



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

City Chambers
DUNDEE
DD1 3BY

16th November, 2021

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

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held remotely on Wednesday, 24th November 2021, 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, 22nd November, 2021.

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

Yours faithfully

VICKY IRONS

Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE - Page 1

The minute of previous meeting of the Committee held on 29th September, 2021 is attached for approval.

(b) ACTION TRACKER - Page 7

The Action Tracker (PAC33-2021) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

4 PERFORMANCE AND AUDIT COMMITTEE – MEMBERSHIP AND CHAIRPERSON

Reference is made to Article V of the minute of meeting of the Integration Joint Board held on 25th October, 2021, wherein reappointments to the Performance and Audit Committee were agreed and appointment was made to the position of Chairperson of the Committee.

The Committee is asked to note that Trudy McLeay, Donald McPherson, Dr James Cotton, Raymond Marshall and Martyn Sloan had been reappointed as members and that Trudy McLeay had been appointed to the position of Chairperson of the Committee.

5 AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021 - Page 11

(Report No PAC30-2021 by the Chief Finance Officer, copy attached).

6 INTERNAL AUDIT REPORT PERFORMANCE MANAGEMENT - Page 109

(Report No PAC31-2021 by the Chief Finance Officer, copy attached).

7 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2021/2022 - QUARTER 1 - Page 125

Report No PAC26-2021 by the Chief Finance Officer, copy attached).

8 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 145

(Report No PAC27-2021 by the Chief Finance Officer, copy attached).

9 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 149

(Report No PAC28-2021 by the Chief Finance Officer, copy attached).

10 PSYCHOLOGICAL THERAPIES WAITING TIMES - Page 155

(Report No PAC29-2021 by the Chief Finance Officer, copy attached).

11 CLINICAL, CARE AND PROFESSIONAL GOVERNANCE - Page 193

(Report No PAC32-2021 by the Clinical Director, copy attached).

12 ATTENDANCE LIST - Page 197

(A copy of the Attendance Return (PAC34-2021) for meetings of the Performance and Audit Committee held over 2021 is attached for information and record purposes).

13 PROGRAMME OF MEETINGS - PERFORMANCE AND AUDIT COMMITTEE – 2022

The Committee is asked to note that the programme of meetings for the Performance and Audit Committee over 2022 will be as follows:-

Wednesday, 2nd February, 2022 - 10.00 am
Wednesday, 23rd March, 2022 - 10.00 am
Wednesday, 20th July, 2022 - 10.00 am
Wednesday, 28th September, 2022 - 10.00 am
Wednesday, 23rd November, 2022 - 10.00 am

14 DATE OF NEXT MEETING

The next meeting of the Committee will be held on Wednesday, 2nd February, 2022 at 10.00 am

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PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
NHS Non Executive Member (Chair)	Trudy McLeay *
Elected Member	Councillor Lynne Short *
Elected Member	Bailie Helen Wright *
NHS Non Executive Member	Donald McPherson*
Chief Officer	Vicky Irons
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	James Cotton
Chief Social Work Officer	Diane McCulloch
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall
Person providing unpaid care in the area of the local authority	Martyn Sloan

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – Proxy	Depute Lord Provost Bill Campbell
Elected Member – Proxy	Councillor Steven Rome
Elected Member – Proxy	Councillor Margaret Richardson
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Grant Archibald
NHS Non Executive Member – Proxy	Norman Pratt
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	VACANT
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Audit Manager)	Anne Marie Machan
Dundee City Council (Secretary to Dave Berry)	Jordan Grant

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At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 29th September, 2021.

Present:-

<u>Members</u>	<u>Role</u>
Trudy MCLEAY(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)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
Tony GASKIN	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person proving unpaid care in the area of the local authority

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

Christine JONES	Partnership Finance Manager
Jenny HILL	Head of Health and Community Care
Anne Marie MACHAN	Audit Scotland Representative
Kathryn SHARP	Strategy and Performance Service Manager
Lynsey WEBSTER	Strategy and Performance Service Senior Officer
Sheila WEIR	Finance and Support Services Section Leader

Trudy MCLEAY, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Raymond MARSHALL	Staff Partnership Representative
James COTTON	Registered Medical Practitioner employed by the Health Board and not providing primary medical services

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 26th May, 2021 was submitted and approved.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2020/2021 - QUARTER 4 SUMMARY

There was submitted Report No PAC19-2021 by the Chief Finance Officer updating the Performance and Audit Committee on 2020/2021 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators.

The Committee agreed:-

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

Following questions and answers the Committee further agreed:-

- (iv) to note that Kathryn Sharp was examining the format of the report and that the next report would be in a different format to take account of feedback from members and Tony Gaskin and this would commence from the next financial year;
- (v) to note following enquiry from Trudy McLeay in relation to availability of respondents answers so as to establish why it was perceived that performance was poor as indicated in Table 1 of the report that Kathryn Sharp would check what information was available in this respect and issue to the Committee accordingly;
- (vi) to note following enquiry from Bailie Wright in relation to readmissions to hospital and whether or not it was the same people who were presenting on each occasion and whether or not care packages were in place for them when discharged from hospital the explanation from Jenny Hill as to what was meant by clinically fit and medically fit and she would look further at readmissions to see what could be identified in these cases;
- (vii) to note following enquiry from Bailie Wright that work was ongoing in relation to strategic needs assessment and that this would examine trends and changes in these;
- (viii) to note following enquiry from Trudy McLeay in relation to mental health training for third sector workers the information from Diane McCulloch that the Partnership had specialist mental health officers and that processes were in place to support mental health support in other ways; and
- (ix) to note following enquiry from Trudy McLeay that Diane McCulloch would examine what may be required in terms of Assurance in reports to the Committee.

V DUNDEE CARERS PARTNERSHIP PERFORMANCE REPORT 2019/2021

There was submitted Report No PAC20-2021 by the Chief Finance Officer informing the Performance and Audit Committee of the progress achieved through the Dundee Carers Partnership over the period 1st April 2019 until 31st March 2021. The Partnership had worked towards realising the ambitions of the local Carers strategy, 'A Caring Dundee 2017/2020' which was extended to October 2021.

The Committee agreed:-

- (i) to note the content of the report and of the Dundee Carers Partnership Performance Report 2019/2021 as detailed in Appendix 1 of the report; and
- (ii) to note the intention of the Carers Partnership to review and refresh the local Carers Strategy by October 2021 as detailed in section 6 of the report.

Following questions and answers the Committee further agreed:-

- (iii) to note following enquiry from Councillor Short the work which was ongoing as explained by Jenny Hill in relation to awareness raising to help people understand that they were carers including involvement in schools through young carer ambassadors and to make them aware of the support which the Partnership could offer them; and
- (iv) to note following enquiry from Donald McPherson in relation to statistics that only 35% of Carers said they felt supported the explanation from Kathryn Sharp that these figures were on a national measurement level rather than a local level.

VI CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS /OLDER PEOPLE AND OTHER ADULT SERVICES 2020/2021

There was submitted Report No PAC21-2021 by the Chief Finance Officer summarising the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults/older people and other adult services in Dundee for the period 1st April 2020 to 31st March 2021.

