Partnership's strategic and commissioning plans (overarching and care group specific) and individual service plans (section 4.4).

3.0 FINANCIAL IMPLICATIONS

3.1 The Scottish Government continued to provide additional COVID-19 support funding throughout 2021/22 based on actual and estimated additional expenditure incurred within delegated services. It is anticipated that this additional expenditure will have reached £8.5m at the end of 2021/22.

4.0 MAIN TEXT

4.1 The Partnership's first COVID-19 recovery plan was approved by the Integration Joint Board in August 2020 (Article XVI of the minutes of the Dundee Integration Joint Board held on 25 August 2020 refers). This was further updated in early 2021 when the Scottish Government requested that all NHS Boards, Local Authorities and IJB submit remobilisation plans (also known as recovery plans) for the period until 31 March 2022. The remobilisation plan approved by the IJB in April 2021 (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 21 April 2021 refers) has supported the Partnership to maintain resilient health and social care service provision during 2021/22, including in the context of further surges in infection rates, as well as lead and contribute to a range of recovery focused activity.

4.2 Appendix 1 contains a full update of activity during 2021/22 against the Partnership's remobilisation implementation plan.

4.3 Over the course of 2021/22 Partnership services have continued to provide a pandemic response, particularly during periods of surge in infection rates, whilst also consolidating

adaptations to services and practice to become mainstream, long-term models of service provision. The enduring nature of the pandemic has meant that recovery activity in many aspects of the Partnership's work has been focused establishing a 'new normal' across integrated health and social care services and supports rather than returning to pre-pandemic ways of working. This is reflected in the status updates provided against actions within the remobilisation implementation plan (appendix 1) with the majority of actions either having been completed or being ongoing aspects of what have become embedded mainstream ways of working. The 2021/22 Annual Performance Report for the Partnership will provide a fuller overview of key developments during 2021/22 and the impact they have had on people who use health and social care services, unpaid carers and the workforce.

4.4 Moving into 2022/23 there is no requirement placed on NHS Boards, Local Authorities or IJBs by the Scottish Government to continue to maintain specific COVID-19 remobilisation plans. Public sector bodies are instead beginning to return to mainstream planning arrangements and cycles, incorporating any further specific remobilisation actions within this approach. It is therefore proposed that the Partnership should no longer maintain a separate COVID-19 remobilisation plan and that any remaining specific remobilisation actions be incorporated within either the Partnership's strategic and commissioning plans (overarching and care group specific) or individual service plans.

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 insufficient priority given the remobilisation activity due to lack of distinct remobilisation plan.
Risk Category	Operational, Governance, Political
Inherent Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (which is a High risk level)
Mitigating Actions (including timescales and resources)	- Pandemic response and recovery has become business as usual activity due to the enduring nature of the pandemic. - Any specific remobilisation actions that remain will be incorporated into strategic and commissioning or service plans. - A range of governance and assurance arrangements are in place that will continue to receive information about service improvements, performance and impact, allowing any gaps in remobilisation activity to be identified and addressed. - Remobilisation planning can be recommenced should the pandemic context significantly change or national guidance be issued.
Residual Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low risk level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low risk level)
Approval recommendation	Given the low level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service, Health and Community Care, members of the Partnership's COVID-19 Silver Command Group and the Clerk have been 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.

Directions 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: 18 March 2022

Kathryn Sharp
Service Manager, Strategy and Performance

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Appendix 1

Remobilisation Implementation Plan

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Dundee Health & Social Care Partnership

IMPLEMENTATION PLAN

APPENDIX 1

DHSCP SILVER COMMAND

COVID-19 Re-mobilisation: Next Phase of Health and Social Care Response

Recovery and Renewal

Update as at 15.03.22

Objective/ Responsibility	Action	Lead	Deadline[1]	Actual Completion	Update/Status (as at 15.03.22)	Progress Summary (as at 15.03.22)
1. LEARNING FROM RESPONSE AND RECOVERY	1.1 Further learning review target toward: • People within the health and social care workforce (including those who work remotely) • Third and Independent sector providers • People who use services, carers and wider communities	Strategy and Performance Service / Social Care Contracts Team / Health Inequalities Service / Carers Partnership	December 2021	March 2022	Complete	Further feedback regarding learning from the pandemic period was captured as part of the stakeholder engagement activity undertaken to support the statutory review of the strategic and commissioning plan. This included representatives from partner organisations, people who use health and social care services and unpaid carers. Feedback has been considered and has informed the area of action planned for 2022/23. Some learning will also be considered further in planned engagement to support the production of a replacement strategic and commissioning plan for 2023/24 onwards.
2. CORE RECOVERY PRIORITIES (all operational services)	2.1 Recommence student placements and NGP placements.	All services	Ongoing in line with infection prevention and control requirements and national guidance and direction		Ongoing in line with infection prevention and control requirements and national guidance and direction	This continues to be progressed in-line with national guidance.
	2.2 Plan for re-commencement of internal volunteer contributions to service.					This continues to be progressed in-line with national guidance.
	2.3 Recommence full education and training programmes, including further expansion of virtual offer.					This continues to be progressed in-line with national guidance. Many services have significantly developed their virtual education and training offer which will be a feature of development activities for the long-term.
	2.4 Plan for and implement recommencement of face-to-face services and supports.					Face-to-face service provision has recommenced across services in-line with national guidance. Alternative methods of service delivery continue to be utilised alongside this building on positive feedback during the pandemic period regarding increased choice and accessibility for some groups.
	2.5 Embed and further expand digital innovations within service delivery plans and models.					All services continue to develop their digital infrastructure based on learning from the pandemic period. Innovations have been supported through

[1] Deadlines are based on understanding of the likely progression of the pandemic and associated restrictions / national guidance at the time of writing (23 February 2021) and are subject to review in-line with changing contextual / environmental factors.

						COVID remobilisation monies, including funding of IT equipment to address digital exclusion.
	2.6 Support expanded visiting arrangements (professional and loved ones).					This continues to be progressed in-line with national guidance.
	2.7 Continue to undertake testing (staff and patient / service user).					This continues to be progressed in-line with national guidance.
	2.8 Continue to review RAG rating/other prioritisation approaches to inform the prioritisation and management of support in response to assessed need.					Partnership services continue to review and utilise prioritisation approaches to support remobilisation of face-to-face and digital services. This has been particularly useful in managing pressures associated with surges in infection rates and staff absence.
	2.9 Monitor wellbeing of workforce – internal and external provider.					Staff wellbeing continues to be prioritised across all services. Additional investment in staff wellbeing services and resources has been utilised to enhance supports, work environments and contribute to improved physical and mental wellbeing.
	2.10 Continue to develop robust data systems to inform practice and measure improvements.					Individual services continue to consider performance information.
	2.11 Continue to gather patient / service user feedback and to use this to inform revised/future models of service delivery.					Individual services continue to gather feedback from service users, carers and wider family members as part of ongoing quality assurance arrangements.
	2.12 Re-commence elements of long-term improvement / development workstreams.					While some priority areas of long-term improvement activity have recommenced, many services continue to experience demand and staffing pressures that necessitate the prioritisation of immediate service delivery. This will continue to be a focus during 2022/23.
	2.13 Monitor the impact on services as a result of changing needs and increased demand, including potential surges in demand following periods of lockdown.					A range of regularly reported datasets are in place across Partnership services and are actively considered in management teams and strategic forums.
	2.14 Consider learning and recommendations from the Independent Review of Adult Social Care and its implications for service planning and delivery.					The Partnership is now engaged through professional networks in ongoing activity in relation to the proposed establishment of a National Care Service.
3. HEALTH INEQUALITIES	3.1 Complete the detailed analysis of public surveys, disseminate findings to a range of strategic and operational groups and identify specific actions across community planning partners arising in response to themes identified.	Health Inequalities Service	June 2021	June 2021	Complete	See IJB report: https://www.dundeecity.gov.uk/minutes/report?rep_id=DIJB50-2021
	3.2 Continue and learn from utilising a blended approach to service delivery using platforms such as NearMe, including recommencing a fuller programme of face-to-face / group work within community centres and local buildings where this is supported by relevant guidance and risk assessments.	Health Inequalities Service	June 2021		Ongoing	Re-opening of community centres and other community resources is continuing to progress under the direction of Dundee City Council.
	3.3 Continue to be part of the city's approach to emergency food provision and meeting the basic needs of vulnerable people during the pandemic.	Community Health Team/ Health Inequalities Service	June 2021	June 2021	Complete	Staff continue to utilise food distribution points to engage with vulnerable people. This approach to engagement is now a mainstream approach within the service.
	3.4 Continue to review availability of non-clinical outward referral pathways so that	Health Inequalities Service	October 2021		Ongoing	This is undertaken on an ongoing basis as part of the mainstream service arrangements.

	workforce in different teams can refer clients effectively.					
	3.5 Further testing of new approaches, such as support for self-care and management, for social prescribing clients and others where onward referral opportunities do not exist.	Social Prescribing Team/ Health Inequalities Service	December 2021	March 2022	Complete	A wide range of services and organisations have opened up/ reduced restrictions and are accepting referrals for link worker patients; therefore self-care and management is not as necessary as at other points in the pandemic but a range of self-help resources have been developed by the link workers and are an option when working with patients, alongside referrals to organisations and community groups. As services have opened up the team can now utilise the Associate Practitioner role more fully to provide bridging support for patients that require it. The team is testing a new approach to allow practices to book patients directly into a link worker appointment on electronic diary systems. This should help avoid delays and increase referrals.
	3.6 Manage potential surge in link worker referrals from GPs/ Practices as more information becomes available about patients who present with socio-economic issues related to the pandemic.	Social Prescribing Team/ Health Inequalities Service	December 2021	March 2022	Complete	Referrals have increased steadily but remain lower than pre-pandemic levels. Statistics show that for the period April 2021 to Feb 2022 the number of patients referred to the link worker team total 733 compared to 431 in the previous year, meaning an increase in 70.1% in the same reporting period. Despite this, the service has not been overwhelmed by the increase aided by a blended approach to provision of consultations. Link workers are seeing an increase in patients affected by the cost of living and are managing these issues in tandem with a range of specialist services.
	3.7 Re-commence anticipatory care interventions within the nursing team and reviewing role of the team more broadly to incorporate learning and embed new ways of working into post-pandemic service delivery.	Keep Well/ Health and Homeless Outreach Team/ Health Inequalities Service	December 2021	March 2022	Complete	The nursing teams have resumed a range of interventions including face to face delivery of anticipatory care consultations covering both physical and mental health, holistic health checks and assessments, support for recovery, and group work programmes in localities focusing on mental wellbeing, recovery and self-management of anxiety. The nurses are incorporating learning from the COVID response into the review and evolution of the service. They are continuing to develop partnership working to help address unmet health and wellbeing needs with a particular focus on housing and homelessness.
	3.8 Re-commence social prescribing link worker presence in GP practices.	Social Prescribing Team/ Health Inequalities Service	From June 2021	June 2021	Ongoing	Social Prescribing Link Workers are operating within practices that have agreed to re-establish the service. Work is ongoing to further embed the link worker service into practice processes.
4. PRIMARY CARE (Tayside wide plan, hosted service – Angus)	4.1 Continue to support a unified approach to Primary Care services to ensure consistency of standards and service provision across Tayside.	Actions managed through Tayside wide primary care arrangements			Ongoing	Continued commitment to Tayside wide working and programmes of improvement where appropriate. Most recently, this has included transition of Primary Care Zooms covering operational updates to educational programme to mitigate reduced protected learning time. Work is ongoing with the Unscheduled Care Board to explore provision of urgent care across primary care strategy. Pilot of Remote Pulse Oximetry Digital Monitoring completed, this enables remote monitoring of those discharged following consultation for COVID-19 systems. Blood testing long-term conditions and 'blood panels' review completed and launch of Primary Care Demand Optimisation for blood testing

					platform to commence 1 April 2022. Transition of primary care response to infectious illness following closure of Community Assessment Centre.
	4.2 Establish a whole-system quality improvement approach for primary care which considers the multiple interfaces and co-dependencies.			Ongoing	Work has continued to develop and evaluate primary care accessible quality improvement coaching and teaching methods to further create capacity and capability across primary care teams. Links to and support from other clinical leads facilitated through clinical leads group; this has supported both Realistic Medicine and patient safety work. A quality management system approach to prescribing and sustainability is being developed on a Tayside wide basis.
	4.3 Continue to support COVID vaccinations in General Practice as required		July 2021	Complete	Ongoing discussion regarding involvement of GPs in longer-term arrangements for vaccination.
	4.4 Implement new ways of working enabled by digital technology to support triage, clinical signposting, case management and long-term condition care.			Ongoing	Most practices have now resumed some face-to-face appointments however telephone and video consultations continue to also be utilised to make best use of limited GP capacity. This has also enhanced patient access and choice. The change to consultation routes has had positive feedback overall, although it is acknowledged that access challenges remain for some groups.
	4.5 Increase the focus on appropriate self-management and prevention and digitally enabled care.			Ongoing	Testing of MedLink to support self-management to be tested in 2022/23.
	4.6 Through our joint arrangements of the Primary Care Command and Co-ordination Team working closely with GP Practices and provide support in their plans to resume to full service including new ways of working.			Ongoing	Enhanced services re-started in January 2022. Different practices may be taking different approaches to resuming full service. CCT reviewing their ongoing role and remit.
	4.7 Continue to have a specific COVID-19 pathway via NHS 24 and local Clinical Hub and Assessment Centre.			Ongoing	CAC closed in February 2022. Practices now providing support directly. Number of premises issues require to be resolved to support continued provision of assessment for respiratory conditions.
	4.8 Progress with the PCIP agreed actions and implementation timeframes as funding allowed with a particular focus on Community Treatment and Care to support stability in General Practice and delivery of the flu and COVID-19 Vaccination programme.			Ongoing	Implementation of PCIP actions continue to be delayed by ongoing pressures in primary care. The last full update to the IJB can be accessed at: https://www.dundeecity.gov.uk/minutes/report?rep_id=DIJB40-2021 Availability of premises also continues to impact on delivery. 3 areas continue to be prioritised for completion: Community Treatment and Care, Pharmacotherapy and Care and Treatment Planning.
	4.9 Progress access for community optometry to Clinical Portal and Staffnet.			Ongoing	
	4.10 Support the innovation within Community Pharmacy including the interface with General Practice and the introduction of Pharmacy First.			Ongoing	Pharmacy First has expanded and is supporting a shift to use of Community Pharmacy.
	4,11 Work closely with General Dental Services to increase service delivery where possible and safe to do so.			Ongoing	General Dental Services have progressed remobilisation of services in-line with national guidance.
	4.12 Progress development working across both primary and secondary care to shift the			Ongoing	Pathway development continues on an ongoing basis in response to need and demand.

	balance of care towards communities through improved integrated pathways					
	4.13 Primary Care Out of Hours Service (OOH) will continue work in the way that has been established to support COVID-19 activity throughout the past few months and which formed a strong natural base for the COVID Assessment Centre structure to rest upon longer term.				Ongoing	OOHS continue to experience high demand. In part this has been managed through development of ANP workforce.
	4.14 Continue with initial telephone consultation for all patients being assessed within the Primary Care OOH service to ensure patients receive the most clinically appropriate assessment				Ongoing	
	4.15 Continue to support direct access of care homes to the OOH service so that professional advice to a senior clinical decision maker will be directly available.				Ongoing	
	4.16 Develop a new Frail Elderly LES for General Practice built on a set of principles for whole system multi-disciplinary working to support care homes.				August 2022	Tayside GP post established for 6-month period to develop multi-disciplinary working around care homes. This action will be progressed as part of these arrangements
	4.17 Continue to review and develop the governance and quality improvement structures for Primary Care.				March 2023	This is to be considered as part of wider review of strategic planning groups and development of replacement strategic and commissioning plan within the Partnership.
	4.18 Review cluster models in partnership areas as required.				Ongoing	Quality improvement network has been established for clusters and capacity building undertaken on Tayside wide basis.
	4.19 Progress work to improve health inequalities and access to primary care.				Ongoing	See action 4.4.
5. COMMUNITY NURSING	5.1 Develop and resource a sustainable approach to cohort nursing of COVID +/non-COVID patients within core District Nursing Teams in the event of a further increase in COVID positive cases.	Community Nursing Managers	August 2021		Suspended	This has not been able to be progressed due to significant challenges in terms of recruitment and staff absence levels.
	5.2 Further testing of locality working in District Nursing Teams.	Community Nursing Managers	August 2021		Delayed – revised completion date August 2022	Proposals currently being discussed with HR and staff side representatives / trade unions.
	5.3 Maintain all Priority Band 1 and 2 visits and phased recommencement Priority Band 3 and 4 visits, COPD clinics, routine home visits and Leg Ulcer Assessment Clinic.	Community Nursing Managers	August 2021	August 2021	Complete	
	5.4 Expand on COPD home visits for vulnerable patients to include clinic-based services for diagnosing new COPD patients.	Community Nursing Managers	August 2021		Delayed – revised completion date June 2022	Service roll out near completion. Delays experienced due to development of IT e-Health systems. Two clinic locations have been secured in East and West, Pulmonary Rehabilitation service resumed in collaboration with Pulmonary Rehabilitation physiotherapy team. Service provision within GP practices has resumed at reduced capacity. Full roll out has been achieved for domiciliary patients. Ongoing interface pathway developments with secondary and primary care, including Scottish Ambulance Service pilot, underway (targeted to prevention of admission).

	5.5 Work with GP practices to enable Community Care and Treatment Service (CCTS) to return to previous clinic space as soon as safely possible to further the return to core services. In addition, complete the roll out of CCTS to all GP practices in Dundee.	Community Nursing Managers	August 2021		Delayed – revised completion date October 2022	Service on track from completion of delivery by 31 March 2022 to all GP practices with exception of phlebotomy which will be fully implemented by October 2022 (currently 75% delivery). Identification of suitable premises remains challenging.
	5.6 Recommence the development of nurse-led Ear Clinic within the Community Care and Treatment Service.	Community Nursing Managers	August 2021		Delayed – revised completion date May 2022	Nurse-led ear clinic accessible to all GP practices by 31 March 2022 and to audiology by May 2022. Identification of suitable premises remains challenging.
	5.7 Recommence arrangements for ECS to receive all amber level referrals.	Community Nursing Managers	August 2021	August 2021	Complete	
	5.8 Recruitment to additional District Nursing pasts at Band 5 and 6 funded by Scottish Government to meet actual and anticipated increase in workload posts COVID-19 e.g. re-introduction of postponed elective surgical interventions and knock on impact of delayed diagnoses of palliative care.	Community Nursing Managers	May 2021	May 2021	Complete	
6.EMERGENCY AND URGENT CARE	6.1 Develop Hospital@Home model as part of broader development of cluster focused locality teams.	Service Lead	December 2021		Ongoing	During 2021/22 the Tayside Unscheduled Care Programme Board has maintained a focus on the redesign of urgent care under 3 main workstreams: alternatives to admission; interface care; and, optimising discharge. The optimising discharge workstream has focused on enhanced discharge and community support including the Home First approach.
PLANNED CARE						
7. Community AHP Services	7.1 Continue the development of Community Rehabilitation models to enhance preventative approaches, reduce falls and POCS and reflect long-term and intensive nature of COVID rehabilitation.	Community AHP Managers	March 2022	September 2021	Complete	Model developed to address earlier preventative working to avoid hospital admission and work earlier in pathway. Working with DECSA and ECS to form a multi-disciplinary team. Locality working with development of East and West teams for rehabilitation OT and physiotherapy. Integrated working with across all OTs within Partnership workforce and extending trusted assessor approach regarding prescribing of equipment and to prevent duplication of effort / best use of resource.
	7.2 Further embedding assessment through the Independent Living Review Team.	AHP managers	August 2021	August 2021	Complete	Independent Living Review Team develop. Referral system being refined through ongoing quality improvement work. There have been some recruitment challenges.
	7.3 Develop the falls service to address prevention and community pathways with third sector / SCRS.	AHP Managers	August 2021	August 2021	Complete	Falls Test of Change project for 5 months extended with temp funding to March 2022 and given permanent funding. Alarm system to screen and identify needs earlier in pathway and prevent unnecessary further falls and unnecessary hospital admission. Work initially with Scottish Ambulance Service (SAS) to reduce unnecessary conveying of person to hospital. SAS has withdrawn from project due to staff pressures.
	7.4 Improve community-based rehabilitation offer.	AHP Managers	August 2021		Ongoing	Development of East and West OT and Physiotherapy teams and with integrated working across all OTs within the Partnership. Shared access

							to Mosaic and shared working practices are being developed. Informal service review has been completed and a work plan has been produced to support ongoing implementation.
		7.5 Integrate hospital and community service with collaborative commissioning arrangements. Primary care teams should be supported by outreach activity from secondary services including primary care supported by cardiopulmonary rehabilitation, sports and exercise medicine, neurorehabilitation and neurological disability services	AHP Managers	March 2022		Ongoing	This has been delayed by COVID and is now to be included in work to be led by inpatient services regarding neuro outreach teams. Work ongoing to integrated pulmonary rehab with work of COPD nursing staff.
8. Nutrition and Dietetics (hosted service)		8.1 Develop a specialist community dietetic service to support CARES service.	Nutrition & Dietetic Service Leads	June 2021		Delayed – revised completion date March 2022	Recruitment process is currently underway utilising COVID remobilisation finance.
		8.2 Develop the work underway to support community-based approaches to address prevention and early intervention of food and nutrition related health issues, e.g. under nutrition, falls prevention, food insecurity.	Nutrition & Dietetic Service Leads	June 2021	March 2022	Complete	Plan revised as unable to recruit within timeframe. Commissioned seven short training videos for Partnership care at home staff to raise awareness, identify signs of malnutrition and provide first line advice. Supported four projects delivered by third sector organisations focusing on prevention of undernutrition in older people.
		8.3 Extend opportunities for people to access weight and diabetes interventions.	Nutrition & Dietetic Service Leads	June 2021		Complete	Additional financial resource has been secured to support signposting of people to online digital services.
Community Outpatient Services	**9.Physiotherapy MSK**	9.1 Develop sustainable workforce models and patient pathways across Tayside Orthopaedic/MSK service spanning primary and secondary care.	AHP Managers / Integrated Managers	March 2022		Delayed – revised completion date June 2022	Model presented to and supported by NHS Tayside Chief Executive (Surgery and Ortho QPR) group. Reference guide and online information and education tool being finalised.
		9.2 Develop models to support re-introduction of elective surgery.	AHP Managers / Integrated Managers	September 2021	September 2021	Complete	Outpatient MSK model in place to support pre and post elective surgery rehabilitation. Appropriate rehabilitation gym space now available in community setting.
		9.3 Ensure First Contact Physiotherapy capacity is sufficient to meet demand in line with the principles of the Primary Care Improvement Programme.	AHP Managers	June 2021		Delayed – revised completion date June 2022	Recruitment challenges delaying progress.
		9.4 Continue the recommencement of routine waiting list where clinically indicated.	AHP Managers	As Scottish Government guidance allows	September 2021	Complete	
		9.5 Recommence face-to-face group sessions with a focus on community locations, increasing the role of support workers, sports and leisure professionals and colleagues from the third sector.	AHP Managers	As Scottish Government guidance allows	September 2021	Complete	
	10. Pulmonary Rehabilitation	10.1 Continue to explore digital solutions to deliver a safe and effective virtual PR class.	AHP Managers	June 2021	June 2021	Complete	
		10.2 Increase PR capacity required to support backlog of referrals and anticipated rehabilitative needs of people recovering from the direct and indirect impact of the COVID-19 pandemic.	AHP Managers	October 2021		Delayed – revised completion date July 2022	Recruitment challenges causing delay. All vacant posts have interview dates set. New completion date set.
		10.3 Integrate PR and COPD nursing team to support prevention of admission and supported discharge pathways.	Service Leads	October 2021		Delayed – revised completion date August 2022	Delayed secondary to recruitment challenges. Pulmonary Rehabilitation and COPD nursing staff

							groups now based at same location to plan service development.
	11. Palliative Care (hosted service)	11.1 Develop models to support re-introduction of elective infusion clinics.	Service Leads	October 2021		Complete	Infusion clinics have been re-established.
		11.2 Support and resource virtual and face-to-face services for Parkinsons patients.	MFE Clinical Nurse Manager	As Scottish Government guidance allows	September 2021	Complete	
		11.3 Create a blended approach for Palliative care day care patients to access the service.	Service / Team Leaders	As Scottish Government guidance allows		Complete	All day services for Palliative Care have adopted a blended approach to enable access for patients
		11.4 Build a patient and family resource library for patients to access virtually to support self-management strategies.	Team Leaders	In progress		Complete	Library created and managed by the team
		11.5 Re-commence face-to-face clinics for symptom control, Lymphoedema and Homeopathy.	Service / Team Leaders	As Scottish Government guidance allows		Complete	Clinics re-established utilising in some cases a blended approach
		11.6 Develop and resource pathways that address health inequalities as a consequence of COVID.	Service / Team Leaders	As Scottish Government guidance allows		Ongoing	This work is ongoing and with the aid of resourcing a hospice at home model would allow greater reduction in health inequalities
In-Patients Services	**12. Psychiatry of Old Age**	12.1 Phased recommencement of discharge services.	Clinical Nurse Manager / Service Leads	As Scottish Government guidance allows		Complete	
	13. Medicine for the Elderly	13.1 Plan for re-commencement of some face-to-face outpatient clinics.	Service leads	As Scottish Government guidance allows	February 2021	Complete	In-line with national guidance face-to-face clinics have been operational at Royal Victoria Hospital since mid-February 2021.
		13.2 Re-commence arrangements for families to join and participate in case conferences.	Service Leads	As Scottish Government guidance allows		Complete	Families are attending face-to-face case conferences where appropriate.
	14. In-patient AHP Services	14.1 Planning for ongoing AHP weekend working across targeted areas.	AHP Managers	March 2022		Delayed – revised completion date March 2023	Targeted OT and physio weekend working implemented across key clinical areas to support patient flow, priority assessments and discharge planning. Clinical areas to date are acute medical, orthopaedics, stroke, surgical and respiratory on-call.
		14.2 Continue to develop the AHP hospital front door model to support more people being moved back into the community setting to receive their care.	AHP Managers	September 2022		Ongoing	OT and physio input into the Home First model of discharge without delay. Working across acute and community AHP services towards seamless care and supported transitions.
		14.3 Continue to develop a flexible workforce to support patient's needs across the transitions from hospital into the community setting.	Integrated Managers	March 2022		Delayed – revised completion date March 2023	OT and physio teams have been working flexibly covering across acute, rehabilitation and community settings to support the transition which can be difficult for patients and carers. The same therapist working across these transitions has been beneficial to ensure continuity of care. AHP support worker staff are now in place to work across these transitions and positive feedback is being received from patient and carers where they are involved.
		14.4 Ensure patients admitted to hospital have an appropriate and timely	Integrated Managers	June 2021		Complete	

		multidisciplinary assessment, including their rehabilitation and ongoing needs, are offered person-centred care which is outcomes focussed and are followed up appropriately after discharge.					
		14.5 Continue to develop models to support earlier discharge through outreach visits and improved overlap / joint working with community teams.	Integrated Managers	August 2021		Ongoing	Ongoing work to support earlier discharge back into the community setting.
		14.6 Continue to develop the CARES service (COVID-Related Advice on Rehabilitation and Enablement Service) to support those affected by long-COVID.	AHP Managers	August 2021		Complete	
		14.7 Develop staff education online resources for the management of long-COVID (NES funding secured).	AHP Managers	August 2021		Complete	Resource has been finalised.
		14.8 Continue to develop the CAPA (Care about physical activity) training and education roll out across wards to promote increased activity and cognitive engagement.	AHP Managers	September 2021		Ongoing	CAPA work was completed in March 2020 and continues to be supported through clinical practice across teams and professions.
		14.9 Continue to develop prehabilitation AHP services where appropriate.	AHP Managers	March 2022		Delayed – revised completion date March 2023	This work has been delayed and is to be revisited during 2022/23.
		14.10 Develop collaborative working between critical care, acute medical and specialist rehabilitation teams to develop rehabilitation pathways for patients who are recovering following treatment in intensive care and high dependency care (whether for COVID-related illness or other critical conditions).	AHP Managers	August 2021		Delayed – revised completion date December 2022	Rehabilitation pathways are under review and will be finalised during 2022.
	15, Centre for Brain Injury (CBIR) and Stroke Service (hosted service)	15.1 Commence remodelling for the new Neuro rehabilitation pathway across Tayside	Service / Team Leads	As Scottish Government guidance allows		Ongoing	Modelling across the pathway continues with a test of change beginning in April for a neuro-rehab hub that includes third sector involvement.
		15.2 Consider a new medical model for the service.	Service / Medical / Team Leads	In progress		Ongoing	New ways of working continue to be explored with potential new medical staff being available later in the year
		15.3 Commence work to develop MDT formats.	Service Leads	June 2021		Ongoing	Quality improvement work has and continues to improve the MDT function with the whole team. The implementation of PDD has aided healthy conversations and has encouraged proactive discharge planning
		15.4 Re-establish home visits for patients who have planned discharge dates as required.	Service Leads	As Scottish Government guidance allows		Ongoing	This is being re-established
		15.5 Appoint Discharge Co-ordinator to facilitate discharge across the site.	Service Leads / Team Leaders	As Scottish Government guidance allows		Completed	Dedicated Discharge co-ordinator working with the team
		15.6 Establish an advisory line for supporting stroke recovery and discharge from hospital for brain injury patients.	Service / Team Leaders	Commence April 2021		Ongoing	This work is under review and ongoing
16. Palliative Care		16.1 Consider the resource required to manage late onset disease with high symptom burden and short to medium	Service / Team Leaders	As Scottish Government		Ongoing	Reviewing current service model and referral criteria to examine and understand demand. Additional

	prognosis as a consequence of late presentation.		guidance allows			resourcing being introduced to community teams to help manage this area of need
	16.2 Prioritise, develop and implement virtual and digital options for Day Services to meet individual and group user needs safely and within service capacity.	Service / Team Leaders	In progress		Competed	As described above in section 11.3
	16.3 Re-commence complex lymphedema services through outpatient appointments.	Service Leads / CNS	As Scottish Government guidance allows		Completed	As described in section 11.5
	16.4 Progress initial priority areas from Tayside Whole System Approach: Supporting End of Life Care & Conserving Critical Medicines during the COVID-19 Pandemic.	Service Leads / Principal Pharmacist / Education Teams	In progress		Completed	Education requirements for teams under constant review. Work re conserving critical medicines throughout the pandemic completed
	16.5 Progress setting specific pathways support models including Community Nursing and Care Homes.	Services Leads / CNS	As Scottish Government guidance allows		Suspended	Not achieved at this time
	16.6 Provide support to patients in community settings to set-up IT devices to enable virtual consultations.	Service Leads	Ongoing		Completed	This is completed within current workforce
	16.7 Establishment of short-term contracts to support ongoing deficits in RMN workforce that cannot be mitigated using other disciplines.	Service Leads	June 2021		Suspended	Unable to recruit any RMN's as a result of challenges in the whole system recruitment of all RMN's
17. Sexual and Reproductive Health (hosted service)	17.1 Maintenance of current services offering LARC, PrEP and urgent and emergency care, as well as more routine care for people from vulnerable and high-risk populations. Patients attending services to be triaged or referred by other clinicians. Telephone or NearMe appointments prior to face-to-face appointments whenever possible.	Integrated Managers	June 2021	June 2021	Complete	
	17.2 Explore novel routes to restart currently paused services in medium risk groups, as capacity and restrictions allow.	Integrated Managers	August 2021	March 2022	Complete	Postal testing test of change commenced and Community Care and Treatment Service support of test of change in Montrose also commenced.
	17.3 Seek to support more young people into services by reviewing way the service is delivered and potential novel routes, as capacity and restrictions allow.	Integrated Managers	August 2021		Delayed – revised completion date March 2022	Increased joint working between The Corner and health outreach / homelessness services. This is broader than sexual health services and extends to holistic, mental wellbeing services and carers. Plans to have social worker based within the service moving forward.
SOCIAL CARE						
18. Social Work / Care Management	18.1 Maintain practices that promote and provide bespoke, person-centred services and supports for individuals and their carers.	Integrated Managers	In place		Ongoing	This practice is embedded into culture and is an ongoing aspect, however further work is being carried out. While some priority areas of long-term improvement activity have recommenced, many services continue to experience demand and staffing pressures that necessitate the prioritisation of immediate service delivery. This will continue to be a focus during 2022
	18.2 Maintain outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision.	Registered Managers	In place		Complete	Outreach provision from Oaklands has now ceased following expiration of temporary changes to Care Inspectorate registration that allowed operation of that service adaptation.

	18.3 Develop and implement models to support reintroduction of day support in-line with Scottish Government guidance and in consultation with Public Health Scotland and the Care Inspectorate.	Registered Managers	June 2021		Ongoing	Day support has recommenced at Oaklands but continues to operate with restricted numbers whilst new drivers are recruited (which has been challenging). Mackinnon Centre day service is under review but continues to operate 1 day per week supporting 10 service users each week.
	18.4 Review care packages that were adjusted due to COVID-19 impacts.	Integrated Managers / Team Managers	July 2021		Complete	Any care package that was adjusted due to the COVID 19 response, such as family supporting individual, or certain parts stepped down, have all been restarted or adjusted back to normal parameters,. However, in times of staffing pressures RAG status is used to inform our service and non-essential visits or care that can be delivered more flexibly or in a different way is implemented. This is also determined by the Scottish Government guidance and in line with consultation from care inspectorate and Public Health Scotland. Individual services continue to gather feedback from service users, carers and wider family members as part of ongoing quality assurance arrangements.
	18.5 Work with provider and care at home sector to monitor re-introduction of packages of care, assess impact on provider recovery plans and agree any relevant actions / supports.	Integrated Managers / Team Managers	August 2021		Complete	Provider Recovery Plans are in place and are sufficient and robust Social Care Contracts Team and operational Contract Lead continue to work with individual providers and through collective provider forums to identify emerging risks and planning mitigating actions. Providers have shared learning through contract monitoring arrangements, informal feedback to the Social Care Contracts Team and through engagement sessions focused on the review of the strategic and commissioning plan. Any care package that was adjusted due to the COVID 19 response, such as family supporting individual, or certain parts stepped down , have all been restarted or adjusted back to normal parameters,. However, in times of staffing pressures RAG status is used to inform our service and non-essential visits or care that can be delivered more flexibly or in a different way is implemented. This is also determined by the Scottish Government guidance and in line with consultation from care inspectorate and Public Health Scotland.
	18.6 Monitor the impact of increased assessment and subsequent allocation priority to those impacted by COVID-19, including considering short and long-term health, care and support needs and subsequent implications for practice (for example, possible requirements for enhanced level of multi-disciplinary assessments required).	Integrated Managers / Team Managers	Ongoing		Ongoing	This will remain ongoing for the foreseeable future.
	18.7 Continue to integrate all aspects of locality working, including integration of	Integrated Managers / Team Managers	August 2021		Ongoing	This is a much larger piece of work involving all community services. Initial phase of enhanced care

	care management teams by fully integrating an adult service in East and West localities and finalising plans to deliver an integrated duty system.					management duty system has been commenced. This is a long-term improvement project with wider scope than COVID remobilisation.
	18.8 Continue to develop closer liaison with other care management teams to support a service wide response.	Integrated Managers / Team Managers	December 2021		Ongoing	This has been embedded as part of mainstream approach to service development and delivery.
19. Public Protection (Adult Protection, Violence Against Women, other issues)	19.1 Plan for and implementing recommencement of face-to-face service user participation in multi-agency adult support and protection case conferences and other multi-agency processes.	Adult Support and Protection Team	May 2021		Delayed – revised completion date April 2022	Participation has been re-established using virtual methods. Return to face-to-face attendance will be progressed, however virtual attendance option will also remain available.
	19.2 Better understand patterns of referral of adults at risk during the pandemic and subsequent actions taken to ensure a robust response where people do not meet the three-point test for statutory intervention.	Adult Support and Protection Team supported by Adult Support and Protection Committee	June 2021	August 2021	Complete	Pattern of referrals from Police remain high, with the majority not meeting the statutory threshold for adult support and protection. Work has been undertaken to strengthen screening processes. Further development is planned through the Transforming Public Protection 2 Programme.
	19.3 Progress the testing and adoption of revised approaches to chronologies, risk assessments and case file auditing.	Operational Management Team	March 2022		Ongoing	There has been limited progress in this area due to ongoing pressures of operational teams. Plans for implementation of this work are being revised as part of the establishment of the Transforming Public Protection 2 Programme.
	19.4 Contribute to the completion of a thematic review of adult protection cases and address areas for improvement arising.	Operational Management Team	May 2021	August 2021	Complete	Review is completed, learning has been disseminated through briefings for operational teams and the Partnership are contributing to the development of improvements actions via the Adult Support and Protection Committee.
	19.5 Enhancing capacity to respond effectively to people who are homeless and having a complexity of need and to anticipated increased demand following withdrawal of temporary legislation prevention evictions / repossessions.	Integrated Manager	June 2021	June 2021	Complete	Pathfinder for Housing First has concluded and new triage system and better screening within housing options has now been implemented. Learning from Housing First model was mainstreamed into new arrangements. Housing Options Social Worker now in post – this is a test of change to run through 2022/23.
	19.6 Implement of video-conferencing to support operation of MARAC (case conferencing for highest risk victims of domestic abuse) and reviewing virtual approach to inform long-term model of operation.	Police Scotland / PP Strategic Support Team	April 2021	April 2021	Complete	Video-conferencing has supported ongoing operation of MARAC since April 2021.
	19.7 Address underlying financial sustainability of specialist violence against women support services, including enhancing short-term capacity in support services to address waiting lists and post-lockdown surge in demand.	COG Sub-group	March 2022		Ongoing	As part of £270K package of support to violence against women services, the Partnership and Dundee City Council has supported temporary enhanced capacity in third sector specialist services. This has directly impacted on reduced waiting lengths for access to services. Please see IJB report: https://www.dundeecity.gov.uk/reports/agendas/hsc151221ag.pdf item 8.
	19.8 Enhance the work of the Gendered Services Group to support mainstreaming of gendered approaches across health and social care services.	Gendered Services Working Group	Ongoing throughout year		Ongoing	Initial discussions have been held with DDARS, this service will be focus of implementation work over 2022.
	19.9 Develop pathways to support for women involved in commercial sexual exploitation who have health and social care needs.	CSE Working Group	In progress	February 2021	Complete	Updated guidance and supporting briefings issued in early 2021.
	19.10 Support the implementation of the integrated strategic protecting people recovery plan.	Senior Management Team	In place		Ongoing	The Partnership continues to contribute to protecting people recovery arrangements through membership

						of the Chief Officers Group and Protecting People Committees / Partnerships.
	19.11 Support the revision of the strategic risk register to shift from a focus on COVID specific risks to 'business as usual' content.	Operational Management Team / PP Strategic Support Team	October 2021	February 2022	Complete	Each protecting people committee/partnership is supporting a gradual transition from COVID focus to wider risk content. This will be an ongoing process over 2022/23. The risk register has now become an embedded feature of the work of each group, including in agenda setting and report content.
	19.12 Contribute to work to identify a future model for delivery of adult and child concern screening functions.	First Contact Team / PP Strategic Support Team	August 2021		Delayed – ongoing.	Plans for implementation of this work are being revised as part of the establishment of the Transforming Public Protection 2 Programme.
	19.13 Contribute to work to identify a future protecting people governance and strategic structure, building on learning from the pandemic period.	Senior Management Team / PP Strategic Support Team	August 2021		Delayed – revised completion date June 2022	Preferred structure identified from initial stakeholder consultation. Full business benefits analysis being undertaken including further engagement with stakeholders.
	19.14 Embed trauma-informed practice across health and social care services, including developing trauma-informed organisational cultures and recognising the impact of trauma on and value of lived experience within the workforce.	Trauma Champions / Senior Management Team	March 2022		Ongoing	Range of work has progressed including test of change in operational services, leadership development, identification of senior trauma champions, training needs analysis and development of infrastructure to support lived experience contributions from the public and workforce. See most recent report to the IJB: https://www.dundeecity.gov.uk/reports/agendas/hsc151221ag.pdf item 10.
20. Care Homes	20.1 Maintain intensive support to all care homes as per care home plan submitted to Scottish Government.	Integrated Managers / Care Home Oversight Group	Ongoing		Ongoing	Minimum twice weekly multi-disciplinary safety huddles take place. Actions planned and escalation to oversight groups as necessary.
	20.2 Work across Tayside to establish additional support for care homes including a flexible social care staff team, access to ancillary supports and management and leadership support.	Integrated Managers / Care Home Oversight Group	Ongoing		Ongoing	Operational and oversight groups take place across Tayside to discuss supports and action plans.
	20.2 Review enhanced governance and support arrangements in line with national guidance	Integrated Managers / Care Home Oversight Group	Ongoing		Ongoing	Dundee representation at oversight groups to ensure governance and support to the sector.
	20.3 Release capacity of Care Home Team from quality assurance activity and recommencing planned improvement activities.	Integrated Managers	August 2021	August 2021	Complete	Care home team working on a range of improvement activities in addition to ongoing assurances and support activities.
	20.4 Review models of care home-based services, including respite care and intermediate care for people living with mental health challenges (commenced prior to the pandemic but paused during lockdown).	Integrated Managers	December 2021	March 2022	Complete	Unit is now operational and contributing to the prevention of unnecessary mental health hospital admissions, and supporting better discharge journeys for people. New respite unit to open in April 2022 in partnership care home
21. Care at Home	21.1 Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment.	Integrated Managers	Ongoing		Ongoing	Team are fully established. Next phase of development is to more closely align to care at home services.
	21.2 Enhance our focus on implementation of eligibility criteria to support streamlined referral processes.	Integrated Managers	August 2021		Delayed – revised completion date April 2022	Eligibility Criteria has been updated with a view to finalise and sign this off by April 2022;this will then cascade out to all practitioners to implement.