The Committee agreed:-

- (i) to note the contents of the report and the gradings awarded as detailed in Appendix 1 of the report and highlighted in section 4.2 of the report;
- (ii) to note the significant changes to the scale and scope of Care Inspectorate led inspections carried out in 2020/2021 due to the COVID-19 pandemic as detailed in section 4.1.2 of the report; and
- (iii) to note the range of continuous improvement activities progressed during 2020/2021 as described in section 4.3 and Appendix 1 of the report.

Following questions and answers the Committee further agreed:-

- (iv) to note as explained by Jenny Hill how any concerns would be discussed with Care Home Providers and that these would be identified and raised at an early stage and that a third round of oversight visits at Care Homes was currently being carried out by the Partnership and the contrast in the way inspections had been carried out over the period of the pandemic from an internal and external perspective and the work done by the Tayside Oversight Group to support Care Homes;
- (v) to note following enquiry from Tony Gaskin in relation to level of assurance that could be ascertained from internal measures against external measures that Diane McCulloch would look at how this may be included in future reports; and
- (vi) to note as advised by Vicky Irons that work was continuing on both weekly and daily reporting on a Scotland wide basis in relation to Care Homes and that prior to the Pandemic the Partnership had a Care Home Support Team in place.

VII GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC22-2021 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

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

Following questions and answers the Committee further agreed:-

- (i) to note following enquiry from Donald McPherson that Dave Berry would look to provide further information in the report explaining some of the descriptions on status and that the figure in relation to progress on workforce issues would be further examined.

VIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC23-2021 by the Chief Finance Officer providing the Performance and Audit Committee with an update in relation to the progress on the completion of the 2020/2021 Internal Audit plan as well as work ongoing in relation to the 2021/2022 plan.

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

Following questions and answers the Committee further agreed:-

- (i) to note that Tony Gaskin would submit a summary of all reports to the next meeting of the Health Board;
- (ii) to note that a meeting of all Integration Joint Boards Chairs and Vice Chairs would be held in October 2021 in the interests of sharing good practice;
- (iii) to note following enquiry from Bailie Wright the explanation from Tony Gaskin in relation to what was meant by Viability as indicated in the report and that a report on Key Risk Viability would be submitted to the February meeting; and
- (iv) to note following suggestion by Donald McPherson that Tony Gaskin would look at possibility of including an additional column in future reports on how each of the Audits was progressing

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

There was submitted Report No PAC24-2021 by the Clinical Director providing assurance regarding matters of Government policy directives and legal requirements. This aligned to the safe, effective and person centred quality ambitions of NHS Scotland.

The report was brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership Integration Scheme. Clinical Governance was a statutory requirement to provide, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee was asked to provide their view on the level of assurance the report provided in regard to clinical and care governance within the Partnership. The timescale for the data within the report included April to May, 2021.

The Committee agreed: -

- (i) to note the content of the report;
- (ii) to note the Exception Report for the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group as detailed in Section 4 of the report; and
- (iii) with the Lead Officer for Dundee Health and Social Care Partnership that the level of assurance provided was: Moderate.

Following questions and answers the Committee further agreed: -

- (iv) to note following enquiry from Bailie Wright the advice of Diane McCulloch that work was continuing to strengthen links between services to ensure that at time of discharge an agreed care plan was in place to support that person; and
- (v) to note following enquiry from Donald McPherson the advice of Jenny Hill that significant interventions were in place to support the wellbeing of staff.

X ATTENDANCE LIST

There was submitted Agenda Note PAC25-2021 providing a copy of the attendance return for meetings of the Performance and Audit Committee held to date over 2021.

The Committee agreed to note the position as outlined.

XI DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held remotely on Wednesday, 24th November, 2021 at 10.00 am (unless otherwise advised by the Chief Officer).

Trudy MCLEAY, Chairperson.

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ITEM No ...3(b).....

PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1.	26/05/21	III(i)	MINUTE OF PREVIOUS MEETING – 3RD FEBRUARY 2021	Past reports on Delayed Discharge to the membership of the Committee.	Strategy and Performance Manager/ Clerk	3rd Sep 2021	Complete
2.	“	III(ii)	MINUTE OF PREVIOUS MEETING – 3RD FEBRUARY 2021	The Partnership to progress public information being placed on the website including information on Voluntary Action Exercise Group.	Chief Finance Officer	3 rd Sep 2021	In progress
3.	“	III(iii)	MINUTE OF PREVIOUS MEETING – 3RD FEBRUARY 2021	Dave Berry to progress an Action Plan for submission to meetings indicating timelines and tracking of Actions in consultation with the Clerk.	Chief Finance Officer/ Clerk	3 rd Sep 2021	Complete
4.	“	V(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY	Chief Officer to submit a report to a future meeting of the Integration Joint Board on the Strategic Commissioning Plan highlighting issues including cascade of learning and review of strategies.	Chief Officer	3 rd Sep 2021	Complete
5.	“	V(vii)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY	Kathryn Sharp to undertake further analysis of the position in relation to the figures for the North East area to establish what learning could be achieved for the benefit of the other areas in Dundee.	Strategy and Performance Manager	3 rd Sep 2021	In progress
6.	“	V(ix)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY	Kathryn Sharp to examine recording patterns in relation to readmission rate for Coldside area with Lynsey Webster and report back to Baillie Wright on outcome.	Strategy and Performance Manager/ Strategy and Performance Senior Officer	3 rd Sep 2021	Complete

7.	26/05/21 (cont'd)	V(x)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY	Lynsey Webster to include explanation of definitions such as Code 9 in future reports.	Strategy and Performance Senior Officer	3 rd Sep 2021	Complete
8.	“	VI (iv)	DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS	Jenny Hill to prepare a one page outline document showing an organisational graph of the Partnership for circulation to the full Committee.	Head of Health and Community Care	3 rd Sep 2021	In progress
9.	“	VII (iv)	LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2019/2020 PERFORMANCE	Chief Officer to work with partners, including Dundee City Council and Audit Scotland, to consider the value of the Health and Social Care Partnership's continued participation in the LGBF arrangements for adult social care.	Chief Officer	3 rd Sep 2021	In progress
10.	“	VII(v)	LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2019/2020 PERFORMANCE	Partnership to work with Dundee Voluntary Service on participation of volunteers and Adult Health Partnership Staff in care settings to assist with stimulating in Care Homes and that this feature in the Remobilisation Plan.	Head of Health and Community Care	3 rd Sep 2021	In progress
11.		VIII(v)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	Diane McCulloch to revise the content of future reports in consultation with Dave Berry and the Clerk on the need for an Equality Impact Assessment to be included with particular reference to Data Reports which could have an impact on carers groups and that as indicated by Dr Kendall he would outline levels of assurance in future reports;	Chief Social Work Officer/Chief Finance Officer/ Clerk	3 rd Sep 2021	Complete
12.	“	VIII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	Dave Berry to take forward the provision of information on Equality Impact Assessment in New Member Induction Training and the possibility of training not being confined to new members but offered as a refresher for the full membership with Tony Gaskin	Chief Finance Officer/Chief Internal Auditor	3 rd Sep 2021	In progress
13.	26/05/21 (cont'd)	VIII(vii)	DUNDEE HEALTH AND SOCIAL CARE	Tony Gaskin arrange for information to be shared with the Committee on Good	Chief Internal Auditor	3 rd Sep 2021	In progress

			PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	Assurance Principles.			
14.	"	IX(iii)	AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2020/2021	Anne Marie Machan to arrange for Audit Scotland Annual Overview Report to be provided to the membership of the Integration Joint Board.	Audit Scotland Representative	28 th May 2021	Complete
15.	"	XII(iii)	GOVERNANCE ACTION PLAN PROGRESS REPORT	Anne Marie Machan to examine the position in relation to filling of GP position on Integration Joint Boards with a view to making a national recommendation if necessary.	Audit Scotland Representative	3 rd Sep 2021	In progress
16.	29/09/21	IV(iv)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2020/2021 - QUARTER 4 SUMMARY	to note that Kathryn Sharp was examining the format of the report and that the next report would be in a different format to take account of feedback from members and Tony Gaskin and this would commence from the next financial year.	Kathryn Sharp	April 2022	Complete
17.	"	IV(v)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2020/2021 - QUARTER 4 SUMMARY	to note following enquiry from Trudy McLeay in relation to availability of respondents answers so as to establish why it was perceived that performance was poor as indicated in Table 1 of the report that Kathryn Sharp would check what information was available in this respect and issue to the Committee accordingly.	Kathryn Sharp	November 2021	Complete
18.	"	IV(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2020/2021 - QUARTER 4 SUMMARY	to note following enquiry from Bailie Wright in relation to readmissions to hospital and whether or not it was the same people who were presenting on each occasion and whether or not care packages were in place for them when discharged from hospital the explanation from Jenny Hill as to what was meant by clinically fit and medically fit and she would look further at readmissions to see what could be identified in these cases.	Jenny Hill	November 2021	In progress
19.	29/09/21 (cont'd)	IV(ix)	DUNDEE HEALTH AND SOCIAL CARE	to note following enquiry from Trudy McLeay that Diane McCulloch would examine what	Diane McCulloch	November 2021	In progress

			PARTNERSHIP PERFORMANCE REPORT 2020/2021 - QUARTER 4 SUMMARY	may be required in terms of Assurance in reports to the Committee.			
20	"	VI(v)	CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS /OLDER PEOPLE AND OTHER ADULT SERVICES 2020/2021	to note following enquiry from Tony Gaskin in relation to level of assurance that could be ascertained from internal measures against external measures that Diane McCulloch would look at how this may be included in future reports.	Diane McCulloch	November 2021	In progress
21.	"	VII(i)	GOVERNANCE ACTION PLAN PROGRESS REPORT	to note following enquiry from Donald McPherson that Dave Berry would look to provide further information in the report explaining some of the descriptions on status and that the figure in relation to progress on workforce issues would be further examined.	Chief Finance Officer	November 2021	In progress
22.	"	VIII(i)	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	to note that Tony Gaskin would submit a summary of all reports to the next meeting of the Health Board.	Tony Gaskin	November 2021	In progress
23.	"	VIII(iii)	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	to note following enquiry from Bailie Wright the explanation from Tony Gaskin in relation to what was meant by Viability as indicated in the report and that a report on Key Risk Viability would be submitted to the February meeting.	Tony Gaskin	February 2022	In progress
24.	"	VIII(iv)	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	to note following suggestion by Donald McPherson that Tony Gaskin would look at possibility of including an additional column in future reports on how each of the Audits was progressing.	Tony Gaskin	November 2021	In progress



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 24 NOVEMBER 2021

REPORT ON: AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/21

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC30-2021

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to present the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31 March 2021 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to this report.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee:

- 2.1 Notes the contents of the attached Audit Scotland cover letter (attached as Appendix 1) and the draft external auditor's report (attached as Appendix 2) including the completed action plan outlined on pages 23-27 of the report, and in particular that Audit Scotland have indicated they will issue an unqualified audit opinion on the IJB's 2020/21 Annual Accounts;
- 2.2 Endorses this report as the IJB's formal response to the external auditor's report;
- 2.3 Instructs the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by February 2022;
- 2.4 Approves the attached Audited Annual Accounts (attached as Appendix 3) for signature and instructs the Chief Finance Officer to return these to the external auditor;
- 2.5 Instructs the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 30th November 2021.

3.0 FINANCIAL IMPLICATIONS

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

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The IJB's Draft Annual Accounts 2020/21 were presented to the IJB at its meeting of the 23rd June 2021 having been submitted to Audit Scotland by the Chief Finance Officer on the 24 June 2021 (Article XI of the minute of the meeting refers). The IJB is required to prepare financial statements for the financial year ending 31 March 2021 following the Code of Practice on Local Authority Accounting in the United Kingdom ("the Code"). The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core objectives.

- 4.1.2 It is acknowledged that the Covid-19 crisis has caused significant disruption to the provision of services and the governance arrangements around those services. Accordingly, provisions made in the Coronavirus (Scotland) Act 2020 in relation to the publication of statutory reports provide some flexibility around reporting requirements and timescales associated with the statutory accounts process as set out within the Local Authority Accounts (Scotland) Regulations 2014. This particularly relates to the potential postponement of the publication of the 2020/21 audited accounts with a 2 month extension available to the 30 November 2021. In order to facilitate a comprehensive audit under the current Covid-19 restrictions, Audit Scotland and the IJB agreed to utilise this extension.
- 4.1.3 Audit Scotland's Annual Audit Plan for 2020/21 in relation to Dundee Integration Joint Board was presented to the Performance and Audit Committee meeting of the 26 May 2021. This described how the auditor would deliver their audit to the IJB, outlined their responsibilities and their intended approach.
- 4.1.4 It should be noted that the Annual Accounts 2020/21 remain in draft format until they are formally signed off by the Chair of the IJB, Chief Officer and Chief Finance Officer therefore the attached version may be subject to change. Any significant changes will be noted at the next available formal governance meeting of the IJB or PAC.

4.2 External Auditors Report

- 4.2.1 Audit Scotland has now completed their audit work and, in accordance with auditing standards, are required to report the outcome of their work in relation to their review of the financial statements, prior to formally issuing their audit opinion. This requirement has been addressed in the attached External Auditor's Report.
- 4.2.2 The report summarises the findings in relation to the overall audit of the IJB for the year ended 31 March 2021. It describes the scope of audit work undertaken during 2020/21 and the issues arising from that work are divided into four key audit dimensions:
- Financial Sustainability
Financial Management
Governance and Transparency
Value for Money
- 4.2.3 The main elements of Audit Scotland's audit work in 2020/21 have been:
- an audit of the IJB's 2020/21 annual accounts including the issue of an independent auditor's report setting out their opinions.
 - consideration of the four audit dimensions noted in 4.2.2 above.
- 4.2.4 In addition to the members of the IJB, the external auditor's report is also addressed to the Controller of Audit of the Accounts Commission for Scotland.
- 4.2.5 In relation to the four key audit dimensions noted above, Audit Scotland has identified no major issues and are of the opinion that the financial statements give a true and fair view of the state of the IJB's affairs and of its net expenditure for the 2020/21 financial year. A number of recommendations have been made which are reflected in the action plan. Audit Scotland has issued an unqualified independent auditor's report on the Dundee Integration Joint Board's Accounts for 2020/21.

4.3 Key Messages Arising from the External Audit Report

- 4.3.1 Audit Scotland has noted a number of judgements in relation to the audit dimensions as set out in Parts 2 and 3 of their report.