22. Housing Support / Care at Home	22.1 Considering the impact of the delay in new tenancies due to the pause in construction.	Integrated Managers / Social Care Contracts	In place		Ongoing	There has been significant delay as a consequence of new developments not meeting target date. Updates are provided consistently through the Resource Allocation Meeting and actions taken to mitigate impact on individuals, their families and on the wider health and social care system. Despite mitigating actions a negative impact remains, exacerbated by staffing pressures within the care sector.
	22.2 Supporting a cross sector workforce planning model that enables flexible staffing levels that aid mitigation of the impact of increased levels of absence and to maintain emotional wellbeing.	Integrated Managers / Social Care Contracts	Formalise current practice and further enhance by September 2021	September 2021	Complete	All internal staff can work across all internal services. External organisations developed their own remobilisation / contingency plans and these have been successfully implemented.
	22.3 Increasing leadership capacity in some areas (cross sector) to help meet the increased demands relating to COVID recovery and to support new ways of working.	Integrated Managers / Social Care Contracts	August 2021		Ongoing	This is now being progressed through business as usual service planning and budget setting processes.
	22.4 Continuing to work in partnership cross sector to ensure adequate funding through the recovery phase. Opportunities to review outcomes for people and establish future support models may lead to a need to disinvest in some areas and reinvest in others.	Integrated Managers / Social Care Contracts / Finance	In place		Ongoing	Adequate funding is in place, many organisations have benefitted from remobilisation funds, as well as accessing the Financial Assistance Scheme. Opportunities for longer-term redesign and improvement continue to be identified as pandemic response progresses and approach to post-pandemic living becomes clearer.
23. Carers	23.1 Continue to work with local carers, carer's organisations, other agencies, local communities and other stakeholders to better understand the impacts of lockdown on their needs / priorities and develop enhanced responses, including to carer stress.	Dundee Carers Partnership	April 2021	March 2021	Complete	Carers engagement activities reported to the IJB: https://www.dundeecity.gov.uk/minutes/report?rep_id=DIJB49-2021
	23.2 Collate national research and data reflecting carer's circumstances and changed circumstances during pandemic in order to analyse what is needed for future strategy.	Dundee Carers Partnership	June 2021	September 2021	Complete	Carers strategic needs assessment completed and approved: https://www.dundeecity.gov.uk/reports/agendas/hsc151221ag.pdf item 9.
	23.3 Sustain and further develop supports for members of the workforce who as well provide care and support to someone else in their own time.	Workforce Leads	Ongoing throughout year		Ongoing	Both NHS Tayside and Dundee City Council continue to support staff who are unpaid carers through a range of HR policies and procedures.
	23.4 Recommence development work to fully implement and embed Adult Carer Support Plan (ACSP) and Young Carer Statement (YCS) work by summarising progress so far and co-ordinating with Personalisation Board to ensure whole family/caring situation is considered and supported.	Integrated Managers / Strategy and Performance Service / Carers Partnership	From April 2021		Ongoing	Two ACSP Improvement workshops have been delivered involving a wide range of practitioners who work with adult carers. Information from workshops to be analysed and shared with Carers Partnership. Young Carers Statement work lead through Children's Services, Dundee Carers Centre and Young Carers. Significant increase in YCS numbers and effectiveness. This area of work is included in A Caring Dundee 2.
	23.5 Consider how best health inequality developments can support further preventative and early intervention work for carers.	Carers Partnership / Health Inequalities Manager	October 2021		Ongoing	Carers Health Checks for adults continue to be made available by remote means areas where appropriate in local areas and Dundee Carers Centre. Opportunities for these are expected to increase as

						are requests as carers numbers have increased as have their roles and responsibilities. Carers Act implementation Funding utilised to deliver Young carer Health Checks Test of Change. This area of work is included in A Caring Dundee 2.
	23.6 Ensure the work of Dundee Partnership fairness and social inequality activities take account of Carers matters including intersectionality of Carers, association with disabled people and those with protected characteristics including race and age.	Carers Partnership / Health Inequalities Manager	Ongoing		Ongoing	Dundee Carers COVID Engagement information enhanced learning from Engage Dundee, increased understanding of Carers across Dundee Partnership and acknowledgement of intersectional issues, including health inequalities.
	23.7 Progress refresh of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and the Short Breaks Services Statement	Dundee Carers Partnership	October 2021	September 2021	Complete	A Caring Dundee 2 has been approved by the IJB: https://www.dundeecity.gov.uk/minutes/report?rep_id=DIJB49-2021
COMMUNITY MENTAL HEALTH (INCLUDING DRUG AND ALCOHOL SERVICES)						
24. Community Mental Health and Learning Disability	24.1 Further increase capacity to provide a range of short breaks as an alternative to more traditional forms of respite, both to support lifestyle choices for people and to increase the level of support offered to carers. Mental Health and Learning Disability Teams have re-commenced their own short-break applications processes for breaks that can be arranged in accordance with the future easing of lockdown restrictions.	Integrated Managers	In place		Ongoing	A variety of short-break arrangements have been utilised in response to peoples' preferences and to manage a reduction in capacity at Fleuchar Street (breaks funded through the Financial Assistance Scheme). This area is currently being further explored to agree a long-term, sustainable approach.
	24.2 Develop cross sector day supports that enable opportunities seven days per week and that provide increased respite for carers.	Integrated Managers / Social Care Contracts	December 2021		Ongoing	This has been incorporated into service plans. Progress has been challenging due to staffing pressures and ongoing demand for service Monday to Friday.
	24.3 Assess and address the impact of reduced day service provision on individuals, family carers and organisations.	Integrated Managers	In place		Ongoing	This continues to be monitored through RAG process. Day service provision is steadily increasing, with some areas returning to almost pre-pandemic levels. White Top Day Service is fully operational and providing support to people at pre-pandemic levels.
	24.4 Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Including working proactively with landlords to enable quicker response times for use of housing stock.	Integrated Managers / Social Care Contracts	In place		Ongoing	Housing stock is available, however progress continue to be impacted by staffing pressures.
	24.5 Explore outings to access community facilitates where guidelines/ route map support this and risk assessments, safe working practices are met.	Registered Managers	June 2021	June 2021	Complete	
	24.5 Move to a more integrated model of health and social care assessment and care management.	Integrated Managers	Monitoring in place. Integrated model by December 2021	September 2021	Complete	
	24.6 Continue to monitor the effect of the Council's charging policy, particularly in circumstances where people deemed to be at risk do not engage with (chargeable) support and, as a result, pressures may	Integrated Managers	In place		Ongoing	Penumbra continue to report where there is non-engagement as a consequence of charging, including notification to the referring agency. Where

	become apparent in other areas of provision.					possible this impacted is mitigated utilising the Peer Workers, which is not a chargeable service. Temporary remobilisation funding has been allocated to Haven, Wellbeing Works, Dramatherapy and Art Angel to accommodate additional referrals.
	24.7 Establish a digital radio station to provide accessible information for people less likely to engage with conventional services and / or out-with current service hours.	Integrated Manager	October 2021		Delayed – revised completion date October 2022	
	24.8 Opening of the hydrotherapy pool at White Top determined by both national and local guidance, risk assessments being in place and agreed systems and working arrangements.	Registered Manager	Summer 2021		Delayed – revised completion date to be confirmed	This has not been possible to date following risk assessment.
	24.9 As a means of reintroducing face to face support, develop socially distanced 1:1 walking consultations with Nursing and Allied Health Professional staff utilising the abundant local green spaces.	Team Leaders	In place	September 2021	Complete	
	24.10 Gradually re-introduce of some elements of care and treatment in congregate settings if all environmental adjustments, training and workforce arrangements are in place. Priority will be given to supported people who live at home with family / carers.	Integrated Managers / Managers	June 2021		Ongoing – incremental re-introduction	This continues to be incrementally reintroduced, however risk assessments have meant that progress has been limited to date.
	24.11 Fully embed the Dundee Mental Health Discharge Hub within established team structures and address the priority to make this a seven-day service.	Integrated Managers / Nurse Manager	August 2021	August 2021	Complete	
	24.12 Engage in a whole-system approach to patient flow between adult mental health community and in-patient settings.	Integrated Managers / Nurse Manager	In progress	September 2021	Complete	
	24.13 Address the significant capacity issues within the Tayside Adult Autism Consultancy Team whilst leading a neuro-developmental pathway work-stream (as part of a Tayside wide Change Programme) to respond to both locally identified need and emergent national priorities.	Integrated Manager	October 2021		Ongoing	This continues to be challenging. Staffing levels have been increased due but use of bank nursing staff and one day Consultant time. However, significant increase in referral rate is also apparent. Clinical Lead exploring shifts in models of care to address acute pressures.
	24.14 Expand mental health resources delivered at GP Practice level to ensure provision across all practices.	Lead Clinician, Dundee Adult Psychological Therapies Service	Incremental increase scoped		Ongoing	There continues to be challenges recruiting psychology time. However, Band 6 nursing posts will be introduced with recruitment advancing when Agenda for Change approval is finalised.
	24.15 Collaborate with the Physical Health Co-Ordinator, within the Mental Health section of Public Health, to assist the initial scoping and further development of the `Bridging the Gap` project.	Integrated Manager	May 2021		Delayed – revised completion date to be confirmed	Not further update available due to capacity pressures.
	24.16 Continue to assess and plan Mental Health Officer staffing in line with increasing demand in relation to the statutory duties arising from both the Mental Health Act and Adults with Incapacity Act work, including the cumulative effect of the temporary suspension of Scottish Court processes.	Integrated Manager	In place		Ongoing	Two additional posts currently being recruited to.
	24.17 Establish a Medication Concordance Framework of support around people with challenges arising from mental health or	Integrated Managers / Nurse Manager	July 2021	July 2021	Complete	

	learning disabilities. This development will utilise the skills of nurses, AHPs and pharmacists with enhanced prescribing skills to improve both mental wellbeing and physical health.					
25. Community Older People's Mental Health	25.1 Explore further 'step-up / step-down' models of care for Psychiatry of Old Age to reduce inappropriate hospital and care home admissions.	Service Leads	April 2021	April 2021	Complete	
	25.2 Expansion of post-diagnostic service to include on-line models of groupwork and support.	Lead Clinician	July 2021	July 2021	Complete	
26. Psychological Therapies (hosted service)	26.1 Expand internet enabled Cognitive Behavioural Therapy for Adult Psychological Therapies.	Lead Clinician	In place		Ongoing	Clinical Leadership sessions and administrative support for programmes continue to be in place. This allows close links with national programmes where we continue to maximise use of nationally available treatment interventions.
	26.2 Reinstate services that have temporarily ceased (e.g. psychological assessment for Bariatric Surgery and Exceptional Aesthetic Surgery).	Director of Psychology	June 2021	June 2021	Complete	All psychological services are being provided although with a new balance in the use of NearMe or telephone contact. Exceptional Aesthetic Surgery ceased during COVID and is still not being provided across Scotland. There are therefore no patients to assess from a psychological perspective. Bariatric surgery also remains paused but these patients are being assessed psychologically.
	26.3 Consider recruitment options to attract a greater number of suitable candidates.	Locality Manager / Director of Psychology / HR	April 2021		Complete	A national psychological therapies recruitment process is in place (first round in March / April 2022). Additionally, cohort interviewing for a number of posts sing a single recruitment process has been used locally and will continue where appropriate.
	26.4 Introduce dedicated In-Patient Adult Psychological Therapies Services for people who experience mental ill health and people with learning disabilities.	Locality Manager / Director of Psychology	June 2021		Delayed – revised completion date November 2022	Two rounds of recruitment have been unsuccessful. Posts will be remodelled to include a Consultant post to determine if increased support and leadership makes posts more attractive.
	26.5 Establish accelerated referral pathway for health and social care staff requiring psychological intervention as part of the overall staff wellbeing framework for Dundee Health and Social Care Partnership.	Locality Manager / Director of Psychology	April 2021		Delayed – revised completion date June 2022	Pathway still to be established locally.
	26.6 Develop a commissioning framework for the provision of Psychological Therapies that will support the ongoing development of new and revised patient pathways.	Locality Manager / Director of Psychology / Clinical Lead for MH/LD	September 2021		Delayed – revised completion date May 2022	Tayside wide psychological therapies commissioning group to be established by May 2022. The structure of this framework has been outlined and consultation taken place within psychological therapies about staff representation.
27. Community Drug and Alcohol Services	27.1 Review plan for return to community pharmacy dispensing following changes to Scottish Government guidance for people who are shielding.	Dundee Drug and Alcohol Recovery Service	In-line with Scottish Government guidance	April 2021	Complete	
	27.2 Review and implement access pathways, including options for re-opening of direct access, taking account of social distancing requirements, physical environment and staffing capacity.	Dundee Drug and Alcohol Recovery Service	In-line with Scottish Government guidance		Ongoing	This is being continuously reviewed and progressed, however ability to re-opening direct access provision is impacted by ongoing staffing pressures within DDARS.

	27.3 Review capacity to provide outreach services and respond to increasing demand from those people whose drug and alcohol use has started / escalated during lockdown.	Dundee Drug and Alcohol Recovery Service	In progress		Ongoing	Work is ongoing to develop the staffing capacity, clinical and social work, to increase assertive outreach provision.
	27.4 Review and implement the delivery model for psychosocial interventions considering whole system of care approach.	Dundee Drug and Alcohol Recovery Service	In progress		Ongoing	Through the Alcohol and Drug Partnership the Dundee Drug and Alcohol Recovery Service continues to participate in the development of a recovery orientated system of care.
	27.5 Contribute to work across the Alcohol and Drugs Partnership to progress the implementation and monitoring of the Action Plan for Change. Specific focus on working with General Adult Psychiatry to implement NICE Guideline 58 through the work on the Whole System of Care test of change supported by the Drugs Death Taskforce Multiple and Complex Needs funding stream.	Dundee Drug and Alcohol Recovery Service	From April 2021 (as set out in CORRA fund application)		Ongoing	Following publication of the Dundee Drug Commission 2 Report in March 2022 the ADP is reviewing both its strategic plan and action plan for change with a view to agreeing a single, prioritised strategic and commissioning plan. This will reflect a range of recent additional investments in drug and alcohol services from the Scottish Government and ongoing improvement activities.
	27.6 Plan for local investment of additional funds announced by the Scottish Government for the enhancement of residential rehabilitation and community-based services.	Dundee Alcohol and Drugs Partnership	In-line with Scottish Government guidance		Complete	Rehabilitation pathway has been approved and funding application has been made to CORRA for additional staffing (to be commissioned from third sector). Other enhancements to pathway also being considered.
	27.7 Contribute to work across the Dundee Alcohol and Drugs Partnership to review options for resuming peer support work, including SMART meetings and the work of the peer volunteers.	Dundee Drug and Alcohol Recovery Service	In-line with Scottish Government guidance		Complete	Peer support groups now meeting on-line and in person. On-line groups have proved to be a valuable approach and will remain as part of ongoing service delivery.
	27.8 Implement medication assisted treatment standards.	Dundee Drug and Alcohol Recovery Service	In progress		Ongoing	Significant additional investment and support has been provided by the Scottish Government to support this area of work. The ADP has completed a self-assessment in relation to status against each standard and priority actions to progress full implementation.
28. WINTER PLANNING (Tayside wide plan)	28.1 Reinvestment of intermediate care resource to further develop robust community rehabilitation model to support and promote earlier discharge home from hospital.	Actions managed through Tayside Winter Planning programme			Actions managed through Tayside Winter Planning programme	Winter planning arrangements for 2021/22 have been successfully implemented.
	28.2 Build on the Frailty at the Front Door model already successfully implemented in AME unit, by developing a community triage service for those frail patients who may be able to receive appropriate care and treatment in their own homes.					
	28.3 Expansion of the existing social care/community nursing assessment service developed in response to the COVID Hub model to support community triage.					
	28.4 Further development of ECS/DECSA to support Hospital at Home. Identified as pilot site for HIS Hospital@Home trial.					
	28.5 Focus on implementation of eligibility criteria to reduce reliance on scarce social care resource.					
	28.6 Strengthening of third sector interface to promote the use of alternative community supports as part of Home First strategic redesign work.					

	28.7 Development of a 7-day model of working across Partnership services.					
	28.8 Development of a community capacity situational awareness communication system to promote better whole system working across primary and secondary care.					
	28.9 Development of intermediate care provision for older people with mental health problems.					
	28.10 Remodelling of Integrated Discharge Hub to support improved patient flow.					
	28.11 Ongoing home care and deteriorating improvement work in the community.					
	28.12 Additional investment in the falls and community rehabilitation pathways through remobilisation monies.					
	28.13 Continued development of an amputee pathway to improve patient flow.					
	28.14 Expansion of the MFE Frailty model, into Surgical and Orthogeriatrics to improve patient experience.					
	28.15 Continued development of joint working arrangements across Tayside Partnerships to promote standardised models of working and simplified referral pathways for clinical staff.					
	28.16 Implementation of a flu campaign which covers patients over 50, vulnerable groups and staff.					
	28.17 Development of community diagnostic services - initially phlebotomy.					
	28.18 Further investment in social care to support early discharge over winter.					
	28.19 Refinement of stroke pathway to improve patient experience.					
	28.20 Fully establish the Mental Health Discharge Hub to extend transitional care to 6 days and support mental health in-patient stays that are as brief as possible whilst preserving safety.					
29. THIRD AND INDEPENDENT SECTOR	29.1 Support the recovery of commissioned capacity where this has been restricted as a result of the pandemic.	Social Care Contracts / Operational Contract Leads	Ongoing throughout year		Ongoing	Social Care Contracts Team and operational Contract Lead continue to work with individual providers and through collective provider forums to identify emerging risks and planning mitigating actions.
	29.2 Support the reinstatement of full contract monitoring reporting and financial reconciliation and developing and implementing associated processes / approaches.	Social Care Contracts	March 2022		Ongoing	Contract monitoring and financial reconciliation continue to be adapted on a case-by-case basis to reflect the pressures, circumstances and risks in individual services and service sectors.
	29.3 Work with providers to identify and address any areas of business risk and/or sustainability issues.	Social Care Contracts / Operational Contract Leads	Ongoing throughout year		Ongoing	Social Care Contracts Team and operational Contract Lead continue to work with individual providers and through collective provider forums to identify emerging risks and planning mitigating actions.
	29.4 Work with providers to support timely submission and processing of financial sustainability claims.	Social Care Contracts	In place		Ongoing	This has been sustained throughout the pandemic period.

	29.5 Review the frequency of provider communication updates in-line with the developing profile of the pandemic.	Social Care Contracts	Quarterly review		Ongoing	Updates continue to be issued as and when required and to be focused on COVID specific information.
	29.6 Work with health and social care providers to identify learning from the pandemic response period and to incorporate learning into operational and strategic improvement plans activities as well as contractual frameworks.	Social Care Contracts / Operational Contract Leads	Ongoing throughout year		Ongoing	Providers have shared learning through contract monitoring arrangements, informal feedback to the Social Care Contracts Team and through engagement sessions focused on the review of the strategic and commissioning plan.
	29.7 Consider learning and recommendations from the Adult Social Care Review and its implications for commissioning and procurement functions.	Social Care Contracts / Senior Management Team	October 2021	December 2021	Complete	Social Care Contracts Team has considered this information and that included in the consultation for the National Care Service. Potential implications have also been discussed through national networks and professional organisations.
30. WORKFORCE	30.1 Continue to develop and promote workforce Wellbeing Service (DCC) and opportunities for rest and recuperation.	Wellbeing Leads / Senior Management Team	Ongoing throughout year		Ongoing	DCC Wellbeing Service continues to be promoted to individuals, teams and services as a key resource for supporting wellbeing.
	30.2 Finalise and implement the DHSCP Workforce Wellbeing Framework alongside approaches to monitor and evaluate impact.	Wellbeing Leads / Senior Management Team	From March 2021	June 2021	Complete	
	30.3 Support all services / teams to plan for long-term blended approach to service delivery (mix of building base and home-working). This will include reviewing long term working patterns and addressing the IT requirements for staff.	Workforce Leads / Well being Leads / Team Leads	October 2021		Delayed – revised completion date June 2022	Further guidance on hybrid working arrangements is awaited from DCC to allow integrated teams to plan for future working patterns and approaches. This action has also been impacted by ongoing property rationalisation programmes in both DCC and NHS Tayside.
	30.4 Continued contribution to wider programme of work to develop trauma informed organisational cultures across Community Planning partners in Dundee and to recognise and value workforce lived experience.	Wellbeing Leads	March 2022		Ongoing	Range of work has progressed including test of change in operational services, leadership development, identification of senior trauma champions, training needs analysis and development of infrastructure to support lived experience contributions from the public and workforce. See most recent report to the IJB: https://www.dundeecity.gov.uk/reports/agendas/hsc151221ag.pdf item 10.
	30.5 Review DHSCP Workforce Plan as part of overall programme of work to review the DHSCP Strategic and Commissioning Plan and companion documents.	Workforce Leads / Strategy and Performance Service	March 2022		July 2022	Work has commenced to review the DHSCP Workforce Plan. A working group has been established and is meeting regularly to progress this work, chaired by Head of Service, Health and Community Care.
CLINICAL, CARE AND PROFESSIONAL GOVERNANCE						
31. Clinical, Care and Professional Governance	31.1 Maintain full remit of clinical, care and professional governance activities across all services utilising remote working solutions and / or face-to-face sessions as appropriate.	CCPG Group	Ongoing throughout year		Ongoing	Maintained reporting trough Performance and Audit Committee and Clinical Governance Committee throughout the pandemic period with all assurance reports providing moderate assurance. Groups have continued to meet throughout the pandemic and receive exception reports from the majority of services. Where gaps exist, conversations are initiated to ensure clinical, care and professional governance work is ongoing.
	31.2 3Develop a governance facilitator post to enhance and embed local data systems to support managers decision making in relation to governance and performance through the post-COVID period.	CCPG Group	April 2021	April 2021	Complete	
	31.3 Ensure changes implemented through COVID response period are reflected through exception reports at primary	CCPG Group	Ongoing throughout the year		Ongoing	COVID-19 is a standing agenda item for the Clinical, Care and Professional Governance Group. Exception reports are reflecting specific COVID-19 risks and

	governance groups and the clinical, care and professional group.					issues and the good work generated by teams, including digital development work.
	31.4 Ensure that short, medium and long-term impacts of COVID response period are built into governance reports alongside existing report parameters.	CCPG Group	Ongoing throughout the year		Ongoing	COVID-19 will continue to be a standing item on this agenda and will be reflected as required through the risk register. Workforce planning development will also support the impacts of COVID and our response.
	31.5 Maintain an overview and monitoring of care homes.	CCPG Group	Ongoing throughout the year		Ongoing	Robust structure in place for care home oversight across the Partnership and Tayside.
32. Infection Prevention and Control	32.1 Review functions of PPE Hub in-line with Scottish Government guidance and adapting processes and resourcing as required.	Integrated Manager	Ongoing throughout the year		Ongoing	Changes to national guidance have continued to be adapted into the delivery model at the PPE Hub. Changes are communicated to providers and other relevant sectors via established provider communication routes. Significant changes over recent months have included the facilitation of routine LFD testing across the social care provider group.
	32.2 Maintain sustainable arrangements for continued provision of PPE, including the Hub arrangements and working towards appropriate exit plans.	Integrated Manager	March 2022		Ongoing	The Scottish Government has adapted and extended the Hub remit until September 2022. A MOU is being consulted on between national and local partners to support this. Redeployment of staff to sustain the hub is being progressed through HR processes. The Hub will relocate to an alternative site from 1 April 2022, co-locating with Dundee City Council.
	32.3 Implement actions arising from Dundee / NHS Tayside risk assessments for PPE in community-based care services, including for personal assistants and unpaid carers.	Operational Managers	Ongoing throughout the year		Ongoing	Joint planning and working with NHS Tayside and Dundee City Council has continued, with contingency arrangements in place. Most recently this has supported the distribution of transparent masks within strict criteria set by the Scottish Government.
	32.4 Consider and respond to revised guidance for service delivery, in line with national guidelines.	All Services	Ongoing throughout the year		Ongoing	All guidelines shared whenever changes are made. Support to implement changes is provided by the Infection Prevention and Control Team and Health Protection Team depending on the area and situation.
	32.5 Embed COVID related Infection, Prevention and Control practice across all aspects of the workforce as business as usual.	All Services	Ongoing throughout the year		Ongoing	Six-weekly Infection, Prevention and Control Group is established within the Partnership providing support and assurance related to infection prevention and control. Day-to-day support available from the Infection Prevention and Control Team and Health Protection Team.
	32.6 Further develop local audit and monitoring arrangements for Infection, Prevention and Control procedures and practice through the DHSCP Infection, Prevention and Control Group.	All Services	Ongoing throughout the year		Ongoing	Audit procedures and reporting are well established with inpatient areas and are gradually being adapted and adopted in other areas. This process is likely to continue over 2022/23 due to complexities of integration.
33. Staff Testing	33.1 Embed expanded asymptomatic staff testing across health and social care services as described in national guidance. Including supporting the expansion of lateral flow device testing in-line with Scottish Government guidance via NSS distribution streams and through the Dundee PPE Hub.	All Services	Ongoing throughout the year		Ongoing	Testing continues to operate across all services in-line with current national guidance.
	33.2 Monitor local data to assess compliance with national guidance.	All Services	Ongoing throughout the year		Ongoing	National testing data is reviewed as part of overall arrangements for testing and staff support.