Under financial management and sustainability:

- The IJB has appropriate and effective financial management arrangements in place.

- The IJB reported an underspend of £13.337 million against its revised 2020/21 budget. This was due to unspent late funding from the Scottish Government and a downturn in service activity.
- Covid-19 funding of £16.355 million was received in 2020/21. £6.084 million was unspent at 31 March 2021, and is included in reserves to cover future costs.
- Budget monitoring arrangements are appropriate but there is scope to improve the clarity of reporting of Covid-19 and other earmarked funding initiatives at the year end.
- A five year financial framework (2021/22 to 2025/26) was approved in March 2021. This will be updated in March 2022 as part of the 2022/23 budget setting process and reflecting the impact of Covid-19.
- Work is ongoing to develop Board reporting on transformation and savings plan reporting could be developed further at the year end.

Under governance, transparency and best value:

- The governance arrangements introduced in response to the pandemic are appropriate and operated effectively. There is effective scrutiny, challenge and informed decision making.
- The IJB made improvements to how it monitors and reports its governance improvements action plan. A number of long standing and new actions are to be kept under review.
- Risk management arrangements matured over the last year, with further improvements planned.
- Arrangements are in place to demonstrate Best Value however the reporting frequency should be established.
- The IJB has effective arrangements in place for managing and scrutinising performance and is reflective of where improvements in reporting can be made.
- Performance data in the annual performance report indicates a mixed picture with some reduction in performance compared to the equivalent 2019/20 information.

4.4 Action Plan

- 4.4.1 Audit Scotland's 2020/21 recommendations for improvement and associated response by the IJB are noted in the Action Plan set out in Appendix 1 of the Audit Scotland Report.

It is recommended that the Chief Finance Officer provides an update on the progress of the agreed actions to meet these recommendations prior to the end of the current financial year in order to support the 2021/22 audit process.

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

7.0 CONSULTATIONS

- 7.1 The Chief Officer, External Auditor 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.

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: 09 November 2021

Performance and Audit Committee

24/11/2021

Dundee City Integration Joint Board

Audit of 2020/21 annual accounts

Independent auditor's report

1. Our audit work on the 2020/21 annual accounts is now substantially complete. Subject to receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 24 November 2021 (the proposed report is attached at [Appendix A](#)).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Performance and Audit Committee's consideration our draft annual report on the 2020/21 audit. The section headed "Significant findings from the audit in accordance with ISA 260" sets out the issues identified in respect of the annual accounts.
3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.
4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

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

Fraud, subsequent events and compliance with laws and regulations

7. In presenting this report to the Performance and Audit Committee we seek confirmation from those charged with governance of any instances of any actual, suspected or alleged fraud; any subsequent events that have occurred since the date of the financial

statements; or material non-compliance with laws and regulations affecting the entity that should be brought to our attention.

Representations from Section 95 Officer

8. As part of the completion of our audit, we are seeking written representations from the Section 95 Officer on aspects of the annual accounts, including the judgements and estimates made.
9. A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Section 95 Officer with the signed annual accounts prior to the independent auditor's report being certified.

APPENDIX A: Proposed Independent Auditor's Report

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

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2021 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the 2020/21 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the body as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

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

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

Risks of material misstatement

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

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

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

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

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

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

Statutory other information

The Chief Finance Officer is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

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

My opinion on the financial statements does not cover the statutory other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

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

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

Matters on which I am required to report by exception

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

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

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

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

Use of my report

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

Fiona Mitchell-Knight

Audit Director

Audit Scotland

8 Nelson Mandela Place

Glasgow

G2 1BT

[DocuSign date]

APPENDIX B Letter of Representation (ISA 580) – to be reproduced on client's letterhead

Fiona Mitchell-Knight
Audit Director
Audit Scotland
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear Fiona

**Dundee City Integration Joint Board
Annual Accounts 2020/21**

1. This representation letter is provided about your audit of the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2021 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Board, Dundee City Council and NHS Tayside, the following representations given to you in connection with your audit of Dundee City Integration Joint Board's annual accounts for the year ended 31 March 2021.

General

3. Dundee City Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2020/21 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Dundee City Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (2020/21 accounting code), and in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board at 31 March 2021 and the transactions for 2020/21.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2020/21 accounting code where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Dundee City Integration Joint Board's circumstances and have been consistently applied.
8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

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

Liabilities

10. All liabilities at 31 March 2021 of which I am aware have been recognised in the annual accounts.
11. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.

Fraud

12. I have provided you with all information in relation to:
- my assessment of the risk that the financial statements may be materially misstated because of fraud
 - any allegations of fraud or suspected fraud affecting the financial statements
 - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

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

Related Party Transactions

14. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2020/21 accounting code. I have made available to you the identity of all the Dundee City Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

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

Management commentary

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

Corporate Governance

17. I confirm that the Dundee City Integration Joint Board has undertaken a review of the system of internal control during 2020/21 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.
18. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2021, which require to be reflected.

Balance Sheet

19. All events subsequent to 31 March 2021 for which the 2020/21 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Dave Berry
Chief Finance Officer
[DocuSign date]

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Dundee City IJB

Proposed 2020/21 Annual Audit Report



 AUDIT SCOTLAND

Prepared for Dundee City Integration Joint Board and the Controller of Audit
November 2021

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Key messages

2020/21 annual report and accounts

- 1 Our audit opinions on the annual accounts of Dundee City IJB are unmodified.
- 2 The unaudited annual accounts were provided within the agreed timescale. They have been certified in line with the revised government timescales that reflect the challenges of Covid-19 on the audit.

Financial management and sustainability

- 3 The IJB has appropriate and effective financial management arrangements in place.
- 4 The IJB reported an underspend of £13.337 million against its revised 2020/21 budget. This was due to unspent late funding from the Scottish Government and a downturn in service activity.
- 5 Covid-19 funding of £16.355 million was received in 2020/21. £6.084 million was unspent at 31 March 2021, and is included in reserves to cover future costs.
- 6 Budget monitoring arrangements are appropriate but there is scope to improve the clarity of reporting of Covid-19 and other earmarked funding initiatives at the year end.
- 7 A five year financial framework (2021/22 to 2025/26) was approved in March 2021. This will be updated in March 2022 as part of the 2022/23 budget setting process and reflecting the impact of Covid-19.
- 8 Work is ongoing to develop Board reporting on transformation and savings plan reporting could be developed further at the year end.

Governance, Transparency and Best Value

- 9 The governance arrangements introduced in response to the pandemic are appropriate and operated effectively. There is effective scrutiny, challenge and informed decision making.
- 10 The IJB made improvements to how it monitors and reports its governance improvements action plan. A number of long standing and new actions are to be kept under review.

- 11** Risk management arrangements matured over the last year, with further improvements planned.
- 12** Arrangements are in place to demonstrate Best Value however the reporting frequency should be established.
- 13** The IJB has effective arrangements in place for managing and scrutinising performance and is reflective of where improvements in reporting can be made.
- 14** Performance data in the annual performance report indicates a mixed picture with some reduction in performance compared to the equivalent 2019/20 information.