	33.3 Work with staff side representatives / trade unions to continue to support uptake of symptomatic and asymptomatic testing by the workforce.	All Services	Ongoing throughout the year		Ongoing	Staff side representatives / trade unions continue to support discussion where any concerns arise.
	33.4 Plan for integration of staff testing as part of business as usual living with COVID provisions.	All Services	Ongoing throughout the year		Complete	Staff testing has been routine part of service delivery in relevant areas.
34. Vaccination	34.1Continue activity to support the completion of the health and social care staff COVID vaccination programme, supporting this on an ongoing basis if required.	Actions managed through Tayside wide vaccination programme			Initial and booster programme complete.	
	34.2 Continue leadership from Primary Care to progress the roll out the public COVID vaccination programme.				Initial programme input complete, booster programme contribution now ongoing.	
	34.3 Work with NHS Tayside to develop sustainable plans for longer-term delivery of COVID-19 vaccination, as this is known.				Ongoing	
	34.4 Continue communications activity, in partnership with Public Health and staff-side / trade unions representatives, to actively promote take-up of the COVID vaccine by the health and social care workforce and the general population.				Initial and booster programme complete.	
	34.5 Continue to develop a new model for flu delivery building on the learning across Tayside from the last year. The model will continue to transfer vaccine delivery from practice teams to a HSCP model of delivery.				Complete	Flu vaccination programme for 2021/22 has been successfully completed.
35. DIGITAL WORKING AND INFRASTRUCTURE	35.1 Continue to expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs whilst (along with local partners) also considering how to reduce digital health inequalities.	Team Leads	Ongoing		Ongoing	Roll out of range of virtual platforms has continued across services. COVID remobilisation funds and additional investment in digital from Scottish Government has been utilised to reduce impact of digital exclusion.
	35.2 Continue to increase availability of IT hardware in order to fully utilise NearMe Tayside, Microsoft Teams and other digital platforms to sustain core business for those home working. e.g. provision of NHS and DCC IT equipment for all who require these.	Team Leads	Ongoing		Ongoing	DCC and NHS Tayside continue to roll out implementation of Teams across all workforce groups, including provision of IT hardware.
	35.3 Continue to build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council.	Workforce Leads / Digital Leads	Ongoing throughout year		Ongoing	DCC digital learning centre has been developed to support the workforce to utilise full Teams functionality.
	35.4 Continue to develop Mobile WiFi hubs in identified locations to support laptop access to NearMe Tayside, Microsoft Teams and other digital platforms to provide essential links for clinical recording.	Digital Leads (NHS Tayside and Dundee City Council)	Tbc		Ongoing	DCC is currently progressing a programme of wifi upgrades across a number of sites. NHS Tayside has improved wifi hubs at Kings Cross Hospital to the benefit of physiotherapy outpatients. Plans are in place for the MacKinnon Centre to improve access for First Contact Physiotherapy and Care and Treatment Services.
	35.5 Scope workforce training and development needs to support increased emphasis on blended service delivery and identify appropriate responses.	Workforce Leads / Digital Leads	In progress		Ongoing	Corporate bodies are continuing to develop and provide digital support as news systems are introduced.

	35.6 Work within NHS Tayside to implement their Digital Infrastructure and Innovation Mobilisation Plan, including elements supporting safe remote access to patient records and recording and safe remote patient monitoring and consultation.	Digital Leads	Ongoing throughout year		Ongoing	NHS Tayside continue to implement plans, however there is a need to strengthen interfaces with the Partnership's IT Project Board to ensure joint working and alignment across the whole health and social care system.
	35.7 Work with Dundee City Council to engage with Using Your Own Device roll-out where appropriate in a work context.	Team Leads	June 2021	June 2021	Complete	
36. COMMUNICATIONS AND ENGAGEMENT	36.1 Continue to communicate with service users and carers to keep them updated regarding service provision (general developments and individual specific matters), including developing specific messaging focused on the local roadmap to recovery of health and social care services and supports.	Strategy and Performance Service / Communications Team (NHS Tayside and Dundee City Council)	June 2021		Ongoing	Public communications have been supported by DCC and NHS Tayside Communications Teams. This has been limited by pressures within these services and overall availability of capacity to support communications activities.
	36.2 Review and utilise national communication plans and resources for remobilisation for local implementation / messaging.	Communications Team (NHS Tayside and Dundee City Council)	Ongoing throughout year		Ongoing	
	36.3 Progress engagement activity associated with the review of the Partnership's Strategic and Commissioning Plan.	Strategy and Performance Service	October 2021	February 2022	Complete	Public survey and public consultation sessions have been run throughout late 2021 and early 2022 to contribute to the review of the plan.
	36.4 Complete analysis of public surveys already undertaken and incorporating key priorities and actions within revisions of strategic and action plans.	Strategy and Performance Service	October 2021	March 2022	Complete	This has been considered alongside other sources of information as part of the review of the strategic needs assessment and strategic and commissioning plan.
37. GOVERNANCE AND STRATEGIC PLANNING	37.1 Review incident response structure, including frequency of briefing of voting members of the IJB, and supporting phased return to business as usual management structures.	Senior Management Team	Monthly review		Ongoing	Incident response structure has continued to evolve during the last year with frequency of meetings stepped up and down according to circumstances.
	37.2 Re-commence face-to-face priority governance meetings, including the IJB and PAC (with continued option for remote participation for people who are shielding or in high risk groups).	Senior Management Team	March 2022		Ongoing	This is currently being considered as part of planning for return to offices following change in national guidance in early 2022.
	37.3 Progress review of Partnership's Strategic Needs Assessment to incorporate data regarding impact of COVID-19 pandemic.	Strategy and Performance Team	October 2021		Complete	Strategic needs assessment completed and approved: https://www.dundeecity.gov.uk/reports/agendas/hsc151221ag.pdf item 9.
	37.4 Completion of statutory review of the Partnership's Strategic and Commissioning Plan (for completion March 2022 at the latest).	Strategy and Performance Team	March 2022	February 2022	Complete	Statutory review completed and IJB has agreed to extend the existing plan for a further one year period: https://www.dundeecity.gov.uk/reports/agendas/hsc230222ag.pdf item 12.
	37.5 Completion of the revision of the Dundee Health and Social Care Integration Scheme in collaboration with IJBs and corporate body partners across Tayside.	Chief Finance Officer / Service Manager, Strategy and Performance	October 2021		Delayed – revised completion date June 2022	Work to revise the scheme continues between the partners. It is anticipated that a draft scheme will be available for public consultation in May 2022. Most recent update report to the IJB: https://www.dundeecity.gov.uk/reports/agendas/hsc230222ag.pdf item 14.
	37.6 Completion of the revision of the Dundee Carers Strategy.	Carers Partnership	October 2021		Ongoing	A Caring Dundee 2 has been approved by the IJB: https://www.dundeecity.gov.uk/minutes/report?rep_id=DIJB49-2021.
	37.7 Revise operational and strategic risk registers for the recovery phase.	Senior Officer, Business Support / Operational Managers	Ongoing throughout year		Complete	Work continues to further develop risk registers as part of business as usual governance activity.

	37.8 Consider learning and recommendations from the Adult Social Care Review and its implications for Integration Joints Boards.	Extended Management Team	Ongoing throughout year		Ongoing	The IJB has received reports on IRASAC and subsequently on the consultation on the establishment of a National Care Service. Further work will be undertaken once the Scottish Government has clarified plans for implementation of proposals.
38. FINANCE	38.1 Continue to ensure all additional COVID expenditure is identified and recorded appropriately.	Chief Finance Officer	Ongoing throughout year		Ongoing	COVID expenditure has continued to be recorded and reported in-line with national guidance.
	38.2 Continue to produce financial monitoring projections outlining the impact of COVID on the HSCP financial position and subsequent reporting through the relevant governance structures including the Scottish Government.	Chief Finance Officer	Ongoing – monthly, quarterly and ad hoc reporting		Ongoing	Financial monitoring reports have continued to include an overview of the impact of COVID on the Partnerships financial position.
	38.3 Work with operational managers to identify potential financial implications of changes to service delivery as a result of COVID-19.	Chief Finance Officer	Ongoing		Ongoing	Finance Service has continued to work closely with operational teams to identify impacts of changes in service delivery and to plan for the effective use of COVID remobilisation funds.
	38.4 Ensure care providers sustainability payments are paid promptly following authorisation.	Chief Finance Officer	In place		Ongoing	Through the Social Care Contracts Team and Finance Service timely provider payments have been maintained throughout the pandemic period.

ITEM No …10……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20 APRIL 2022**

REPORT ON: **HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT ARRANGEMENTS**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB34-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to recommend a revised method of delivering annual performance reporting requirements from 2021-22 onwards.

2.0 RECOMMENDATIONS

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

2.1 Note the historic approach to delivering the IJB's Annual Performance Report and feedback received from stakeholders, including members of the public (section 5).

2.2 Approve the proposal that for the 2021/22 reporting year the IJB publishes a summary version of the annual performance report only (section 6.1).

2.3 Approve the proposed approach to delivering the annual performance report in 2022/23, testing a modern approach to delivering performance information to the public in a more accessible format whilst still meeting statutory requirements (sections 6.2 and 6.3).

2.4 Note that the approach to delivering the annual performance report will continue to evolve and develop over the coming years as new approaches are tested, the Strategic and Commissioning Plan is reviewed and implementation of the National Care Service is progressed.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 Background Information

4.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that Integration Authorities must prepare an annual performance report for each reporting year. A performance report is described as a report which sets out an assessment of performance by each Integration Authority in planning and carrying out its integration functions. The Public Bodies (Content of Performance Reports) (Scotland) Regulations 2014 sets out the prescribed content of an annual report prepared by an Integration Authority in terms of Section 42 of the Act.

4.2 There is a requirement for each Integration Authority to publish their annual performance report within four months of the end of the reporting year. The sixth annual report of the Dundee Health and Social Care Partnership (for 2021/22) is therefore due for publication by 31 July 2022.

5.0 Annual Performance Report 2016/17 to 2020/21

5.1 From 2016/17 to 2018/19 a full annual performance report was published by the 31st July deadlines. Due to the emergency response to the COVID-19 pandemic it was agreed that in 2019/20 and 2020/21 a summary version of the full report would be published by the July deadline, which met the requirements of the regulation. Following this a full version was prepared and published following the IJB in October each year.

5.2 Evidence is collated in the form of narrative, case studies, surveys, images, quotes etc and until 2019/20 this evidence was mapped over to the National Health and Wellbeing Outcomes sections of the APR. Under each of these sections the local strategic priorities and Best Value principles were linked. It was agreed that in 2020/21 the annual performance report should be more focussed on the Strategic and Commissioning Plan and therefore the evidence was mapped across to the four strategic priority sections and under these four sections the National Outcomes and Best Value principles were linked.

5.3 The production of the annual performance report is led by the Strategy and Performance Service and involves collaboration with a range of officers and stakeholders across the Dundee Health and Social Care Partnership, including internal services and commissioned providers. The production of summary and full reports can take up to five months and consumes a significant amount of resource from within already pressured services. Resource invested in producing the annual report has a significant opportunity cost, taking officers away from other priority tasks associated with strengthening wider performance reporting and improvement activities.

5.4 Feedback regarding previously published annual performance reports from IJB members and the Scottish Government has always been positive, however the length, format and legislative content of the report makes it inaccessible to many service users and Dundee citizens. The length and content are largely driven by the requirements of the regulations, rather than the needs and preferences of Dundee citizens and other stakeholders. Informal feedback from a range of service providers suggest that the full version of the annual report is not utilised by people who use services, unpaid carers or wider community members, that they prefer shorter summary documents and would like performance information to be more accessible throughout the year.

5.6 Having reflected on the factors outlined in sections 5.3 and 5.4 officers have considered alternative approaches to reporting which will meet statutory obligations, be more accessible, use modern technology to engage with Dundee citizens and the workforce, whilst reducing the concentrated demand on operational colleagues when evidence is sought at a single point at the end of each financial year. Proposals for an alternative approach, set out in section six of this report, also reflect the principle that the primary purpose of the annual report should be to evidence to the public in an open, transparent and accessible way the use and impact of public resources to meet the health and social care needs of the population and improve outcomes.

6.0 Annual Performance Report Recommended Approach

6.1 For 2021/22 reporting year only it is recommended that the IJB publishes only a summary version of the annual performance report. No full version will be produced. As in previous years, the summary version will be produced to meet the requirements set out in regulations. An alternative approach will also be tested in relation to the formatting of the report utilising digital platforms available to officers to produce a more interactive, accessible and user-friendly report. The use of digital platforms will open up the possibility of using video and audio clips alongside written content, again enhancing accessibility. This approach directly responds to feedback on previous reports, will enhance public transparency and accessibility and reduce the resource burden of developing and publishing the report.

6.2 For 2022/23 officers propose to test a more incremental and modern approach to delivering annual reporting requirements. Rather than producing a single report at the end of the financial year it is proposed that:

- a rolling annual report is produced in four strategic priority focussed editions throughout the year (at the end of each quarter), with an additional fifth edition at the end of year containing full financial year performance information and statutory content not included in editions one to four.

- an 'Information Section' is created on the Partnership website which will allow for increased public availability of performance information. The focused strategic priority editions would be hosted here alongside other performance reports and information.

- social media is used more creatively throughout the year to engage with Dundee Citizens regarding annual reporting content. Following on from each strategic priority edition elements could be utilised for promotion through social media platforms

6.3 Moving to this more incremental approach to achieving annual reporting requirements throughout the year has a number of advantages. The public will receive more regular and manageable (in terms of length and focus) updates on the performance and impact of the Partnership's work throughout the year; this is likely to increase public engagement with the report. The proposed approach will also improve reporting to the IJB and supplement quarterly performance reports already submitted to the Performance and Audit Committee; in particular it will strengthen reporting in relation to progress in implementing local strategic priorities and actions. Finally, this approach will be more manageable in terms of officer time by spreading the work associated with producing the report more evenly throughout the year. Overall, the proposed approach for 2022/23 will mean a more efficient use of resources, increased public transparency and accessibility, more timely information to the IJB in the form of quarterly submissions and easier to digest publications which are less overwhelming to read and understand.

6.4 Beyond 2022/23 officers will reflect on any leaning gained from testing the revised approach. New opportunities are also anticipated in terms of developments in Dundee City Council to better utilise Open Data platforms and other web-based information dashboards which could further enhance public accessibility of information, including allowing filtering of data from high level to more detailed levels. It is also expected that as part of the development and implementation of the National Care Service that detailed arrangements, including timescales, for annual reporting are likely to be revised and updated.

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

Risk 1 Description	Revised approach not accepted by the Scottish Government and peer Partnerships as a 'Gold Standard' approach and feedback from stakeholders is not positive.
Risk Category	Governance
Inherent Risk Level	Likelihood scoring 3 x Impact scoring 2 = 6 (Moderate)
Mitigating Actions (including timescales and resources)	• Proposed changes directly respond to stakeholder feedback regarding previous reports. • Proposed arrangements will be implemented in a way that cumulatively fulfill all current statutory reporting requirements for annual reports. • Listen to stakeholder feedback regarding the approach to be tested, review the revised approach at each step and act responsively.
Residual Risk Level	Likelihood scoring 2 x Impact scoring 1 = 2 (Low)
Planned Risk Level	Likelihood scoring 1 x Impact scoring 1 = 1 (Low)

Approval recommendation	Given the low level of planned risk, the risk is deemed to be manageable.

Risk 1 Description	Resources within the Strategy and Performance and Health and Community Care Sections are unable to meet the demands to produce the revised approach.
Risk Category	Workforce
Inherent Risk Level	Likelihood scoring 4 x Impact scoring 3 = 12 (High)
Mitigating Actions (including timescales and resources)	• Plan reporting throughout the year and schedule reports. • Communicate with contributing teams regarding timescales and adapt to their peak resource times when possible. • Utilise existing information and reports wherever possible. • Listen to workforce feedback regarding the approach to be tested, review the revised approach at each step and act responsively.
Residual Risk Level	Likelihood scoring 2 x Impact scoring 3 = 6 (Moderate)
Planned Risk Level	Likelihood scoring 2 x Impact scoring 3 = 6 (Moderate)
Approval recommendation	The risk regarding resources for the recommended approach is no higher than the current approach, therefore the risk is deemed to be manageable.

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

28 March 2022

Lynsey Webster
Senior Officer, Strategy and Performance

ITEM No …11…….

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20 APRIL 2022**

REPORT ON: **MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB28-2022**

1.0 PURPOSE OF REPORT

To brief the Integration Joint Board about the local and Tayside Mental Health and Wellbeing developments.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report.

2.2 Remits to the Chief officer to submit a report about future plans for Veterans First Point Tayside to a future meeting.

2.3 Remits to the Chief Officer to submit a report outlining progress in relation to the recommendations arising from Trust and Respect, the Independent Inquiry into Mental Health Services in Tayside to a future meeting.

3.0 FINANCIAL IMPLICATIONS

3.1 The costs associated with the developments outlined in this report will be funded through a combination of a reconfiguration of existing budgets held by the IJB and other partners and through accessing additional funding where appropriate. The Finance teams across NHS Tayside and IJBs are working with Mental Health operational leads to develop high level strategic financial plans for MH services. These plans will be expected to provide a high level description of current financial resources in the system, describe current commitments and to map out further potential investment priorities identified to deliver the Mental Health Strategy. The plans would be expected to describe any shift of resources within the system. They will also note financial deficits in the system and highlight the need to address as part of the strategy.

4.0 MAIN TEXT

4.1.1 Work continues to progress with the development of a Community Wellbeing Centre (CWC) in the city. Hillcrest and Space Solutions attended two stakeholder events during February and March to provide a briefing on the project work and consult with people regarding design elements of the CWC. A visit with key members of the Stakeholder Group took place following this, offering people the opportunity to view the building and contribute further to the design detail. The detailed layout drawings have now been agreed and signed off with Hillcrest Homes and Space Solutions and a further cost check analysis is currently being undertaken. It is anticipated that drawings and the application for the required Building Warrant and Planning Application will be submitted during April 22.

4.1.2 The Stakeholder Group met on March 10 to discuss the outcome of a range of engagement activity undertaken during January and February and aimed at ensuring the views of experts by

experience continue to drive the more detailed stage of planning required between March-August. Four workstreams were agreed by the stakeholder group as follows; Building and Aesthetics, Pathways and Connections (including IT), Procurement and Communication/ Engagement and since then Leads/ Co-Leads/ members have been identified for each workstream.

4.1.3 In relation to procurement a Prior Information Notice (PIN) has been issued. This PIN is intended to make providers aware of Dundee City Council's intention to invite tender submissions from Accredited Service Providers for the co-ordination and front line support within the CWC. The outputs from the engagement activity will form the basis of the invitation to organisations to tender and it is anticipated that this will be distributed during April.

4.2 "Independent Inquiry into Mental Health Services in Tayside, Progress Report, July 2021" was submitted to the IJB in October 2021. The report outlined the finding of the Independent Inquiry into Mental Health Services Review. Following the publication of David Strang's Progress report "an Independent Oversight and Assurance Group on Tayside's Mental Health Services was established. The initial phase of the Oversight Group's focus has been to drive towards a common understanding about progress that has been made to date in Tayside and areas that still require attention or are progressing more slowly in relation to the recommendations from the initial Inquiry report, "Trust and Respect". The Oversight Group have now moved to the next phase of its work programme with Tayside Partners, which will focus in more detail on four themed areas; Integration, Patient Safety, Workforce, Engagement and Culture. A series of planned discussions are underway to facilitate discussion about a range of recommendations and associated actions/ evidence to support. It is envisaged that the Oversight Group will continue its programme of work through to autumn 2022 and a more detailed report will be submitted to a future IJB during 2022.

4.3.1 The Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) supported a refresh of the local Health and Wellbeing Networks (HWBN) at its meeting in July 2021. The remit of the networks is to:

- support locally-led actions that contribute to strategic priorities,
- share information, enhance partnership working and avoid duplication of effort,
- facilitate efficient use of local staff and other resources,
- ensure effective linkages to local interventions with a specific focus,
- support LCPPs to monitor and implement health and wellbeing priorities, and
- enable reciprocal communication between strategic groups and local communities.

4.3.2 The three local HWBNs covering Lochee/ Strathmartine, Coldside/ Maryfield and North East/ East End wards have since met twice. A wide range of partners and a small number of community representatives discussed how strategic priorities are or could be implemented at a local level and heard about significant mental health and wellbeing developments such as the forthcoming Community Wellbeing Centre.

4.3.3 At its meeting in September 2021, the MHWSCG agreed the formation of a new Communities and Inequalities workstream with the following remit:

- strengthen the focus on mental health inequalities, determinants, and early intervention/prevention within the MHWSCG Strategic Plan,
- identify gaps relevant to the findings of local surveys,
- link to local developments and structures such as health and wellbeing networks, LCPPS, and new Local Community Plans,
- strengthen and build on local relationships and infrastructure,
- develop proposals for appropriate targeted actions in conjunction
- ensure effective mapping to other strategic areas that impact on mental health, and
- consider workforce development to support achievement of the above aims.

4.3.4 The Communities and Inequalities workstream has met three times with a developing agenda around the local Fairness Initiatives, locality health profiles, Public Mental Health training, the Health Inequalities action plan, development of the new local community plans, and access to information.

4.3.5 Two associated working groups have developed as a result of discussions at the Communities and Inequalities workstream; one focusing on use of the Public Health Scotland Locality Profiles and the other around improving access to information for professionals and the general public.

4.3.6 The Public Health Scotland profiles working group has met once and agreed further sub analyses that will help target local activity and programmes and influence the health and wellbeing actions of the new local community plans. Further sessions to explore the data have been scheduled with Communities Officer responsible for developing the local plans.

4.3.7 In addition to discussion held as part of the Communities and Inequalities workstream, access to information has been raised as a priority within a range of other development/ improvement work including Working Better Together developments in the ADP structure and Primary Care. The Access to Information working group has met once to explore existing mechanisms and platforms, the scope to enhance these in a collaborative and co-ordinated manner, and how best to identify resource implications in taking this work forward. There is an action to produce an SBAR (Situation, Background, Assessment, Recommendation) report for discussion at a range of strategic groups.

4.3.8 The Community Learning and Development Plan (CLD Plan) for the city is a statutory requirement under section 2 of the Education (Scotland) Act 1980. It must be developed and delivered in consultation with stakeholders with a particular emphasis on people who are marginalised.

4.3.9 An important component of the CLD Plan is the section on addressing health inequalities, which reflects the four DHSCP strategic priorities and has the overarching aim of creating more positive and equitable health and wellbeing in Dundee's communities. Completion of the Health Inequalities section will demonstrate contributions from a wide range of partners to addressing the enduring health inequalities that affect Dundee's more vulnerable citizens. The Health Inequalities section of CLD Plan has been signed up to by Dundee HSCP as a key partner. Annual reporting will be provided to the Strategic Planning Group with a report scheduled for their meeting in August 2022.

4.3.10 The Clinical Care and Professional Governance Group discussed the health inequalities plan at its meeting in March 2022 under the standing agenda item of Equity and Social Justice. The group agreed to circulate the plan to Primary Governance Groups to ensure the work of a wide range of health and social care service is reflected.

4.4 The Tayside wide review of Crisis and Urgent Care continues to progress. There are five sub-workstreams at present: the transfer of urgent assessments from the Crisis Resolution & Home Treatment Team (CRHTT) to Dundee CMHTs; the transfer of Intensive Home Treatment from CRHTT to Angus and Dundee CMHTs (already delivered in P&K); the emergency assessment of people presenting with mental health conditions; the development of Community Wellbeing Centres; and evaluation of the changes. The first of these is agreed in principle and staffing levels have been agreed. There will now need to be a process of resource transfer and good staff governance in terms of opportunities to staff who wish to transfer to a CMHT setting. The Community Wellbeing Centre (CWC) work has concentrated on defining the functions that a CWC needs to deliver in order that a whole-systems approach can be delivered with no gaps. These are currently reflected in the local CWC work. The DHSCP Clinical Lead Chairs the CWC workstream and there can therefore be confidence that the parallel developments are in synchrony.

4.5 The Mental Health General Practitioner sessions are now operational. The expert time from this post is being used with Tayside wide (for example, Neurodiversity workstream) and local work (for example, primary care mental health developments). There is good linkage with counterparts in Angus and Perth & Kinross to ensure maximisation of influence/advice.

4.6 Development of mental health services at a primary care level continues to have three key components: the Listening Service; Sources of Support; and the Patient Assessment, Liaison & Management Service (PALMS). The services are refining documentation to offer clarity as to the unique roles of each, the desired outcome it being to service users where they should self-refer (in addition to professionals). With the addition of Welfare Rights, it is likely that this multi-disciplinary approach will form the skeleton from which further developments through the recently announced primary care mental health improvement fund will grow. There have been significant issues in staffing PALMS but this should improve with a changed staffing model which can now progress. As this *clinical* element of the "multi-disciplinary approach" will likely be expected within the models Government expects to see, any continued inability to re-establish a critical mass within PALMS will become a significant risk.

4.7 The IJB received a detailed update on Psychological Therapies at its meeting in February 2022. There are two areas of update for members since then, both likely linked to the National shortage of qualified clinical staff. Firstly, Tayside is fully engaged with the NHS Education for Scotland (NES) pilot of National Recruitment processes with interviews scheduled to take place over two weeks in April. Whilst it is anticipated that we may be successful in attracting recruits from this process, there will still remain a number of vacancies for qualified staff. Secondly, the first round of recruitment for the Director's post was unsuccessful. This has gone to a second round of advertising. The Clinical Lead will continue to fulfil the post of Interim Director.

4.8.1 On 1st March, MSP Keith Brown tabled a Ministerial Debate to discuss the recommendations from the recently published Scottish Veterans Care Network Mental Health Action Plan, which is the first of its kind in Scotland. The recommendations have been fully endorsed in principle, and a new Implementation Board is being established to lead on the delivery of the recommendations over the coming two years. Having an established Veterans First Point service (V1P Tayside) operating across Angus, Dundee and Perth since 2015, we are in a strong position in relation to the recommendations as many of them are already being achieved in relation to the accessibility, credibility and co-ordination of veterans' health and wellbeing needs in Tayside.

4.8.2 A key strategic priority for the Implementation Board will be exploring options of sustainable funding for veteran services and to ensure service continuity. Scottish Government announced their intention to offer a further £666,000 to all six V1P centres for a next financial year (2022-2023). This is on the basis of a continuation of the 50% matched funding model with local Health and Social Care Partnerships that has been offered for the past 5 years. A more detailed report outlining future plans for V1P in Tayside will be submitted to the IJB at a future 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 level of interdependency between the two pathways (acute mental health crisis and people experiencing emotional distress) described in the crisis and urgent care section of this report. Should either not be implemented as envisaged with closely aligned time-scales, there is a danger that we may not be able to deliver safe and effective person centred care to people in crisis
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16) (Extreme Risk)
Mitigating Actions (including timescales and resources)	Urgent/Crisis pathway work has already arrived at a single recommendation; Distress Brief Intervention (DBI) in place, Ambulance vehicle in operation; stakeholder group leading development of a Community Wellbeing Centre
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9) (High Risk)
Planned Risk Level	Likelihood (1) x Impact (2) = Risk Scoring (2) (Low Risk)
Approval Recommendation	The impact of the mitigating actions will reduce the inherent risk significantly to an acceptable level.

Risk 2 Description	Evidence demonstrates that the ability to predict completed suicide, even where assessment is undertaken by skilled professionals, is limited. There is a risk that the development of an "always open" Community Wellbeing Centre (CWC) and associated supports does not result in a demonstrable reduction in the number of people engaging in serious or fatal self-harm
Risk Category	Reputational
Inherent Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9) (High Risk)
Mitigating Actions (including timescales and resources)	Models of best practice from elsewhere have been considered in developing the model of care; levels of care can be stepped up where necessary; the provision of brief interventions (or equivalent) should assist people in addressing some of the core psycho-social factors fueling their distress
Residual Risk Level	Likelihood (3) x Impact (1) = Risk Scoring (3) (Low Risk)
Planned Risk Level	Likelihood (3) x Impact (1) = Risk Scoring (3) (Low Risk)
Approval recommendation	The impact of the mitigating actions will reduce the inherent risk significantly to an acceptable level.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Vicky Irons
Chief Officer

DATE: 06 April 2022

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ITEM No …12……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20 APRIL 2022**

REPORT ON: **CARERS INVESTMENT PLAN UPDATE**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB22-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Integration Joint Board (IJB) in relation to work undertaken by the Carer's Partnership following report DIJB38–2021 presented to the IJB meeting of the 25th August 2021 (Article V of the minute of refers), and to seek approval of the updated Carers (Scotland) Act Investment Plan 2022-2023.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board:

2.1 Notes the revised spend for 21/22 set out in Appendix 1 to this report.

2.2 Approves the Carers (Scotland) 2016 Act Investment Plan 2022-2023 set out in Appendix 2 to this report.

2.3 Remits the Chief Finance Officer to bring back a report to the IJB setting out the Carers Partnership's further investment proposals for 2022/23 as noted in section 4.4 of this report.

2.4 Requests that the Carers Partnership reviews allocation of recurring funding (including new monies from Scottish Government) in order to ensure that it assists the HSCP to meet its Statutory Duties under the Carers (Scotland) Act 2016.

2.5 Remits the Chief Officer to issue the directions set out in section 8 below.

3.0 FINANCIAL IMPLICATIONS

3.1 Funding of £20.4 million for the implementation of the Carers (Scotland) Act 2016 has been provided nationally as part of local government finance settlement 2022/2023. This is additional to funding provided by the Scottish Government in previous years. The total budget for Dundee IJB for 2022-2023 is £2,151k which has been planned for as part of the IJB's 2022-2023 budget. Of this total amount, £378k has previously been approved by the IJB to be mainstreamed (as set out in Appendix 1). The 21/22-22/23 Carers Investment Plan (DIJB38-2021) previously set out plans for further allocation of £1,261k in 2022-2023.

3.2 Anticipated expenditure for 2021/22 has been updated based on actual spend and recruitment progress, and some adjustments to 2022/23 allocations are proposed (as detailed in 4.2 and Appendices 1 & 2). Revised allocations for 2022/23 Investment Plan total £1,132k with an additional £143k of 2021/22 underspend being carried forward by some organisations (total £1,275k spend in 2022/23). An additional £27k for admin support is now also proposed.

3.3 The combined effect of the revised Project allocations along with the increased funding from Scottish Government, results in unallocated funding of £614k now being available for allocation in 2022/23.

4.0 MAIN TEXT

4.1 Funding referred to in 3.1 above is provided to support the Local Authority to fulfil its duties in relation to implementation of The Carers Act (Scotland) 2016. The Act is designed to support carers' health and wellbeing and help make caring more sustainable. Measures include:

- a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.
- a specific adult carer support plan (ACSP) and young carer statement (YCS) to identify carers' needs and personal outcomes (separate funding is available to address the majority of needs of Young Carers).
- a requirement for local authorities to have an information and advice service for carers which provides information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.
- a requirement for the responsible local authority to consider whether that support should be provided in the form of a break from caring and the desirability of breaks from caring provided on a planned basis.

4.2 As agreed by the IJB in DIJB38-21, allocations as set out in the Appendix 1 were made for 2021-2022. Anticipated spend has continued to be monitored closely by the Carer's Partnership. Due mainly to delays in recruitment (which are being experienced across the Health and Social Care landscape) significant levels of projected underspend have been identified against these allocations (also set out in Appendix 1). The Carer's Partnership propose that where organisations are able to carry forward funding they are allowed to do so and a corresponding adjustment to the provisional allocation for 2022/2023 is made. This will have the effect of releasing approximately £143,000 of resources for investment in 2022/2023.

4.3 The Carers Partnership further proposes that an allocation of £27,000 is made to DHSCP to provide administrative support to the Carers Partnership.

4.4 The Carer's Partnership is currently working through proposals for further allocations of uncommitted funding which will address identified gaps in the Carers Delivery Plan and legislative requirements. These proposals will be brought back to the IJB in due course.

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)	• Refreshed Carers Strategy will identify priorities and resource requirements for the period of the strategy.
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. This report has been developed by the Carer's Partnership, which has broad representation from statutory and voluntary bodies, and from Carers. The workstreams have extended this involvement across NHS Tayside, Dundee City Council and wider third sector.

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	X

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Chief Finance Officer

DATE: 06/04/2022

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	
2	Date Direction issued by Integration Joint Board	April 2022
3	Date from which direction takes effect	April 2022
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes –supersedes direction DIJB36-2021
6	Functions covered by direction	Services for carers in terms of the Carers (Scotland) Act 2016 Investment Plan.
7	Full text of direction	Dundee City Council is directed to enter into contractual arrangements with all relevant service providers and make provision for services to be provided directly by the council as identified in the Carers (Scotland) Act Investment Plan for the delivery of those services required for the implementation of the Act. NHS Tayside is directed to make provision for services to be provided directly as identified in the Carers (Scotland) Act Investment Plan.
8	Budget allocated by Integration Joint Board to carry out direction	2022-2023 Dundee City Council – £969,802 2022-2023 NHS Tayside – £189,393
9	Performance monitoring arrangements	Through the financial monitoring and workforce planning review arrangements to Dundee Integration Joint Board.
10	Date direction will be reviewed	April 2023

Appendix 1

2021/22 Estimated Expenditure

Work programme	Approved Allocation 21/22	Updated Anticipated spend 21/22	Agreed Carry Forward 22/23
Increase capacity and signposting of Listening Service - NHST	14,000	0	n/a
Increase capacity and remove financial barriers to carers counselling - Dundee Carers Centre	25,000	3,750	21,250
Bereavement Service – DHSCP (NHST)	18,000	18,000	n/a
Young Carers Health Check - NHST	43,000	17,000	n/a
Central Support re HSCP information - DHSCP(DCC)	13,769	0	n/a
Carers Charter Implementation - Dundee Carers Centre	11,200	900	10,300
Awareness raising campaign - Dundee Carers Centre	30,000	20,200	9,800
Drop in support by Lead Scotland re IT - DCC	6,845	1,200	5,645
Adults Carer Support Planning Team	70,000	0	n/a
Streamline assessment process for replacement care to enable a short break - Dundee Carers Centre/DHSCP	43,000	43,000	n/a
Self Directed Support (SDS) posts	35,000	7,443	27,557
Participatory Budgeting - Dundee Carers Centre	40,862	1,130	39,732
Involvement & Engagement Team - Dundee Carers Centre	36,884	8,900	27,984
Increase in respite provision	300,000	300,000	n/a
TOTAL	**687,560**	**421,523**	**142,695**

Appendix 2

Proposed Carers Investment Plan 2022-23

Previously Agreed Mainstreamed Projects

Year 2022/23 Projected Spend	**Service to be Delivered & Organisation**	**Comments**
114,744	Caring Places - Dundee Carers Centre	Formerly funded via ICF* - Agreed in Report DIJB28-2019 - Carers Investment Plan 2019/20 Article XIV of minute of 25th June 2019 refers
32,727	Carers (Scotland) Act Implementation Officer - Dundee Carers Centre	Formerly funded via ICF - agreed in Report DIJB28-2019 - Carers Investment Plan 2019/20 Article XIV of minute of 25th June 2019 refers
126,908	Caring Places - Dundee Carers Centre	Formerly Agreed in Report DIJB16 – 2021 (Article VIII of Minute of 21st April 2021 refers)
11,485	Volunteer Co-ordinator -Dundee Carers Centre	Formerly Agreed in Report DIJB16 - 2021 (Article VIII of Minute of 21st April 2021 refers)
51,258	Strategic Support - Strategy & Performance - DHSCP	Formerly Agreed in Report DIJB16 - 2021 (Article VIII of Minute of 21st April 2021 refers)
40,915	Learning and Development - Dundee Carers Centre	Formerly Agreed in Report DIJB16 - 2021 (Article VIII of Minute of 21st April 2021 refers)
378,037	**Total of already mainstreamed Projects**	
		*Integrated Care Fund

Year 22/23			
Provisional Earmarks(as agreed DIJB 38-2021)	**Proposed Revised allocation**	**Service Description**	**Comment/rationale**
23,500	27,700	Increase capacity and signposting of Listening Service - NHST	Increase availability of low level mental health and wellbeing interventions for carers
49,586	*28,336*	Increase capacity and remove financial barriers to carers counselling - Dundee Carers Centre	Increase availability of low level mental health and wellbeing interventions for carers
58,000	*58,000*	Bereavement Service – DHSCP (NHST	Continued provision of bereavement support to carers bereaved during COVID period and beyond
79,835	*79,835*	Young Carers Health Check - NHST	Improve health of Young Carers
23,858	*23,858*	Central Support re HSCP information - DHSCP(DCC)	To provide additional support re service information available to carers and the people they care for.
23,500	*13,200*	Carers Charter Implementation - Dundee Carers Centre	Promote the uptake of the Charter by employers. Enhance carer identification and carer support in the workplace
30,000	*20,200*	Awareness raising campaign - Dundee Carers Centre	12-month campaign including TV advert, increase carer identification and knowledge of supports available and promote Short Breaks & Self-directed support
13,690	*8,045*	Drop in support by Lead Scotland re IT - DCC	Increase the number of carers able to access information and support online
250,000	*250,000*	Adults Carer Support Planning Team	Increase uptake of ACSP and supports, thus improving carer outcomes, to improve carer identification and to embed practice and principles across the HSCP, enhancing carer experience
128,000	*128,000*	Streamline assessment process for replacement care to enable a short break - Dundee Carers Centre/DHSCP	Increase carer outcomes through accessing a break including wellbeing and being able to manage their caring role.
75,400	*56,800*	Self Directed Support (SDS) posts	Support SDS development enhance carer outcomes. Reduce barriers to access SDS and increase uptake.
180,759	*141,027*	Participatory Budgeting - Dundee Carers Centre	Carers and communities have a direct say over how money is spent to improve carer outcomes in their locality
75,178	*47,194*	Involvement & Engagement Team - Dundee Carers Centre	Strengthen the support and opportunities for carer participation in the decisions that impact on their lives, services, and communities.
250,000	*250,000*	Increase in respite provision	Increase provision of respite provision (non chargeable) for carers
1,261,306	**1,132,195**	**Total of updated 22/23 allocations (incl mainstream projects)**	
	27,000	Administrative support to Carers Partnership	Provide administrative support to the expanding work of the Carers Partnership
	1,159,195	**Total of Proposed Allocations**	
	613,769	**Remaining funding available to be allocated 22/23**	

	2,151,000	**Total Proposed Budget**	

ITEM No …13……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20 APRIL 2022**

REPORT ON: **DUNDEE CITY IJB STRATEGIC RISK REGISTER ANNUAL REPORT**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB23-2022**

1.0 PURPOSE OF REPORT

1.1 To provide the Integration Joint Board with the annual report on developments and progress made in Dundee Health and Social Care Partnership's Strategic Risk management over the past year. To provide the Integration Joint Board with further information about significant changes in specific risks over the past year.

2.0 RECOMMENDATIONS

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

2.1 Note the progress made in Dundee Health and Social Care Strategic Risk Management including agreement of the Tayside IJB's Risk Management Framework, and the holding of two IJB Development Sessions on Risk Management and Risk Appetite.

2.2 Note the changes in the specific risks in the Strategic Risk Register including changes in scoring of existing risks, recording of new risks, and archived risks.

2.3 Note the future work planned to further embed Strategic Risk Management in the IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 RISK MANAGEMENT

4.1 The Strategic Risk Register was created in 2016 and is regularly updated.

4.2 Changes in the Strategic Risk Register reflect the change in the risk maturity of the Dundee City IJB as an organization, and the changes in external forces in the environment in which it operates.