Introduction

1. This report summarises the findings from our 2020/21 audit of Dundee City Integration Joint Board (the IJB).
2. The scope of our audit was set out in our Annual Audit Plan presented to the Performance and Audit Committee meeting in May 2021. This report comprises the findings from:
 - an audit of the Dundee City IJB's 2020/21 annual accounts
 - consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#).
3. The global coronavirus pandemic has had a considerable impact on the IJB and its partner bodies during 2020/21. This has had significant implications for services. A wider dimension risk related to the pandemic was included in our Annual Audit Plan, our work is summarised at [Appendix 2](#).

Adding value through the audit

4. We add value to the IJB, through audit:
 - identifying and providing insight on significant risks, and making clear and relevant recommendations
 - sharing intelligence and good practice through our national reports ([Appendix 3](#)) and good practice guides
 - providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability.

Responsibilities and reporting

5. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation, and putting arrangements in place for governance, propriety and accountability that enable it to successfully deliver its objectives.
6. Our responsibilities, as independent auditor appointed by the Accounts Commission, are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice and supplementary guidance, and International Standards on Auditing in the UK. As public sector auditors, we give independent opinions on the annual accounts. Additionally, we conclude on the appropriateness and effectiveness of the performance management

arrangements, the suitability and effectiveness of corporate governance arrangements, and the financial position and arrangements for securing financial sustainability. Further details of the respective responsibilities of management and the auditor can be found in the Code of Audit Practice and supplementary guidance.

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

8. Our Annual Audit Report contains an agreed action plan at [Appendix 1](#). It sets out specific recommendations, responsible officers, and dates for implementation. It also includes outstanding actions from last year and progress against these.

Auditor Independence

9. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

10. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2020/21 audit fee of £29,215, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

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

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

1. Audit of 2020/21 annual accounts

The principal means of accounting for the stewardship of the resources and performance

Main judgements

Our audit opinions on the annual accounts of Dundee City IJB are unmodified.

The unaudited annual accounts were provided within the agreed timescale. They have been certified in line with the revised government timescales that reflect the challenges of Covid-19 on the audit.

Our audit opinions on the annual accounts are unmodified

13. The annual accounts for the year ended 31 March 2021 were approved by the Performance and Audit Committee on 24 November 2021. As reported in the independent auditor's report:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the Remuneration Report, Management Commentary, and Annual Governance Statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

The annual accounts were signed off in line with the agreed audit timescales

14. The unaudited annual accounts were received in line with our agreed audit timetable by the end of June 2021. The annual accounts were signed off in line with the revised timetable permitted to reflect the impact of Covid-19 by the end of November 2021.

Overall materiality is £2.800 million

15. We apply the concept of materiality in both planning and performing the audit and in evaluating the effect of any identified misstatements on the audit. We identify a benchmark on which to base overall materiality such as net expenditure and apply what we judge to be the most appropriate percentage level for calculating materiality values.

16. The determination of materiality is based on professional judgement and is informed by our understanding of the entity and what users are likely to be most concerned about in the annual accounts. In assessing performance materiality, we have considered factors such as our findings from previous audits, any changes in business processes and the entity's control environment including fraud risks.

17. Our initial assessment of materiality was carried out during the planning phase of the audit and. This was reviewed on receipt of the unaudited annual account, assessing no change was required, as summarised in [Exhibit 1](#).

Exhibit 1

Materiality values

Materiality level	Amount
Overall materiality	£2.800 million
Performance materiality	£1.700 million
Reporting threshold	£100 thousand

Source: Audit Scotland

Appendix 2 identifies the main risks of material misstatement and our audit work to address these

18. [Appendix 2](#) provides our assessment of risks of material misstatement in the annual accounts and any wider audit dimension risks. These risks influence our overall audit strategy, the allocation of staff resources to the audit, and indicate how the efforts of the audit team are directed. [Appendix 2](#) also identifies the work we undertook to address these risks and our conclusions from this work.

Significant findings from the audit

19. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the IJB's accounting practices covering accounting policies, accounting estimates and financial statements disclosures. We have one significant finding on the annual accounts, and this is summarised in [Exhibit 2](#).

Exhibit 2

Significant finding from the audit of the financial statements

Issue	Resolution
1. 2020/21 funding and reserve disclosures From the audit of the management commentary, we identified a number of disclosure improvements related to 2020/21 Covid-19 and other funding sources, including government funding, expenditure incurred against these funding streams and the resultant unspent elements transferred to the IJBs reserve. Also, from the audit of note 8 – usable reserve it was identified that it did not fully comply with extant mandatory guidance* to disclose an analysis of earmarked elements of the general fund reserve. * The Local Authority (Scotland) Accounts Advisory Committee (LASAAC) Mandatory Guidance: The Statutory Basis for Accounting for and Disclosing Reserves in Scottish Local Government Bodies (Revised 2021).	Management has made the necessary adjustments in the 2020/21 audited annual accounts: • The narrative in the management commentary has been expanded • Note 8 – usable reserve has been updated to reflect the LASAAC disclosure requirement.

Source: Audit Scotland

There are no unadjusted misstatements in the audited annual accounts

20. It is our responsibility to request that all misstatements above the reporting threshold are corrected. We have no unadjusted misstatements above our reporting threshold to report from the 2020/21 audit. In accordance with normal audit practice, a number of presentational and disclosure amendments were discussed and agreed with management.

Some progress was made on prior year recommendations

21. The IJB has made some progress in implementing our prior year audit recommendations. For actions not yet implemented, revised responses and timescales have been agreed with management, and are set out in [Appendix 1](#).

2. Financial management and sustainability

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

Main judgements

The IJB has appropriate and effective financial management arrangements in place.

The IJB reported an underspend of £13.337 million against its revised budget for 2020/21. This was due to unspent late funding received from the Scottish Government and a downturn in service activity.

Covid-19 funding of £16.355 million was received in 2020/21, £6.084 million was unspent at 31 March 2021 and is included in reserves to cover future costs.

Budget monitoring arrangements are appropriate but there is scope to improve the clarity of reporting of Covid-19 and other earmarked funding initiatives at the year end.

A five year financial framework (2021/22 to 2025/26) was approved in March 2021. This will be updated in March 2022 as part of the 2022/23 budget setting process and reflecting the impact of Covid-19.

Work is ongoing to develop Board reporting on transformation and savings plan reporting could be developed further at the year end.

The IJB reported an underspend of £13.337 million against its revised budget of £305.957 million for 2020/21. This was due to unspent late funding received from the Scottish Government and a downturn in service activity

22. The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer and Chief Finance Officer. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records.

23. The impact on public finances of the Covid 19 pandemic has been unprecedented, which has necessitated both the Scottish and UK governments providing substantial additional funding for public services as well as support for individuals, businesses, and the economy. It is likely that further financial measures will be needed and that the effects will be felt well into the future.

24. The IJB incurred net expenditure of £292.620 million in 2020/21 against a revised funding budget of £305.957 million, resulting in a total underspend of £13.337 million.

25. The IJB received £16.355 million of Covid-19 related funding in 2020/21, £10.271 million was spent in 2020/21, with the remaining £6.084 million carried forward in reserves to be spent in 2021/22.

26. The £13.337 million surplus includes a £2.094 million net operational underspend, £6.084 million in unspent Covid-19 funding and £5.159 million unspent earmarked funding. The net operational underspend comprised a £1.388 million overspend on social care services from the Dundee City Council elements of the IJB budget and an underspend of £3.482 million on health services from the NHS Tayside elements of the IJB budget due to reduced service activity.