4.2 When the Strategic Risk Register was first created the risks captured were mainly focussed on anticipated risks to the IJB not operating successfully. Risks captured at that time included risks around Finance and Governance.

4.3 As the IJB has developed some service specific Operational risks have been escalated to the Strategic Risk Register. This is because they cannot be managed at an operational level. Additionally they pose a risk to the IJB not being able to successfully carry out its Strategic and Commissioning Plan.

4.4 During the past year the Tayside IJB Risk Management Framework has been developed and adopted by the IJB, which was coordinated with partners in the three Tayside IJBs, three Local Authorities, NHS Tayside, and internal audit. It was approved at the April 2022 IJB meeting.

4.5 The Tayside IJB Risk Management Framework clearly sets out the framework where risk management across the partner bodies are reported and shared. It is based on the review of existing framework agreed prior to integration of health and social care, reflecting the "lived experience" of integration.

4.6 The first Risk Management development session for the IJB was held in August 2021. The aim of the session was to introduce the new IJB Risk Management Strategy to IJB members, ensuring members are aware of their roles and responsibilities around risk including within decision making and assurances they should seek around risk management.

4.7 The second Risk Management Appetite, held in early March 2022, focussed on the development of risk appetite and setting targets for specific risks. IJB members completed a survey to look at models of setting targets for categories of risks. Follow up work is planned to further develop the risk appetite of the IJB.

5.0 CHANGES IN RISKS

5.1 Appendix 1 sets out details of the current Strategic Risk Register extract. Finance risks have remained the same over the past year. The control factors of increased reserves and additional Scottish Government funding towards Health and Social Care Integration continue to support the IJB's financial position.

5.2 The Staff Resource risk has increased to the maximum score over the past year. Recruitment for Consultants and Doctors in specific areas such as Mental Health, and Substance Misuse has meant that there are significant difficulties in filling posts, with posts remaining vacant. These risks are detailed in Operational Risk Registers and are being escalated as risks for the Strategic Risk Register. The impact of Covid 19 continues to impact on recruitment challenges.

5.3 Several new Strategic Risks have been escalated from the Operational Risk Register over recent months. These are

- Drug and Alcohol Recovery Service
- IJB as a Category One Responder
- Mental Health Services
- Primary Care (Including GP Practices)

5.4 The risk around the impact of European Withdrawal has been archived this year. This risk has been closed as other volatile and complex external factors such as the Covid 19 pandemic, inflation, and foreign conflict mean that the impact of EU withdrawal may not be fully identifiable at this time. The development of a workforce plan for Health and Social Care will mitigate wider staffing levels that may have been caused by EU Withdrawal.

5.5 The Viability of External Providers risk has decreased this year. This is due to the Scottish Government's commitment to provide sustainability payments through the IJB to care providers in relation to Covid19 additional expenses.

5.6 The Impact of Covid 19 has decreased from a score of 20 to 16 since this time last year. However despite the success of the vaccination programme, infection rates continue to fluctuate with concerns raised nationally about the impact over the winter period, enhanced by concerns about increased flu outbreaks. Additional funding has been provided by the Scottish Government to try and mitigate against services being overwhelmed.

6.0 **FUTURE RISK MANAGEMENT WORK**

6.1 As discussed in 4.7 work is planned to set Risk Appetite for the IJB.

6.2 Work is also planned for a development session to demonstrate the Pentana Risk Management system to IJB members.

6.3 Work is planned to embed the regular review of the Strategic Risk Register and escalation of operational risks across the Senior Management Team.

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

8.1 Not applicable

9.0 CONSULTATIONS

9.1 The Chief Finance Officer, and the Clerk have been consulted in the preparation of this report.

10.0 DIRECTIONS

10.1 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.

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 6th April 2022

Clare Lewis-Robertson
Senior Officer, Strategy and Performance

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Appendix 1 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – STRATEGIC RISK PROFILE MARCH 2022

Description	Lead Director/Owner	Current Assessment			Status move 14.03.21-14.03.22	Date Last Reviewed
		L	C	Exp		
Staff Resource Recruitment for Consultants, Doctors and other staff in specific areas such as Mental Health, and Substance Misuse has meant that there are significant difficulties in filling posts, with posts remaining vacant. These risks are detailed in Operational Risk Registers and are being escalated as risks for the Strategic Risk Register The impact of Covid 19 continues to impact on recruitment challenges.	Dundee HSCP Chief Officer	**5**	**5**	**25**	↑ Previous Score 16 (4 x 4)	14/03/2022
Dundee Drug and Alcohol Recovery Service Several risks for the Drug and Alcohol Recovery Service (formerly Integrated Substance Misuse Service) escalated from the Operational Risk Register. These include: • Insufficient numbers of staff in integrated substance misuse service with prescribing competencies. • Increasing Patient demand in excess of resources • Current funding insufficient to undertake the service redesign of the integrated substance misuse service • COVID-19 Maintaining Safe Substance Misuse Service • Nursing Workforce The controls available to DDARS have been applied and the risk exposure remains 25. Proposed controls include the relevant Dundee Partnership Action Plan for Change actions and the implementation of national Medication Assisted Treatment standards, which have been added as Datix risk actions to enable DHSCP and NHST to monitor the consequences of these planned controls. The risk exposure with the planned/proposed controls remains 25 as the controls do not yet address the prescribing capacity issues for those established on opiate substitution treatment with multiple complex needs, the population with the highest fatality risk.	Dundee HSCP Chief Officer	**5**	**5**	**25**	↑ New Risk	14/03/2022
Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work. The impact of Covid 19 continues to impact on recruitment challenges. Proposals for service restructure are being developed.	Dundee HSCP Chief Officer	**4**	**5**	**20**	→ Previous Score 20 (4x5)	14/03/2022
Primary Care (including GP Practice) Several risks for Primary Care have been escalated from the Operational Risk Register. These include:	Dundee HSCP Chief Officer	**5**	**4**	**20**	↑ New Risk	14/03/2022

• recruitment and development of workforce
• Inadequate infrastructure, including both IT infastructure and systems and buildings/premises
• the finance allocated via the primary care improvement fund will not adequately meet all the costs to implement the plan
• current Covid-19 pandemic has delayed aspects of implementation of the PCI plan locally and increased further the risk of the commitments in the MOU not being achieved by March 2022 (March 23 for urgent care) as planned
• Delays with implementation mean there is a financial underspend which is increasing due to further delays with recruitment and in some cases finding appropriate space.
• The controls available to Primary Care have been applied and the risk exposure remains 20. Proposed controls include :
  ○ Maximise skills mix.
  ○ Longer term national work to increase undergraduate training
  ○ Test of change for IT infrastructure
  ○ Other funding sources identified as opportunities arise						

Restrictions on Public Sector Funding Additional Scottish Govt funding directed towards Health and social care integration continues to support the IJB's financial position	Dundee HSCP Chief Finance Officer	**4**	**4**	**16**	→ Previous score 16 (4 x4**)**	14/03/2022
Unable to maintain IJB Spend Increased reserves due to favourable 2020/21 financial year end position will support IJB activities during 2021/22 and beyond	Dundee HSCP Chief Finance Officer	**4`**	**4**	**16**	→ Previous score 16 (4 x4**)**	14/03/2022
Impact of Covid 19 Despite the success of the vaccination programme infection rates continue to fluctuate with concerns raised nationally about the impact over the winter period. Enhanced by concerns about increased flu outbreaks.. Additional funding has been provided by the Scot Gov to try and mitigate against services being overwhelmed.	Dundee HSCP Chief Officer	**4**	**4**	**16**	↓ Previous score 20 (4x5)	14/03/2022
Mental Health Services There are system wide risks in the Mental Health Service. These include workforce issues. Control factors include : Introducing new roles with higher degree of skill mix	Dundee HSCP Chief Officer	**4**	**4**	**16**	↑ New risk	14/03/2022

Tayside Mental Health and Wellbeing Strategy provides whole system mental health vision and programme of work over the next 5 years. Whole system change programme is in place identifying key clinical pathways for development across the six project areas (Good Mental Health for All; Primary & Community Mental Health; Specialist Adult Mental Health; Children & Young Peoples Mental Health; Learning Disabilities & Mental Health; and Older Peoples Mental Health) Advanced practice and non-medical consultant roles needs analysis has been completed						
Category One Responder The Chief Officer and other supporting staff have historically had close involvement in LRP activities and local resilience arrangements; this has minimized the additional resource burden of recent legislative changes. Close co-operation is already in place across the LRP and with the corporate bodies. 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. Further work is to be carried out to revise internal management and governance arrangements for the effective oversight of resilience and emergency planning functions.	Dundee HSCP Chief Officer	**3**	**4**	**12**	↑ New risk	14/03/2022
Increased Bureaucracy The Covid 19 response has meant an increase in reporting requirements to the Scottish Government, NHS Tayside and Dundee City Council.	Dundee HSCP Chief Officer	**4**	**3**	**12**	→ Previous score 12 (3 x4**)**	14/03/2022
Governance Arrangements being Established fail to Discharge Duties Pressures of Covid 19 response mean that work to improve governance arrangements has not been progressed . The Governance Action Plan is implemented and overdue actions are being prioritised	Dundee HSCP Chief Officer	**3**	**4**	**12**	→ Previous score 12 (4 x 3**)**	14/03/2022
Staff Perception of Integration Staff perception over coming period may be influenced by developments around the potential implementation of a National Care Service and implications for local health and social care services	Dundee HSCP Chief Officer	**3**	**3**	**9**	→ Previous score 9 (3 x 3**)**	14/03/2022

Employment Terms The risks associated with difference in employment terms still remain, but management and HR work to manage these.	Dundee HSCP Chief Officer	**3**	**3**	**9**	→ Previous score 9 (3 x 3**)**	14/03/2022
Uncertainty around future service delivery models This will be managed through the review of the Strategic and Commissioning plan to reflect impact of Covid as indicated within the IJB's Remobilisation plan	Dundee HSCP Chief Officer	**3**	**3**	**9**	→ Previous score 9 (3 x 3**)**	14/03/2022
Capacity of Leadership Team Restructure of management team with further restructuring of operational management structure	Dundee HSCP Chief Officer	**2**	**4**	**8**	↓ Previous score 16 (4 x4)	14/03/2022
Viability of External Providers The Scottish Government have committed to continuing to providing sustainability payments to March 2022..	Dundee HSCP Chief Officer	**2**	**4**	**8**	↓ Previous score 12 (4x3)	14/03/2022
Stakeholders not included/consulted Covid 19 response has meant that consultation with stakeholders may not have occurred so frequently. However consultation exercises are continuing.	Dundee HSCP Chief Officer	**3**	**1**	**3**	→ Previous score 3 (3 x 1**)**	14/03/2022
Impact of EU Withdrawal This risk has been closed as other volatile and complex external factors such as the Covid 19 pandemic, inflation, and foreign conflict mean that the impact of EU withdrawal may not be fully identifiable at this time. The development of a worforce plan for Health and Social Care will mitigate wider staffing levels that may have been caused by EU Withdrawal.	Dundee HSCP Chief Officer	**3**	**2**	**6**	**X** Previous score 6 (3 x 2**)**	14/03/2022

Risk Status	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed

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ITEM No …14……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20 APRIL 2022**

REPORT ON: **RESHAPING NON-ACUTE CARE PROGRAMME IN DUNDEE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB24-2022**

1.0 PURPOSE OF REPORT

1.1 To update the Integration Joint Board (IJB) in relation to the work of the Reshaping Non-Acute Care Programme in Dundee.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report for information only.

2.2 Continue to support the development of the Initial Agreement for the Reshaping Non-Acute Care project.

3.0 FINANCIAL IMPLICATIONS

3.1 The capital cost of developing the project will be outlined in the Initial Agreement for onward submission to the Scottish Government for consideration of funding.

4.0 MAIN TEXT

4.1 Background

4.1.1 The Reshaping Non-Acute Care in Dundee programme of work was initiated in 2014 as part of the Steps to Better Healthcare Initiative. A review of the scope and deliverables of the programme was carried out in early 2016, with a new programme leadership, scope and deliverables and team emerging in mid-2016 focussing on the following:

- Developing new models of care to support more people to be able to access services closer to home. This included the services previously known as Psychiatry of Old Age (POA) and Medicine for the Elderly (MFE), but also took into account younger adults who have complex needs and who may be described as being young frail and the implementation of the Primary Care Contract.
- Developing new models of care for Neurological Rehabilitation Services, including the service previously known as the Centre for Brain Injury Rehabilitation, in Dundee.
- Developing a new model of care for Stroke Services in Dundee and Angus.
- Developing a new model of care for Specialist Palliative Care service in Dundee.
- Developing Community Hubs to deliver care and support to people in an integrated way in communities.
- Identifying opportunities for integrated models of care for the above with Angus Health and Social Care Partnership.

- Review the impact of the existing facilities with a view to specifying a new portfolio of properties that will better meet the future demands of flexibility, safety, efficiency and sustainability.

4.1.2 The project aims to provide a modern regional, person centred and easily accessible facilities for services currently operating in Royal Victoria Hospital and Kingsway Care Centre. There is an outstanding need for:

- Inpatient accommodation that is both modern and fit-for-purpose which will support the delivery of redesigned, person centred services.
- Sufficient inpatient capacity to meet existing clinical need and projected demand from patients.
- Improved ability to ensure appropriate onward care journeys for people who have physical and/or mental health needs.
- Ambulatory care facilities (incorporating specialist outpatient clinics) for patients with neurological conditions that need treatment by an integrated specialist team but do not require inpatient care.

4.1.3 The redevelopment of accommodation and redesign of the services will markedly improve the quality of the service that is provided and much improves the environment for both patients and staff. It will also allow the individual services to reduce the likelihood of delayed discharge and to cope with predicted future demands.

4.2 Current Project Status

4.2.1 Dundee Health and Social Care Partnership (DHSCP) completed a Strategic Assessment for the Reshaping Non-Acute Care project in 2018. It was agreed that an Initial Agreement should be developed and submitted to Scottish Government Capital Investment Group (CIG) for consideration. The Strategic Assessment has recently been reviewed to ensure that the scope of the project remains accurate.

4.2.2 A Project Manager and Construction and Development Manager from the New Works Department have been allocated to the project. A governance structure has been established for the project and both Project Team and Project Board meet on a regular basis. All baseline project documentation has now been created and is fully operational.

4.2.3 The NHS Scotland Design Assessment Process (NDAP) has commenced for the project. The AEDET workshop facilitated by Health Facilities Scotland was held on 8th February 2022. The Design Statement Workshop took place on 15th February 2022. Both workshops were supported by a wide variety of Clinicians as well as Patients/ Carers. A further workshop is currently being arranged to select the images that populate the Design Statement. This workshop will be facilitated by Architecture and Design Scotland.

4.2.4 Work is currently underway to organise the Solutions Appraisal exercise for the project. A draft long list of solutions has been created and is currently being discussed by the Project Team. Once agreed the stakeholder group will be invited to a Solutions Appraisal Workshop where each item on the long list will be discussed and scored with a short list of solutions created for the project.

4.3 Timescales

4.3.1 This project has the ongoing support of the NHS Tayside Asset Management Group where it has received a high priority. The current pandemic has increased the challenge and it will not now be possible to meet the original timescale. The IJB will be provided with further updates as to progress with the project including any revised timescales for delivery and completion of the project.

Estimated key milestones for the project have been identified as follows:-

Task	Date
Initial Agreement period	August 2021 – November 2022
Outline Business Case period	November 2022 – January 2024
Full Business Case period	February 2024 – April 2025
Estimated Construction Phase	May 2025 – June 2026

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. An integrated impact assessment is attached.

6.0 RISK ASSESSMENT

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

Risk 1 Description	There is a a risk that there will be insufficient capital funding available from the Scottish Government to fully develop the project as funding is yet to be secured.
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	Completion of key milestones in line with planned timescales including completion of Initial Agreement and NHS Scotland Assure Process (October 2022) Follow up with Scottish Government on prioritisation of funding
Residual Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	The impact of the mitigating actions will result in the planned risk being at an acceptable level

Risk 2 Description	There is a risk that there will be insufficient revenue funding available to support the new model of care
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring (High Risk)
Mitigating Actions (including timescales and resources)	Comprehensive financial planning undertaken throughout the project to identify all anticipated costs of new service provision as well as efficiencies arising from the new model of care either within the service or through knock on impact on other services. Explore further investment opportunities
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (Low Risk)
Approval recommendation	The impact of the mitigating actions will result in the planned risk being at an acceptable level

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 25th March 2022

Dave Berry
Chief Finance Officer

Jenny Hill
Head of Service

Integrated Impact Assessment Report.

Committee Report No:

Document Title: Reshaping Non-Acute Care Project

Document Type: Report

New/Existing: New

Period Covered: December 2021 – April 2022

Document Description: This is a report which provides an update on the Reshaping Non-Acute Care project.

Intended Outcome: To request continued support to develop the Initial Agreement for the Reshaping Non-Acute Care Project.

How will the proposal be monitored: The project will be monitored through the Dundee Integration Joint Board and NHS Tayside's Asset Management Group.

Author Responsible:

Name: Jenny Hill

Title: Head of Service

Department: Health and Social Care Partnership

E-Mail: jenny.hill@dundeecity.gov.uk

Telephone:

Address:

Director Responsible:

Name:

Title:

Department:

E-Mail:

Telephone:

Address:

A. Equality and Diversity Impacts:

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

Equality and diversity Implications:

The project will contribute to improving outcomes for people affected by all of the above characteristics.

Proposed Mitigating Actions:

Not applicable

Is the proposal subject to a full EQIA? : No

B. Fairness and Poverty Impacts:

Geography	
Strathmartine (Ardler, St Mary's and Kirkton):	Positive
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	Positive
Coldside(Hilltown, Fairmuir and Coldside):	Positive
Maryfield(Stobswell and City Centre):	Positive
North East(Whitfield, Fintry and Mill O' Mains):	Positive
East End(Mid Craigie, Linlathen and Douglas):	Positive
. **The Ferry:**	
West End	Positive
Household Group	
Lone Parent Families:	No Impact
Greater Number of children and/or Young Children:	No Impact
Pensioners - Single/Couple:	Positive
Single female households with children:	No Impact
Unskilled workers or unemployed:	No Impact
Serious and enduring mental health problems:	Positive
Homeless:	No Impact
Drug and/or alcohol problems:	No Impact
Offenders and Ex-offenders:	No Impact

Looked after children and care leavers:	No Impact
Carers:	Positive
Significant Impact	
Employment:	No Impact
Education and Skills:	No Impact
Benefit Advice/Income Maximisation:	No Impact
Childcare:	No Impact
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications: No Impact

Proposed Mitigating Actions: Not Applicable.

C. Environmental Impacts

Climate Change:	Positive
Mitigating greenhouse gases:	Positive
Adapting to the effects of climate change:	Positive

Resource Use	
Energy efficiency and consumption:	Positive
Prevention, reduction, re-use, recovery or recycling waste:	No Impact
Sustainable Procurement:	No Impact
Transport	
Accessible transport provision:	No Impact
Sustainable modes of transport:	No Impact
Natural Environment	
Air, land and water quality:	No Impact
Biodiversity:	No Impact
Open and green spaces:	No Impact
Built Environment	
Built Heritage:	
Housing:	No Impact

Is the proposal subject to Strategic Environmental Assessment

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

Proposed Mitigating Actions: Not applicable.

Environmental Implications:

D. Corporate Risk Impacts

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

Corporate Risk Mitigating Actions:

ITEM No …15……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

REPORT ON: **AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2021/22**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB25-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to note and approve the proposed Dundee Integration Joint Board Annual Audit Plan 2021/22 as submitted by the IJB's appointed External Auditor (Audit Scotland).

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report;

2.2 Approves the proposed Audit Plan for 2021/22 as submitted by Audit Scotland (attached as Appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 The cost of the annual audit fee is £27,960 and provision for this has been made within the IJB's 2021/22 budget.

4.0 MAIN TEXT

4.1 Dundee Integration Joint Board's (IJB) assigned External Auditor for 2021/22 is Audit Scotland who have produced their Annual Audit Plan in relation to the 2021/22 financial year. This plan contains an overview of the planned scope and timing of their audit work and is carried out in accordance with International Standards on Auditing (ISAs), and the Code of Audit Practice. This plan sets out the independent auditors work necessary to provide an opinion on the annual accounts and to meet the wider scope requirements of public sector audit. The wider scope of public audit includes assessing arrangements for financial sustainability, financial management, governance and transparency and value for money.

4.2 In preparing this audit plan, Audit Scotland has drawn from a wide range of information such as IJB reports and other published documentation, attendance at IJB meetings and discussions with staff and have identified a number of main risk areas in relation to Dundee IJB. These are categorised as being financial statements risks and wider dimension risks with associated audit testing noted within the plan under Exhibit 1. In addition, Audit Scotland recognises the impact of Covid-19 in terms of service delivery and in relation to carrying out the audit work. These risks are summarised below:

Financial statement issues and risks:

1) Risk of material misstatement due to fraud caused by management override of controls

Wider Dimension Risks:

2) Covid-19 recovery and transformation
3) Revision of Integration Scheme
4) Board membership changes and development

4.3 Once the audit is complete, Audit Scotland will submit an independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission, summarising the results of the audit of the annual accounts. They will also provide the IJB and the Controller of Audit with an annual report on the audit containing observations and recommendations on significant matters which have arisen in the course of the audit.

4.4 The statutory timescales for the submission of Independent Auditor Reports for 2021/22 is the 31st October 2022. It is planned to submit Dundee IJB's Independent Auditors Report and Audited Accounts to the meeting of the IJB to be held on 26th October 2022.

4.5 The annual audit fee set for Dundee City Integration Joint Board is £27,960 for 2021/22 (£29,215 for 2020/21).

4.6 It is noted that the appointment of the current auditors has been extended from the usual five year period to six years due to Covid19. The audit team has outlined its commitment to work closely with their successors to ensure a well-managed transition.

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

6.1 This report has not been subject to a risk assessment as it forms part of the IJB's statutory governance process. Any risks identified through the annual accounts process will be reflected in the relevant Integration Joint Board or Performance and Audit Committee Reports.

7.0 CONSULTATIONS

7.1 The Chief Officer, Audit Scotland 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.

Dave Berry
Chief Finance Officer

DATE: 25th March 2022

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Dundee City Integration Joint Board

Annual Audit Plan 2021/22

AUDIT SCOTLAND

Prepared for the Dundee City Integration Joint Board
March 2022

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Contents

Introduction

Summary of planned audit work

1. This document summarises the work plan for our 2021/22 external audit of Dundee City Integration Joint Board (the Joint Board). The main elements of our work include:

- an audit of the 2021/22 annual accounts to support our opinions on the financial statements
- work to support our opinions on the statutory other information published within the annual accounts including the Management Commentary, the Annual Governance Statement and the Remuneration Report
- consideration of arrangements in relation to the audit dimensions: financial management, financial sustainability, governance and transparency and value for money that frame the wider scope of public sector audit
- consideration of Best Value arrangements
- review the Joint Board's arrangements for preparing and publishing its Annual Performance Report.

Impact of Covid-19

2. The coronavirus disease (Covid-19) pandemic has had a significant impact on public services and public finances, and the effects will be felt well into the future.

3. The Auditor General for Scotland, the Accounts Commission and Audit Scotland continue to assess the risks to public services and finances from Covid-19 across the full range of our audit work, including annual audits and the programme of performance audits. The well-being of audit teams and the delivery of high-quality audits remain paramount. Changes in our approach may be necessary and where this impacts on annual audits, revisions to this Annual Audit Plan may be required. Any such changes will be communicated to the Joint Board at the earliest opportunity.

Adding value

4. We aim to add value to Joint Board through our external audit work by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. In so doing, we will help the Joint Board promote improved standards of governance, better management and decision making and more effective use of resources. Additionally, we attend

meetings of the Joint Board, and the Performance and Audit Committee (PAC) and participate in discussions where appropriate.

Respective responsibilities of the auditor and Joint Board

5. The Code of Audit Practice (2016) sets out in detail the respective responsibilities of the auditor and the Joint Board, Chief Officer and Chief Finance Officer. Key responsibilities are summarised below.

Auditor responsibilities

6. Our responsibilities as independent auditors are established by the Local Government (Scotland) Act 1973 and the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standard.

7. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual accounts. We also review and report on the arrangements within the audited body to manage its performance and use of resources. In doing this, we aim to support improvement and accountability.

The Joint Board, Chief Officer and Chief Finance Officer responsibilities

8. The above are responsible for maintaining accounting records and preparing financial statements that give a true and fair view.

9. Also, they have the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance and propriety that enable them to deliver their objectives.

10. The audit of the annual accounts does not relieve management or the Joint Board of their responsibilities.

Communication of fraud or suspected fraud

11. In line with International Standard on Auditing (UK) 240: *The auditor's responsibilities relating to fraud in an audit of financial statement;* in presenting this audit plan to the Joint Board we seek confirmation from those charged with governance of any instances of actual, suspected or alleged fraud that should be brought to our attention. Should members of the Joint Board have any such knowledge or concerns relating to the risk of fraud within Dundee City Integration Joint Board, we invite them to communicate this to the appointed auditor for consideration.

Managing the transition to 2022/23 audits

12. Audit appointments are usually for five years but were extended to six years due to Covid-19. 2021/22 is the final year of the current appointment and we will work closely with our successors to ensure a well-managed transition.

Annual accounts audit planning

Materiality

13. Materiality is an expression of the relative significance of a matter in the context of the financial statements as a whole. We are required to plan our audit to determine with reasonable confidence whether the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement.

Materiality levels for the 2021/22 audit

14. We assess materiality at different levels as described in Exhibit 1. The materiality values for the Joint Board are set out in Exhibit 1.

Exhibit 1
2021/22 Materiality levels for the Joint Board

Materiality	Amount
Planning materiality – This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 1% of net gross expenditure for the year ended 31 March 2022 based on the latest audited annual accounts for 2020/21.	£2.926 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this would indicate that further audit procedures should be considered. Using our professional judgement, we have assessed performance materiality at 60% of planning materiality.	£1.756 million
Reporting threshold (i.e. clearly trivial) – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.	£0.120 million

Source: Audit Scotland

Significant risks of material misstatement to the financial statements

15. Our risk assessment draws on our cumulative knowledge of the Joint Board, its major transaction streams, key systems of internal control and risk management processes. Also, it is informed by our discussions with management, meetings with

internal audit, attendance at the Joint Board and PAC meeting and a review of supporting information.

16. Based on our risk assessment process, we identified the following significant risk of material misstatement to the financial statements. This risk which has the greatest impact on our planned audit procedures. Exhibit 2 summarises the nature of the risk, the sources of assurance from management arrangements and the further audit procedures we plan to perform to gain assurance over the risk.

Exhibit 2
2021/22 Significant risks of material misstatement to the financial statements

Significant risk of material misstatement	Sources of assurance	Planned audit response
1. Risk of material misstatement due to fraud caused by the management override of controls As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.	Owing to the nature of this risk, assurances from management are not applicable in this instance	• Assurance will be obtained from the auditors of NHS Tayside and Dundee City Council over the completeness, accuracy and allocation of income and expenditure. • We will consider any unusual material transactions identified through our audit testing for any evidence of management override of controls.

Source: Audit Scotland

17. Based on our assessment of the likelihood and magnitude of risk, we have assessed that there are currently no other risks of material misstatement for the 2021/22 audit of Dundee City Integration Joint Board. We will keep this under review as our audit progresses. If our assessment of audit risk changes and we consider risks identified to be significant, we will communicate this to management and those charged with governance and revise our planned audit approach accordingly.

Consideration of the risks of fraud in the recognition of income and expenditure

18. As set out in International Standard on Auditing (UK) 240: *The auditor's responsibilities relating to fraud in an audit of financial statement*, there is a presumed risk of fraud over the recognition of income. There is a risk that income may be misstated resulting in a material misstatement in the annual accounts. The Joint Board is wholly funded by NHS Tayside and Dundee City Council. We

assessed that the risk of material misstatement arising from fraud over income is limited. As a result, we have rebutted and excluded the risk of fraud over income from our significant audit risks.

19. In line with Practice Note 10: *Audit of financial statements and regularity of public sector bodies in the United Kingdom*, as most public-sector bodies are net expenditure bodies, the risk of fraud is more likely to occur in expenditure. We have rebutted the risk of material misstatement caused by fraud in expenditure in 2021/22 as we do not consider this to be a significant risk for the Joint Board. This is on the basis that all transactions are processed by the partner bodies rather than the Joint Board directly and that all expenditure is undertaken by the partners who are public sector bodies.

20. We have not, therefore, incorporated specific work into our audit plan in these areas over and above our standard audit procedures. Our audit testing will maintain an oversight of any unusual material transactions or accounting entries.

Audit risk assessment process

21. Audit risk assessment is an iterative and dynamic process. Our assessment of risks set out in this plan may change as more information and evidence becomes available during the progress of the audit. Where such changes occur, we will advise management and where relevant, report them to those charged with governance.

Audit dimensions and Best Value

Introduction

22. The Code of Audit Practice sets out the four dimensions that frame the wider scope of public sector audit. The Code of Audit Practice requires auditors to consider the adequacy of the arrangements in place for the audit dimensions in audited bodies.

Audit dimensions

23. The four dimensions that frame our audit work are shown in Exhibit 3.

Exhibit 3
Audit dimensions

Source: Code of Audit Practice

24. In summary, the four dimensions cover the following:

- **Financial management** – financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.
- **Financial sustainability** – as auditors, we consider the appropriateness of the use of the going concern basis of accounting as part of the annual

audit. We will also comment on financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years).

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

- **Value for money** – value for money refers to using resources effectively and continually improving services.

25. In our 2020/21 annual audit report we reported that the Joint Board had made improvements to its governance action plan process, whilst noting also that since its inception the Joint Board has experienced significant delays in progressing its improvement and governance actions. This remains to be the case. We will continue to monitor progress with the implementation of the Joint Boards improvement actions, in particular those related to key areas such as risk management; board members development; and clinical and care governance reporting to the PAC.

26. As part of our audit planning work, we identified a number of public performance reporting and governance improvements areas, including the availability and currency of information on the Joint Board's website. These include: the Joint Board's membership and register of interests details on the website requiring to be updated to reflect changes; the Scheme of Delegation and financial regulations not being easily accessible on the website; and the need to update the PAC's terms of reference to meet fully best practice guidance. These areas have been communicated to management who are considering how to address them. Along with our other wider dimension audit monitoring we will report an update in our 2021/22 Annual Audit Report.

Best Value

27. The Joint Board has a statutory duty to make arrangements to secure Best Value. We will consider and report, where necessary, on these arrangements.

Audit dimension risks

28. We have identified audit risks in the areas set out in Exhibit 4. This exhibit sets out the risks, sources of assurance from management arrangements and the further audit procedures we plan to perform to gain assurances over the risks. The conclusions from this work will be reported in our 2021/22 Annual Audit Report.

Exhibit 4
2021/22 Audit dimension risks

Description of risk	Sources of assurance	Planned audit response
1. Covid-19 recovery and transformation The Joint Board continues to deal with the operational and financial impact of the Covid-19 pandemic, alongside its ongoing service pressures. Major challenges include: • financial sustainability of services • capacity to deliver services • recruitment, wellbeing and retention of staff The Joint Board's longer-term plans to transform services are key to sustainability of the services. Links between the recovery plans and the board's financial planning, its Strategic and Commissioning Plan, and workforce planning are essential. **Risk:** the Joint Board does not deliver against its Strategic and Commissioning Plan priorities.	• The Five-Year Financial Framework is being updated to reflect the impact of Covid-19 and remobilisation plans. • Regular monitoring and reporting to the Joint Board on the progress against the strategic objectives and the directions to the partner bodies. • Performance monitoring to the Performance and Audit Committee. • Development of a balanced 2022/23 budget.	• Monitor progress with the development and reporting against the Joint Board's updated Five-Year Financial Framework. • Monitor reporting against accumulated reserves and earmarked funding. • Review progress against strategic objectives within the Joint Board's 2021/22 Annual Performance Report.
2. Integration scheme Work by the partners to progress the production of a revised Integration Scheme has progressed more slowly than planned in part due to pandemic pressures. A draft of the proposed revised integration scheme for the Joint Board has been submitted to the Tayside Chief Executives Group for consideration, prior to public consultation, preceding submission to Scottish Ministers for approval by the end of June 2022.	• Engagement with partner bodies to seek approval and implementation of the revised integration scheme.	• Monitor progress in the approval and implementation of the revised Integration Scheme. • Review updated governance documents and assess whether they accurately reflect the terms of the revised Integration Scheme.

Description of risk	Sources of assurance	Planned audit response
When the revised integration scheme is approved by the partner bodies, changes to the Integration Scheme will need to be reflected in the Joint Board's supporting governance documents such as its: standing orders; scheme of delegation; and financial regulations. **Risk:** The Integration Scheme and supporting governance documents do not reflect the current operation of the Joint Board.		
3. Board membership changes and development The membership of the Joint Board will be changing during 2022 due to routine membership changes and the local government elections in May. This makes the development of an effective induction and ongoing development programme for all Joint Board members more urgent. Previous plans to develop a programme of development and training opportunities have not progressed as planned. This has been a recognised priority for a number of years. **Risk:** There is a risk that leadership and governance arrangements are not effective if members are not sufficiently trained and supported.	• Development of IJB induction programme and evidence of attendance by board members. • Subject specific development sessions and evidence of attendance.	• Monitor progress with the establishment of an induction and development programme for Joint Board members.

Source: Audit Scotland

Reporting arrangements, timetable, and audit fee

Reporting arrangements

29. Audit reporting is the visible output for the annual audit. All Annual Audit Plans and the outputs, as detailed in Exhibit 5, and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

30. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft management reports will be issued to the relevant officers to confirm factual accuracy.

31. We will provide an independent auditor's report to the Joint Board Accounts Commission setting out our opinions on the annual accounts. We will provide the Joint Board and the Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

32. Exhibit 5 outlines the target dates for our audit outputs, and we aim to issue the independent auditor's report by the statutory deadline of 31 October 2022. We acknowledge this will be challenging due to the ongoing pressures and uncertainties caused by Covid-19.

33. Due to the May 2022 Local Government elections, the committee dates from June 2022 onwards are yet to be finalised*. However, our audit work has been scheduled to ensure the planned statutory deadline is met.

Exhibit 5
2020/21 Audit outputs

Audit Output	Target date	Committee Date
Annual Audit Plan	31 March 2022	20 April 2022 (the Joint Board)
Independent Auditor's Report	18 October 2022	*26 October 2022 (the Joint Board)
Annual Audit Report	18 October 2022	*26 October 2022 (the Joint Board)

Source: Audit Scotland

Timetable

34. To support an efficient audit, it is critical that the timetable for producing the annual accounts for audit is achieved. We have included a proposed timetable for the audit at Exhibit 6 that has been discussed with management.

35. Covid-19 has had a considerable impact on the conduct and timeliness of the audit. We recognise that it is in the best interests of public accountability to get the reporting of audited accounts back to pre-pandemic timelines. To this end, 2021/22 is a transition year with the reporting deadline brought forward by one month relative to the two prior years.

36. We will continue to work in close partnership with management with clarity over timescales and the requirement for high quality unaudited annual accounts and supporting working papers. Progress will be discussed with management over the course of the audit.

Exhibit 6
Proposed annual report and accounts timetable

Key stage	Provisional Date
Consideration of the unaudited annual accounts by those charged with governance	*22 June 2022 (the Joint Board)
Latest submission date for the receipt of the unaudited annual accounts with complete working papers package.	By 30 June 2022
Latest date for final clearance meeting with the Chief Finance Officer	12 October 2022 (TBC)
Agreement of audited and unsigned annual accounts	14 October 2022 (TBC)
Issue of Proposed Annual Audit Report to those charged with governance (including Letter of Representation and proposed independent auditor's report) *	18 October 2022 (TBC)
Meeting of the Joint Board to approve the audited annual accounts for signature by the Chair, Chief Officer and Chief Finance Officer	*26 October 2022
Signed Independent Auditor's Report	*26 October 2022

* The finalised Annual Audit Report will be issued after the audited 2021/22 annual accounts are certified.

Source: Audit Scotland

Audit fee

37. The audit fee for the 2021/22 audit of the Joint Board is £27,960 (2020/21: £29,215). In determining the audit fee, we have taken account of the risk exposure of the Joint Board, the planned management assurances in place and the level of reliance we plan to take from the work of internal audit.

38. Where our audit cannot proceed as planned through, for example, late receipt of unaudited annual accounts, the absence of adequate supporting working papers or being unable to take planned reliance from the work of internal audit, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises out with our planned audit activity.

Other matters

Internal audit

39. International standards on Auditing (UK) 610: *Considering the work of internal audit r*equires us to:

- consider the activities of internal audit and their effect on external audit procedures;
- obtain an understanding of internal audit activities to inform our planning and develop an effective audit approach that avoids duplication of effort;
- perform a preliminary assessment of the internal audit function when there is scope for relying on internal audit work which is relevant to our financial statements' responsibilities; and
- evaluate and test the work of internal audit, where use is made of that work for our financial statements responsibilities to confirm its adequacy for our purposes.

40. The Joint Board's internal audit function is provided by FTF Audit and Management Services (FTF), supported by Dundee City Council's internal audit section, and overseen by FTF's Chief Internal Auditor. We have reviewed the Joint Board's internal audit function and found that it operates in accordance with the main requirements of the Public Sector Internal Audit Standards and has sound documentation standards and reporting procedures in place.

41. From our initial review of the internal audit plans, we do not plan to place formal reliance on internal audit's work for our financial statements' responsibilities. We may consider aspects of internal audit's work in respect of our wider audit dimension responsibilities.

Independence and objectivity

42. Auditors appointed by the Auditor General for Scotland or Accounts Commission must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual *'fit and proper'* declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland's Ethics Partner.

43. The engagement lead (i.e. appointed auditor) for Dundee City Integration Joint Board is Fiona Mitchell-Knight, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of Dundee City Integration Joint Board.

Quality control

44. International Standard on Quality Control (UK) 1 (ISQC1) requires a system of quality control to be established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

45. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice (and supporting guidance) issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality standards, Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of Scotland (ICAS) have been commissioned to carry out external quality reviews.

46. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time, and this may be directed to the engagement lead.

Dundee City Integration Joint Board

Annual Audit Plan 2021/22

Audit Scotland's published material is available for download on the website in a number of formats. For information on our accessibility principles, please visit:
www.audit-scotland.gov.uk/accessibility

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AUDIT SCOTLAND

Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
Phone: 0131 625 1500 Email: **info@audit-scotland.gov.uk**
www.audit-scotland.gov.uk

AS.4.0

ITEM No …16……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20 APRIL 2022**

REPORT ON: **FINANCIAL MONITORING POSITION AS AT FEBRUARY 2022**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB26-2022**

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 2021/22 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 2021/22 financial year end as at 28th February 2022 as outlined in Appendices 1, 2, 3 and 4 of this report.

2.2 Notes the costs and financial risks associated with Dundee Health and Social Care Partnership's 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 and develop a range of actions to mitigate any overspend.

3.0 FINANCIAL IMPLICATIONS

3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 28th February 2022 (excluding any implications of additional COVID-19 spend) shows a net projected underspend position at the year-end of £2,155k.

3.2 Dundee Health and Social Care Partnership continues to incur additional expenditure associated with the response to the Covid19 pandemic in line with the remobilisation plan as agreed by Dundee IJB at its meeting held on 21st April 2021 (Article X of the minute refers). The Scottish Government provided additional funding throughout 2020/21 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 in IJB's reserve balances and must be drawn down to cover additional Covid19 related spend in 2021/22 before any additional funding would be provided to cover 2021/22 Covid19 spend. Dundee IJB has a total of £6.1m of Covid19 reserves.

3.3 The projected total additional cost of the most recent Mobilisation Plan financial return submitted to the Scottish Government in January 2022 (Quarter 3 return) was £8.5m (Q2 return indicated projected additional spend of £7.7m). The latest projection includes indicative cost implications following the increased restrictions and demands as a result of the emergence of the Omicron variant.

3.4 Feedback and additional in-year funding has been received from Scottish Government during 2021/22 following submission of each of the quarterly submissions. In addition to Earmarked Reserve balance of £6.1m, a further £0.65m was received following submission of quarter 1 return (projected £7.3m expenditure, submitted in July 2021).

3.5 Further additional non-recurring funding has recently been received from Scottish Government to fully support the additional expenditure in 2021/22, and provide funding to support the ongoing recovery and remobilisation of services during 2022/23. The balance of Covid-19 funding as at 31st March 2022 will be placed in a ring-fenced Reserve in the Year End Financial Accounts and carried forward to 2022/23 to meet these ongoing additional Covid-19 demands on delegated services.

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 26th March 2021 (Article IV of the minute of the 26th March refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2021/22 financial year. An updated assessment of the status of the savings plan is set out in Appendix 4 of this report.

4.1.3 Under the terms of the Integration Scheme, the risk sharing arrangements in relation to any residual overspends incurred by the end of the financial year will be met proportionately by the Council and NHS Tayside. Discussions have been ongoing throughout the financial year with both parties to highlight and consider the implications of the IJB's projected financial position. Officers within the Partnership will continue to monitor areas to control expenditure and achieve the savings targets identified. It is not anticipated that any risk sharing arrangement will need implemented for 2021/22.

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 (£2,067k) 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 (£1,126k) and overall prescribing is projected to be underspend by (£1,609k).

4.3.2 Service underspends are reported within Community Based Psychiatry of Old Age (£460k) and Older People Services (£72k), Medical (MFE) (£185k), hosted services such as Psychological Therapies (£311k), Tayside Dietetics (£51k), Learning Disability (Tayside Allied Health Professionals) (£170k), and Sexual & Reproductive Health (£285k) mainly as a result of staff vacancies and challenges in the recruitment processes. Further underspends totalling (£627k) are anticipated within Public Health, Primary Care, Urgent Care and Keep Well services.

4.3.3 Service overspends are anticipated in Medicine for the Elderly £374k, Psychiatry of Old Age In-Patients £98k and Medical (POA) £222k. Occupational Therapy budgets are projected to be overspent by £643k (however this is predominately offset by underspend in Physiotherapy of (£602k) – a service review and budget realignment is expected to be in place for the next financial year for the combined AHP position), with further overspends arising in Nursing Services (Adult) of £232k, and Community Mental Health team of £278k. Additional staffing pressures not directly linked to COVID-19 have contributed to the adverse position.

4.3.4 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth 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 £474k which mainly relates to higher spend within Out of Hours and Forensic Medical Services hosted by Angus IJB.

4.3.5 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 are ongoing with NHS Tayside around financial risk sharing arrangements for these services which are currently projected to be overspent which may result in a recharge of costs to the IJBs. This has not yet been included in the projected financial position detailed in this report however it would be prudent to assume a potential additional cost to Dundee IJB of no more than £500k for the current year.