27. The IJB holds a general fund reserve, which is used to smooth financial variations over the years. During 2020/21 the reserve increased by £13.337 million, to £13.829 million. The earmarked / committed element of the general fund reserve totalling £11.735 million (2019/20 £0.492 million) is to be used to fund expenditure in future years. In addition, uncommitted contingency reserves are £2.094 million.

Budget monitoring arrangements are appropriate but there is scope to improve the clarity of reporting of Covid-19 and other funding, including government funding initiatives at the year end

28. Financial monitoring reports are submitted to each IJB meetings, reporting a forecast year-end outturn position against the council, health, and partnership total. The reports note the information is presented excluding any implications of additional Covid-19 spend.

29. The financial monitoring reports also provide information on the projected costs and funding related to Covid-19 and the associated mobilisation plan financial returns, and information on other Scottish Government funding initiatives such as the primary care improvement fund. We note however, the financial monitoring reports, in particular the final report for 2020/21 could have more clearly detailed Dundee City IJB specific Covid-19 and other funding streams, associated expenditure and unused elements that have subsequently been transferred to the IJBs reserves.

Recommendation 1

The year end financial monitoring report to the Board should be updated to improve the clarity of reporting of earmarked funding initiatives.

The IJB has plans in place to secure the savings required to address the £2.042 million funding gap for 2021/22

30. The budget for 2020/21 showed that £2.342 million of savings needed to be achieved to balance the budget. In June 2021 it was reported to the Board that £1.971 million of savings had been delivered against the 2020/21 target of £2.342 million.

31. The IJB approved its 2021/22 budget in March 2021, with an initial funding gap of £2.658 million. At the same time saving proposals were approved with the aim of delivering a balanced budget. Subsequent to this additional funding was received from the Scottish Government to support implementation of the living wage policy which resulted in a reduction in required savings of £0.616 million, as agreed at the June 2021 IJB meeting. There is some risk that the revised 2021/22 efficiency savings target of £2.042 million will not be met in full.

The IJB five year financial framework will be updated in March 2022 to reflect the impact of Covid-19

32. Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered. The IJB approved its first Five Year Financial Framework covering 2021/22 to 2025/26 in March 2021. The framework set out: the estimated required budget and estimated funding to be provided; the financial challenges experienced in the period 2016/17 to 2020/21; the national and local context; key risks and financial challenges for the IJB; and the principles under which the IJB would approach the financial challenges.

33. The framework noted a potential funding gap of £18.202 million over the 5 years, excluding the impact of estimated increased demand for health and social care services as a result of Covid-19. In 2020/21 the general fund contingency reserve increased from nil to £2.094 million. Whilst this provides the IJB some flexibility to respond to unexpected events, it does not address the IJBs underlying financial sustainability risk.

34. The IJB plans to update its five year financial framework in March 2022 to reflect the impact of Covid-19 as part of the 2022/23 budget setting process. Whilst the IJB has improved its approach to medium and longer term financial planning, risks remain. Given the level of funds held in reserve, it is essential that the Joint Board has a clear plan on how and when monies will be spent, to support the strategic objectives of the IJB.

Recommendation 2

The IJB should review its five year financial framework. Service delivery models need to support the IJBs Covid-19 recovery plans and ensure financial sustainability for its services.

Work is ongoing to develop Board reporting on transformation and year end savings plan reporting could be developed further

35. Each of the IJBs financial monitoring reports include savings plan narrative and a savings delivery risk assessment against each of the proposed savings' initiatives. However, the value delivered against each of the savings' plans is not reported.

36. Improving reporting in transformation progress has been an area that the IJB has intended to progress for a number of years. Work is being undertaken by the Strategic Planning Advisory Group in this regard alongside assessing the impact of Covid 19 on the direction of the Strategic Plan. However, it has not been able to make progress at the pace that it has originally planned. We reflect also that the IJB has set a completion date of March 2022 (per the 2020/21 Annual Internal Audit report, recommendation 2) to complete actions related to improving transformation progress reporting to the Board. Given the complexity of the challenge there is a risk that the IJB may not achieve the March 2022 completion date.

37. Whilst noting that some information on savings plans is reported to the Board, we recommend that is enhanced by including actual outcomes delivered against each initiative as part of the end of year report. We will monitor progress with the implementation of the in 2020/21 Annual Internal Audit Report recommendation 2.

Financial systems of internal control operated effectively

38. The IJB does not have its own financial systems and instead relies on Dundee City Council and NHS Tayside for its key financial systems such as the ledger and payroll and the financial information used for budget setting and financial monitoring purposes.

39. As part of our audit approach, we sought assurances from the external auditor of Dundee City Council and NHS Tayside and confirmed there were no weaknesses in the systems of internal controls for either the council or the health board that impact on the IJB audit.

Internal audit completed sufficient work to provide satisfactory year end assurance

40. Internal audit provides the Board and the Chief Officer with independent assurance on the IJB's overall risk management, internal control, and corporate governance processes. Internal audit is provided by FTF Audit and

Management Services (FTF), supported by Dundee City Council's internal audit section. The audit is overseen by FTF's Chief Internal Auditor (CIA).

41. Whilst there was some slippage in the delivery of the 2020/21 internal audit plan, sufficient work was completed to allow the CIA to provide their positive year end assurances on the IJBs governance arrangements and systems of internal controls as reported in the 2020/21 annual internal audit report and reflected within the annual governance statement within the annual accounts.

42. Whilst sufficient internal audit work has been undertaken, we note that there has been some slippage in the delivery of internal audit plan in this and previous years. In part this has been due to pressures on management to engage with the audit process due to competing priorities. The challenges presented by the pandemic has added to the demands on management. Consequently, we will continue to monitor progress in the delivery of internal audit plan as part of the 2021/22 external audit, as delays of this nature presents a risk that Members may not be able to scrutinise key risk areas timeously if audits are delayed.

43. To avoid duplication of effort, we place reliance on the work of internal audit wherever possible. In 2020/21 we have used the work of internal audit in selected areas in respect of our wider dimension audit responsibilities sourced from their reported findings.

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

44. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partner bodies. We considered the arrangements in place at Dundee City Council and NHS Tayside and found them to be adequate. The IJB has a Code of Conduct in place to which members subscribe and the Members' Registers of Interest are publicly available on the IJB's website.

45. Appropriate arrangements are in place for the prevention and detection of fraud and error. We are not aware of any specific issues we require to bring to your attention.

3. Governance, transparency, and Best Value

The effectiveness of scrutiny and oversight and transparent reporting of information. Using resources effectively and continually improving services

Main judgements

The governance arrangements introduced in response to the pandemic are appropriate and operated effectively. There is effective scrutiny, challenge and informed decision making.

The IJB made improvements to how it monitors and reports its governance improvements action plan. A number of long standing and new actions are to be kept under review.

Risk management arrangements matured over the last year, with further improvements planned.

Arrangements are in place to demonstrate Best Value however the reporting frequency should be established.

The IJB has effective arrangements in place for managing and scrutinising performance and is reflective of where improvements in reporting can be made.

Performance data in the annual performance report indicates a mixed picture with some reduction in performance compared to the equivalent 2019/20 information.

Governance arrangements operating throughout the Covid-19 pandemic have been appropriate and operated effectively

46. Dundee City IJB made changes to its governance arrangements in response to the pandemic. These have been set out in the Management Commentary and the Annual Governance Statement in the annual accounts. They included:

- standing down formal Board and Performance and Audit Committee (PAC) meetings for a short period of time during the first wave of the pandemic and introducing the Essential Business procedure, providing delegated decision making authority to the Chief Officer and Chair

- introducing regular virtual IJB voting member briefing meetings
- formal open public meetings of the Board and PAC recommencing (remotely using TEAMS) from August 2020
- during 2020/21 five Board meetings, three PAC meetings and three IJB development sessions were held remotely.

47. Since our 2019/20 annual audit report the IJB has further enhanced its governance arrangements:

- During 2020/21 formal Board and PAC meeting minutes were expanded to include a record of questions raised by members and responses provided by officers, reflecting the nature of the discussion and assurances provided during meetings
- Board meeting papers now include an action tracker to allow members to track the implementation of actions agreed as part of formal board meetings. An action tracker is to be developed also for the PAC
- From May 2021 all formal Board and PAC meetings are recorded, with the recording placed on the Dundee City Council and IJB (HSCP) website soon after the meeting is held.

48. We reported previously, that the IJB had begun to make plans for a coordinated programme of development and training opportunities to be co-ordinated alongside those of Dundee City Council and NHS Tayside for new and existing members. Over the last year Board members have participated in specific events related to budget development and risk management; however, the development of a formal development programme has not progressed to the extent planned, in part due to the impact of Covid-19. This remains a priority for Board members. The October 2021 update to the PAC provides an implementation date of March 2022. We will continue to monitor progress with this area as part of our governance action plan implementation monitoring, as referred to below.

49. The NHS Tayside Board at its October 2021 meeting approved the appointment of the non-voting Board member to fulfil the position of 'registered medical practitioner whose name is included in the list of primary medical services performers'. This is a welcome development as the position has been vacant for a number of years. The filling of this role should provide the Integration Joint Board with valuable professional primary care input.

50. We consider that governance arrangements are appropriate and support effective scrutiny, challenge and decision making and the new arrangements introduced over the last year are examples of good practice.

The IJB made improvements to its governance action plan process. A number of long standing and new actions require to be kept under review

51. From its inception the IJB has experienced significant delays in progressing its improvement and governance actions. This issue was escalated to the Board from the PAC in 2020. Delays have impacted the implementation of internal and external audit recommendations. Some delays have been due to statutory partners interdependencies.

52. Over the course of 2021 the IJB has made improvements to its governance action plan (improvement actions) process. It has reviewed the various actions, some of which date back a number of years, removed duplications and low priority and or superseded actions. The remaining improvement actions have been amended to mirror the risk action plan with the Pentana Risk software programme being used to record and monitor progress rather than an excel spreadsheets.

53. Using the Pentana software has allowed progress against planned implementation dates for each action to be quantified to provide real time updates. Some of the actions and their current update are:

- Clarification of deputising arrangements for the Chief Officer to be presented to the IJB - being considered as part of revision of integration scheme
- Development of a formal service level agreement detailing all key corporate support services to be provided to the IJB by the Council and the Health Board – key corporate service arrangements to be reviewed and included in the integration scheme as part of its current review
- Work to fully implement the actions in the workforce and organisational development strategy and reporting to the Board on workforce issues – to be addressed as part of the review of the IJBs Strategic Plan.

54. The new style of reporting was welcomed by the PAC members noting that the new report provided greater understanding of progress against actions. IJB officers will be working with internal audit as part of the current year's internal audit plan to progress some of the long standing improvement actions.

55. Given the importance of effective and timely governance action plan implementation, the PAC and Board as necessary, should continue to be updated on implementation progress across all governance and improvement areas. This should include keeping improvement actions under review for their continued relevance and priority.

Recommendation 3

The PAC and Board as necessary, should continue to be updated on implementation progress across all governance and improvement areas. This should include keeping improvement actions under review for their continued relevance and priority.

Risk management arrangements matured over the last year, with further improvements planned

56. We have previously reported that progress has been slow to implement improvement actions related to risk management identified in September 2018 by internal audit. Over the last year the IJBs risk management arrangements have matured. A Tayside Risk Management Group (Tayside wide) was formed in 2020 in response to the internal audit report and the group has been working to address the audit findings. The group developed the Tayside Risk Strategy, which was approved by the Board at its April 2021 meeting. It was also approved by all partners within Tayside providing the framework under which risk management arrangements will be progressed.

57. The October 2021 Board meeting considered the Strategic Risk Register Annual Report, noting the work that had been undertaken in relation to risk management, noting how risks are considered and escalated, that IJB members took part in a risk development session in August 2021 and provided an update on the current IJB Strategic Risks and most recent assessed highest IJB strategic risks.

58. The October 2021 report also provided a risk status update as at the end August 2021 on all the IJBs fifteen strategic risks and provided more detailed information on the IJBs two maximum scoring risks, related to Staff Resource and the Dundee Drug and Alcohol Recovery Service (DDARS). The report also advised the Board that Mental Health Services have identified a range of operational risks that will be escalated to the Strategic Risk Register, with the risks being entered on the Strategic Risk Register system in the next month.

59. Further actions remain to be progressed associated with the IJBs risk management arrangements. The Tayside Risk Management Group continue to meet, it will be reviewing the IJB's risk management policy and holding a further Member development session on Risk Appetite within the coming months.

Recommendation 4

The Board and PAC should continue to be updated on progress on the delivery against the remaining risk management improvement actions and updates to the Strategic Risk Register.

Arrangements are in place to demonstrate Best Value however the reporting frequency should be clarified

60. Integration Joint Boards have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

61. In September 2020 the PAC considered their first report on the Best Value arrangements for the IJB. The report was based on an assessment for 2019/20 on a review of the IJB's systems and processes undertaken between February and May 2020.

62. The September 2020 report noted the IJB had applied the Scottish Governments Best Value framework to its governance arrangements and activities to demonstrate how it and its partners are delivering Best Value and is securing economy, efficiency, effectiveness, and equality in service provision. Management concluded in the report that it had sufficient evidence and arrangements were in place to demonstrate that Best Value was being achieved. Management noted also the intention to report annually on Best Value.

63. We noted in our 2019/20 annual audit report that for future IJB Best Value assessments formal assurances should be sought from the Council and the Health Board. These have not been sought for 2020/21. Following on from 2019/20 we observe also that the Best Value reporting frequency should be clarified alongside the IJBs other reporting cycle commitments, as, whilst it was stated in the September 2020 Best Value report that there was an intention to report annually on Best Value, a further report is yet to be presented to the PAC.

Recommendation 5

The Best Value reporting frequency and interval should be clarified, and arrangements established to obtain formal assurances from the Council and the Health Board for the IJBs future Best Value assessments.

Revisions to the Integration Scheme are to be concluded

64. The Dundee City IJB Integration Scheme requires to be updated every five years i.e., by September 2020. A review of the scheme was concluded in September 2020 in line with the legislative requirements. The review identified that revisions to the Integration Scheme were required and that a more comprehensive review and consultation process was required to support the creation of the new Integration Scheme.