4.4 Services Delegated from Dundee City Council

4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows an anticipated underspend of (£88k).

4.4.2 A significant financial challenge facing the IJB's delegated budget continues to be the provision of home and community based social care at a sufficient level to meet increasing demographic demand and reduce delayed discharges in hospital while balancing financial resources. As a result of this, older people care at home services are projected to be overspent by around £206k at this stage of the financial year. Financially, this is significant reduction from the previous reports and is as a result of the ongoing challenges to commission sufficient care packages and recruit internal staff due to lack of available staffing as a direct result of the pandemic to meet demands. This is offset by underspends in respite care for older people of (£381k) and older people Care Home placements (£284k), again partly as a result of the Covid-19 Pandemic. Care home spend for mental health service users is projected to be £406k overspent however a review will be undertaken to realign care home budgets for adults given large underspends in learning disability, physical disability and drug and alcohol recovery care home budgeted expenditure.

4.4.3 Demand for learning disability services continues to be high with overspends projected in the provision of day services (£621k).

4.5 Financial Impact of the COVID-19 Response

4.5.1 The Health & Social Care Partnership's response to the Covid19 pandemic has continued to evolve as the impact of the pandemic changes and is reflected in the HSCP's remobilisation plan. Consistent with the remobilisation plan, a quarterly financial return outlining Covid19 additional expenditure is required by the Scottish Government. The 2021/22 quarter 3 return was submitted to the Scottish Government during January 2022, the detail of which is set out in table 1 of this report.

4.5.2 The Scottish Government provided additional funding throughout 2020/21 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 in IJB's reserve balances and must be drawn down to cover additional Covid19 related spend in 2021/22 before any additional funding would be provided to cover 2021/22 Covid19 spend. Dundee IJB currently has a total of £6.1m of Covid19 reserves.

4.5.3 In late February 2022, the Scottish Government advised Health Boards and Integration Joint Boards of further Covid19 funding allocations to cover all outstanding 2021/22 Covid19 expenditure claims and contingency provision for any unidentified additional pandemic costs. Therefore there is no residual risk of insufficient Covid19 funding in 2021/22.

4.5.4 The Scottish Government recently agreed to extend the financial support offered to social care providers throughout the pandemic to date and funded through IJB remobilisation funding until June 2022. This element has been the most significant cost within the remobilisation plan to date and includes 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 The balance of the Scottish Government's Covid-19 funding as at 31st March 2022 for the IJB will be placed in a ring-fenced Reserve in the Year End Financial Accounts and carried forward to 2022/23 to meet ongoing additional Covid-19 demands on delegated services over that period.

4.5.7 The latest financial summary of the mobilisation plan as submitted to the Scottish Government in January 2022 (Quarter 3 return) is as follows:

Table 1

Mobilisation Expenditure Area	Estimated Additional Expenditure to Year End (2021/22) £000
Additional Care Home Placements	0
PPE	141
Additional Staff Cover / Temporary Staff	2,327
Provider Sustainability Payments	2,631
IT / Telephony	70
Additional Family Health Services Contractor Costs	180
Additional Family Health Services Prescribing Costs	211
Loss of Charging Income	936
Additional Equipment and Maintenance	323
Primary Care	197
Additional Services within Remobilisation Plan	900
Other Costs	119
Anticipated Underachievement of Savings	481
Total Projected Mobilisation Costs	**8,516**

4.6 Reserves Position

4.6.1 The IJB's reserves position considerably improved at the year ended 31st March 2021 as a result of the IJB generating an operational surplus of £2,041k during 2020/21 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 £11,734k and uncommitted reserves of £2,094k. 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 @ 31/3/21
	£k
Primary Care	2,424
Mental Health Action 15	527
ADP	358
Service Specific Projects	129
Community Living Change Fund	613
Covid-19	6,084
NHST - shifting balance of care	1,600
Total Committed Reserves	11,734
General Reserves (Uncommitted)	2,094

4.6.2 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.

4.6.3 Similarly the provision of Covid19 funding can only be set against Covid19 related additional expenditure and the Scottish Government had previously advised that this balance must be utilised first before releasing any further funding during 2021/22.

4.6.4 Due to the nature of how reserves must be treated within the IJB's accounts, the actual position at the end of 2021/22 will show a significant overspend against these funding streams as the total reserves to be applied (nb the funding of these services) can only be drawn down at the financial year end. The figures included in this financial monitoring report present these additional costs as having already been met from reserves.

4.6.5 Despite the expected utilisation of the Covid-19 Reserve balance during 2021/22, it is anticipated that the overall balance of Reserves at Year End 2021/22 will likely be higher. At this stage, there are expectations that Primary Care and Mental Health Action 15 allocations will not be fully utilised with the unspent balance added to the above figures; ADP year-end balances are expected to increase as a result of new allocations which have taken time to develop the spending plans; additional funding in relation to Winter Planning funding (as detailed in 4.8) is also unlikely to be fully utilised before the end of the financial year; and additional non-recurring Covid19 funding has also been released to the IJB to support expenditure during 2022/23.

4.7 Savings Plan

4.7.1 The IJB's savings for 2021/22 were initially agreed at the IJB meeting of 26 March 2021 (item IV of the minute refers) and subsequently revised following confirmation of additional Scottish Government Funding as agreed at the IJB meeting of 23 June 2021 (Item IX of the minute refers.) The total savings to be delivered during 2020/21 amount to £2,042k and at this stage of the financial year it is considered that the risk of these not being delivered are generally low. This assessment is set out in Appendix 4.

4.8 Winter Planning Funding

4.8.1 During Autumn 2021, the Scottish Government announced £300m of additional Winter Planning funding to support Health and Social Care (DIJB66-2021).

4.8.2 A summary of the known (and anticipated) funding allocations that are being allocated to Dundee IJB are noted in Table 3 below.

Table 3

SG - Additional Funding

	2021/22	2022/23			2021/22	2022/23
	Total	Recurring	Non-Recurring	Total	Dundee IJB Share	Dundee IJB Share
	£m	£m	£m	£m	£m	£m
Enhancing Care at Home Capacity	62.0	124.0		124.0	1.787	3.539
Interim 'Step Down' Care	40.0		20.0	20.0	1.153	0.571
Enhancing Multi-Disciplinary Teams	20.0	40.0		40.0	0.577	1.154
Recruitment Band 2-4 Healthcare Support staff	15.0	30.0		30.0	0.206	0.412
Full year impact of £10.02 uplift for Adult Social Care staff	40.2	144.0		144.0	1.384	4.235
Social Care Investment (increase to £10.50 for adult social care commissioned services staff, wef 1/4/22)		200.0		200.0		5.881
Social Work Workforce		22.0		22.0		0.628
Carers Act		20.4		20.4		0.529
Updating Free Personal Nursing Care		15.0		15.0		0.224
Real Living Wage Baseline increase in 21/22		30.5		30.5		0.897
Total Increase in Investment	**177.2**	**625.9**	**20.0**	**645.9**	**5.107**	**18.070**

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)	The IJB has agreed a range of savings and other interventions to balance expenditure, which alongside additional in year Scottish Government funding and the impact on service levels due to Covid 19 reduces the risk for 2021/22. 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: 6 April 2022

Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2021/22 **Feb-22**

	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	41,334	(428)	16,426	(19)	57,760	(447)
Mental Health	4,924	381	4,113	278	9,037	659
Learning Disability	29,068	212	1,509	(16)	30,578	196
Physical Disabilities	5,645	(325)	0	0	5,645	(325)
Drug and Alcohol Recovery Service	631	(170)	3,273	(1)	3,903	(171)
Community Nurse Services/AHP/Other Adult	84	(92)	15,060	232	15,143	140
Hosted Services			22,197	(1,161)	22,197	(1,161)
Other Dundee Services / Support / Mgmt	6,599	334	31,526	(824)	38,125	(490)
Centrally Managed Budgets			6,148	386	6,148	386
Total Health and Community Care Services	**88,284**	**(88)**	**100,251**	**(1,126)**	**188,535**	**(1,213)**
Prescribing (FHS)			32,945	(1,078)	32,945	(1,078)
Other FHS Prescribing			128	(531)	128	(531)
General Medical Services			28,533	192	28,533	192
FHS - Cash Limited & Non Cash Limited			21,793	2	21,793	2
Large Hospital Set Aside			0	0	0	0
Total	**88,284**	**(88)**	**183,649**	**(2,541)**	**271,933**	**(2,628)**
Net Effect of Hosted Services*			(3,323)	474	(3,323)	474
Grand Total	**88,284**	**(88)**	**180,327**	**(2,067)**	**268,611**	**(2,155)**

*Hosted Services - Net Impact of Risk Sharing Adjustment

Appendix 2

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2021/22 Feb-22

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
1							
	Psych Of Old Age (In Pat)			4,714	98	4,714	98
	Older People Serv. - Ecs			255	3	255	3
	Older Peoples Serv. -Community			558	-72	558	-72
	Ijb Medicine for Elderly			5,680	374	5,680	374
	Medical (P.O.A)			734	222	734	222
	Psy Of Old Age - Community			2,371	-460	2,371	-460
	Intermediate Care			0	0	0	0
	Medical (MFE)			2,113	-185	2,113	-185
	Care at Home	20,564	206			20,564	206
	Care Homes	25,582	-284			25,582	-284
	Day Services	922	-38			922	-38
	Respite	901	-381			901	-381
	Accommodation with Support	282	29			282	29
	Other	-6,916	40			-6,916	40
	Older Peoples Services	41,334	-428	16,426	-19	57,760	-447
2							
	Community Mental Health Team			4,113	278	4,113	278
	Care at Home	-142	-9			-142	-9
	Care Homes	378	406			378	406
	Day Services	63	-34			63	-34
	Respite	0	46			0	46
	Accommodation with Support	4,179	352			4,179	352
	Other	446	-380			446	-380
	Mental Health	4,924	381	4,113	278	9,037	659
3							
	Learning Disability (Dundee)			1,509	-16	1,509	-16
	Care at Home	594	-11			594	-11
	Care Homes	2,851	-243			2,851	-243
	Day Services	8,109	621			8,109	621
	Respite	555	-129			555	-129
	Accommodation with Support	20,495	33			20,495	33
	Other	-3,537	-59			-3,537	-59
	Learning Disability	29,068	212	1,509	-16	30,578	196
4							
	Care at Home	824	-51			824	-51
	Care Homes	1,881	-214			1,881	-214
	Day Services	1,240	-116			1,240	-116
	Respite	16	-58			16	-58
	Accommodation with Support	576	-110			576	-110
	Other	1,107	224			1,107	224
	Physical Disabilities	5,645	-325	0	0	5,645	-325
5							
	Dundee Drug Alcohol Recovery			3,273	-1	3,273	-1
	Care at Home	-238	0			-238	0
	Care Homes	328	-12			328	-12
	Day Services	60	1			60	1
	Respite	0	0			0	0
	Accommodation with Support	291	-4			291	-4
	Other	190	-155			190	-155
	Drug and Alcohol Recovery Service	631	-170	3,273	-1	3,903	-171

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
6							
	A.H.P.S Admin			453	24	453	24
	Physiotherapy			4,678	-602	4,678	-602
	Occupational Therapy			1,562	643	1,562	643
	Nursing Services (Adult)			7,596	232	7,596	232
	Community Supplies - Adult			310	35	310	35
	Anticoagulation			460	-101	460	-101
	Other Adult Services	84	-92			84	-92
	Adult Services	84	-92	15,060	232	15,143	140
7							
	Palliative Care - Dundee			2,970	13	2,970	13
	Palliative Care - Medical			1,343	-20	1,343	-20
	Palliative Care - Angus			372	-3	372	-3
	Palliative Care - Perth			1,875	-81	1,875	-81
	Brain Injury			1,857	-168	1,857	-168
	Dietetics (Tayside)			3,316	-51	3,316	-51
	Sexual & Reproductive Health			2,335	-285	2,335	-285
	Medical Advisory Service			108	-46	108	-46
	Homeopathy			30	6	30	6
	Tayside Health Arts Trust			75	0	75	0
	Psychological Therapies			5,699	-311	5,699	-311
	Psychotherapy (Tayside)			1,017	-45	1,017	-45
	Perinatal Infant Mental Health			291	0	291	0
	Learning Disability (Tay Ahp)			909	-170	909	-170
	Hosted Services	0	0	22,197	-1,161	22,197	-1,161
8							
	Working Health Services			0	20	0	20
	The Corner			445	-9	445	-9
	Grants Voluntary Bodies Dundee			0	0	0	0
	Ijb Management			880	-209	880	-209
	Partnership Funding			26,729	0	26,729	0
	Urgent Care			1,474	-229	1,474	-229
	Public Health			755	-69	755	-69
	Keep Well			603	-196	603	-196
	Primary Care			639	-133	639	-133
	Support Services / Management Costs	6,599	334			6,599	334
	Other Dundee Services / Support / Mgmt	6,599	334	31,526	-824	38,125	-490
	Centrally Managed Budget			6,148	386	6,148	386
	Total Health and Community Care Services	**88,284**	**-88**	**100,251**	**-1,126**	**188,535**	**-1,213**
	Other Contractors						
	FHS Drugs Prescribing			32,945	-1,078	32,945	-1,078
	Other FHS Prescribing			128	-531	128	-531
	General Medical Services			28,533	192	28,533	192
	FHS - Cash Limited & Non Cash Limited			21,793	2	21,793	2
	Large Hospital Set Aside			0	0	0	0
	Grand H&SCP	**88,284**	**-88**	**183,649**	**-2,541**	**271,933**	**-2,628**
	Hosted Recharges Out			-13,171	218	-13,171	218
	Hosted Recharges In			9,849	255	9,849	255
	Adjustment			**-3,323**	**474**	**-3,323**	**474**
	Grand Total	**88,284**	**-88**	**180,327**	**-2,067**	**268,611**	**-2,155**

NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB				Appendix 3
Risk Sharing Agreement - February 2022				
Services Hosted in Angus	Annual Budget	Forecast Over (Underspend)	Dundee Allocation	
Forensic Service	1,078,003	(250,000)	(98,500)	
Out of Hours	8,331,077	(590,000)	(232,500)	
Locality Pharmacy	2,933,348	0	0	
Tayside Continence Service	1,517,184	12,500	4,900	
Speech Therapy (Tayside)	1,241,323	43,000	16,900	
Hosted Services	**15,100,935**	**(784,500)**	**(309,200)**	
Apprenticeship Levy	46,000	(4,300)	(1,700)	
Baseline Uplift surplus / (gap)	39,361	39,361	15,500	
Balance of Savings Target	(24,734)	(24,700)	(9,700)	
Grand Total Hosted Services	**15,161,562**	**(774,139)**	**(305,100)**	
Services Hosted in Perth & Kinross				
Prison Health Services	4,155,363	4,500	1,800	
Public Dental Service	2,582,675	101,000	39,800	
Podiatry (Tayside)	3,303,887	269,000	106,000	
Hosted Services	**10,041,925**	**374,500**	**147,600**	
Apprenticeship Levy - Others	41,700	308	100	
Baseline Uplift surplus / (gap) - Others	57,580	57,580	22,700	
Balance of Savings Target	(306,208)	(306,208)	(120,600)	
Grand Total Hosted Services	**9,834,997**	**126,180**	**49,800**	
Total Hosted Services	**24,996,559**	**(647,959)**	**(255,300)**	

Appendix 4

	Dundee IJB - Budget Savings List 2021/22		
	Agreed Savings Programme		
		2021/22 £000	**Risk of non-delivery**
(A)	**Full Year Effect of 2020/21 Savings**		
1)	New Meals Contract Price from Tayside Contracts under new CPU arrangements	*52*	Low
	Total Base Budget Adjustments	**52**	
(B)	***Non Recurring Savings 2021/22***		
1)	Reduction in GP Prescribing Budget	500	Low
2)	Reduction in Discretionary Spend (eg supplies & services, transport costs)	175	Low
3)	Anticipated Increased Staff turnover	350	Low
4)	Review Anticipated Additional Carers Funding for 2021/22	397	Low
5)	Delayed Utilisation of Reinvestment funding	400	Low
	Total Non-Recurring Savings	**1,822**	
(C)	**Recurring Savings**		
1)	Impact of DCC Review of Charges	168	Medium
	Total Recurring Savings	**168**	
	Total Savings Identified	**2,042**	
	Savings Target	**2,042**	

ITEM No …17……..…..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20TH APRIL, 2022**

REPORT ON: **CODE OF CONDUCT FOR MEMBERS OF DEVOLVED PUBLIC BODIES**

REPORT BY: **CLERK**

REPORT NO: **DIJB35-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Integration Joint Board regarding The Ethical Standards in Public Life etc. (Scotland) Act 2000 which provides for Codes of Conduct for local authority Councillors and members of relevant public bodies. The Act requires the Scottish Ministers to lay before the Scottish Parliament a Model Code for Members of Devolved Public Bodies, including Integration Joint Boards, which bodies are then required to produce a Code of Conduct in line with the Model Code.

A revised Model Code is attached and it is recommended that the IJB approve and adopt it, with the exception of paragraph 3.10.

2.0 RECOMMENDATIONS

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

2.1 note In relation to paragraph 3.10 of the revised Model Code a copy of which is attached to this report as an appendix, this section is not relevant to how Integration Joint Boards operate and that to remedy this the Scottish Government propose that the best way to resolve this point is by allowing an Integration Joint Board disapplication/opt out of this paragraph when adopting their version of the Code;

2.2 approve and adopt the revised model Code of Conduct which is attached to this report as Appendix 1 with the exception of paragraph 3.10.

2.3 note that the Integration Joint Boards Code of Conduct currently in place would continue to apply to the conduct of members until such time as the revisions have been approved and that the Integration Joint Board would be advised of progress in this regard.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The revised Model Code:-

- takes into account changes which, where appropriate, are consistent with the revised Councillors' Code and also suggestions submitted to a public consultation.

- was scrutinised and approved by the Scottish Parliament in October 2021.

- highlights the need for board members to take personal responsibility for their behaviour and to have an awareness of the organisation's policies in relation to a number of areas e.g., social media, equality, diversity and bullying and harassment.

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

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 CONSULTATION

7.1 The Chief Officer and the Chief Finance Officer 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.

Roger Mennie
Clerk and Standards Officer

DATE: March 2022

Model Code of Conduct for Members of Devolved Public Bodies

December 2021

Scottish Government
Riaghaltas na h-Alba
gov.scot

CONTENTS

Section 1: Introduction To The Model Code Of Conduct

1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the "Act").

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in Section 2 and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body's rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland ("Standards Commission") and my public body, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 Part 2 of the Act sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at **Annex A**.

Section 2: Key Principles Of The Model Code Of Conduct

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty
I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness
I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity
I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity
I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness
I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty
I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect
I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

a) a one-off incident,
b) part of a cumulative course of conduct; or
c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

a) my public body, its committees; and
b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

a) a minor item or token of modest intrinsic value offered on an infrequent basis;
b) a gift being offered to my public body;
c) hospitality which would reasonably be associated with my duties as a board member; or
d) hospitality which has been approved in advance by my public body.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.

3.21 I will familiarise myself with the terms of the Bribery Act 2010, which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, my public body's resources:

a) imprudently (without thinking about the implications or consequences);
b) unlawfully;
c) for any political activities or matters relating to these; or
d) improperly.

Dealing with my Public Body and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

a) improperly confer on or secure for myself, or others, an advantage;
b) avoid a disadvantage for myself, or create a disadvantage for others or
c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at Section 5, I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

Section 4: Registration Of Interests

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

a) employed;
b) self-employed;
c) the holder of an office;
d) a director of an undertaking;
e) a partner in a firm;
f) appointed or nominated by my public body to another body; or
g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, “Other Roles”.

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph 6.7 of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.19 below) have made a contract with my public body:

a) under which goods or services are to be provided, or works are to be executed; and
b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non–Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

Section 5: Declaration Of Interests

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body, unless:

a) The matter being considered by my public body is quasi-judicial or regulatory; or
b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

Section 6: Lobbying And Access

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

a) any role I have in dealing with enquiries from the public;
b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the Lobbying (Scotland) Act 2016.

6.8 I will not accept any paid work:

a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.

b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

Annex A: Breaches Of The Code

Introduction

1. The Ethical Standards in Public Life etc. (Scotland) Act 2000 ("the Act") provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.

2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.

3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the Standards Commission for Scotland ("Standards Commission") and the post of Commissioner for Ethical Standards in Public Life in Scotland ("ESC").

4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body's Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.

5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.

7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:

    - Do nothing;
    - Direct the ESC to carry out further investigations; or
    - Hold a Hearing.

9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body's Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make

submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure**: A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension**: This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification**: Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found here.

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

Annex B: Definitions

"Bullying" is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

"Code" is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

"Confidential Information" includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

"Employee" includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body's premises.

"Gifts" a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

"Harassment" is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration" includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:
a) a body corporate or partnership; or
b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

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OGL

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ITEM No …18……..

DIJB32-2022

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)	Bailie Helen Wright	✓	✓					
NHS Tayside (Non Executive Member)	Trudy McLeay	✓	✓					
NHS Tayside (Non Executive Member	Pat Kilpatrick							
NHS Tayside (Non Executive Member)	Anne Buchanan	✓	✓					
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓					
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓					
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	✓					
Trade Union Representative	Jim McFarlane	✓	✓					
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A					
Voluntary Sector Representative	Eric Knox	✓	A/S					
Service User Representative	Vacant	✓	✓					
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓					
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	✓	A					
Clinical Director	Dr David Shaw	✓	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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