65. The IJB has noted that work to progress the production of a revised integration scheme has progressed more slowly than had been originally planned. In August 2021 the Board were updated on progress. This noted that the IJB is working with NHS Tayside and Dundee City Council and Angus and Perth and Kinross IJBs' via the Integration Project Group. The work is being led

by a Principal Officer from Angus Health and Social Care Partnership and a project plan has been developed to progress and conclude the work necessary to submit a revised scheme for ministerial approval by end of March 2022.

Review of adult social care services

66. An independent review of adult social care services was published in February 2021. This was requested by the Scottish Government in September 2020 with the primary aim of the review being to recommend improvements to adult social care services in Scotland. The review made a number of recommendations including the set-up of a National Care Service for Scotland that is equal to the NHS and that self-directed support must work better for people with decisions being based on their needs, rights, and preferences.

67. The IJB has assessed the review and reported on this to the Board in August 2021, with a further update on the consultation process to the October 2021 Board meeting. The IJB continues to monitor developments as a result of the review and has engaged in discussions around the implementation of the review with partners and stakeholders.

Mental health and substance misuse services are a significant area of risk for the IJB

68. In February 2020 'Trust and Respect Final Report of the Independent Inquiry into Mental Health Services in Tayside' was published. The report included 51 improvement areas for partners across Tayside, including the IJB, to address in providing mental health services.

69. The IJB is one of the partners who developed a Living Life Well strategy for mental health and wellbeing in Tayside, in response to the findings in the inquiry report. It sets out collective ambitions across Tayside for mental health services. A number of key pieces of work are underway led by the Dundee Health and Social Care Partnership such as the development of a community wellbeing centre.

70. In July 2021 a Progress Report by the Independent Inquiry Review Team was published. This reported on some positive progress and the commitment and dedication of staff, partner organisations and others seeking to make a difference for patients and the wider community in Tayside. Areas where further progress is needed were also reported. The IJB is continuing to work with partners in implementing the strategy to improve mental health services across Tayside.

71. Since February 2020 the Integration Joint Board has been provided with updates on progress with the implementation of the mental health inquiry recommendations, with the most recent update to the Board being at its October 2021 meeting.

72. As referenced in the risk management section of this annual audit report one of the IJBs two maximum scoring risks relates to the Dundee Drug and Alcohol Recovery Service (DDARS), we also note that a further operational

Mental Health Services risks is in train to be escalated to the IJBs Strategic Risk Register.

73. The Board should continue to be provided with updates on progress with the implementation of the mental health inquiry recommendations and the IJB strategic IJB risks so that they are assured that clinical and care governance arrangements are effective, coherent, and joined up. We will continue to monitor this area.

The IJB has effective arrangements in place for managing and scrutinising performance and is reflective of where improvements in reporting can be made

74. The Performance and Audit Committee (PAC) consider performance monitoring at each meeting. Reports are split between national performance indicators and local performance indicators. The committee also routinely consider more detailed reports on specific areas of concern such as readmissions, complex delayed discharges, and falls, to support an improved understanding of underlying challenges and the development of more detailed improvement plans.

75. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report covering areas such as assessing performance in relation to national health and wellbeing outcomes, financial performance, and best value, reporting on localities, and the inspection of services.

76. Similar to previous years, the IJB published a summary annual performance report to meet the statutory deadline of 31 July, and the Board approved for publication the full version of the 2020/21 annual performance report at the October 2021 meeting. The annual performance report provides information on the National Health and Wellbeing Outcomes and information at Partnership and locality level in relation to financial planning and performance, best value and scrutiny and inspection. The 2020/21 report has a greater focus on the IJBs own strategic priorities than previous reports.

77. The 2020/21 report covers the pandemic period and includes content that relates to pandemic specific responses and developments alongside business as usual activity across the health and social care system and with wider community planning partners.

78. The 2020/21 report explains some of the IJBs key developments delivered as part of the Covid-19 response, such as its involvement with the Covid-19 vaccination programme and articulates the challenges and the impact of the pandemic on the service users and how this interlinks with how services will be delivered in the future. It explains the IJB has developed a recovery plan, an element of which will relate to re-setting the IJBs strategic vision and priorities after Covid-19 in partnership with service users, their carers, and the local communities.

79. The report provides a comprehensive and balanced overview of the year under review, including emphasising the impact of Covid-19 and the direction of

travel. The IJB recognises for 2021/22 their priority is to begin the process of aligning their recovery priorities and the strategic priorities contained within the Partnership's Strategic and Commissioning Plan.

80. The IJB has effective arrangements in place for managing and scrutinising performance. It is reflective of where improvements in reporting can be made and intend to implement improvements where possible, subject to the limitations and competing demands.

Performance data in the annual performance report indicates a mixed picture, with some reduction in performance compared to the equivalent 2019/20 information

81. Similar to last year, the annual performance report advises that data published by Public Health Scotland for national health and wellbeing indicators (eleven to twenty) was available only for two of the indicators. Consequently, the annual performance report includes 2020/21 financial year data for indicators 17 and 19, with all other indicators being reported against the 2020 calendar year. The IJB plan to update the report as soon as financial year data is made available by Public Health Scotland for all indicators.

82. The reported data for indicator 17 (proportion of care services graded 'good' (4) or better in Care Inspectorate inspections) shows performance has worsened, including being worse than the Scottish average. For indicator 19 (percentage of days people spend in hospital when they are ready to be discharged, per 1,000 population) performance has improved against local data and against the Scottish average.

83. Looking at the available data for the other national indicators:

- performance has improved for 5 indicators (compared to 6 in 2019/20)
- performance has worsened for 12 of the indicators (compared to 10 in 2019/20).

84. When comparing the indicators against the Scottish average, 13 of the IJBs indicators are better; 5 worse and 1 the same. Overall, the data indicates some reduction in performance compared to the equivalent 2019/20 information.

National performance audit reports

85. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2020/21 we published some reports which may be of direct interest to the IJB as outlined in [Appendix 3](#).

86. The IJB has previously considered national performance reports published by Audit Scotland. We recommend that the IJB continues to consider and review relevant reports published by Audit Scotland, including when appropriate to develop locally agreed actions.

Appendix 1

Action plan 2020/21

2020/21 recommendations

Issue/risk	Recommendation	Agreed management action/timing
1. Financial monitoring reports Financial monitoring reports to the Board provide some information related to earmarked funding initiatives. However, for each of the specific funding streams the report (in particular the year end report) does not detail the associated expenditure and unused elements subsequently transferred to the IJBs reserves. Risk – members may not be able to fully scrutinise the financial information and future spending plans associated with specific funding streams and strategic priorities.	The year end financial monitoring report to the Board should be updated to improve the clarity of reporting of earmarked funding initiatives. Paragraph 29	The financial monitoring year end report in future will detail the relevant funding streams, associated expenditure and any surplus funding as recommended. Responsible officer: Chief Finance Officer Agreed date: June 2022
2. Five year financial framework The IJBs five year financial framework is yet to be updated to reflect the impact of the Covid-19 pandemic. Risk – the IJB does not have accurate financial information to support long-term budget and strategic priorities.	The IJB should review its five year financial framework. Service delivery models need to support the IJBs Covid-19 recovery plans and ensure financial sustainability for its services. Paragraph 34	Long term financial framework to be updated in March 2022 and will reflect the known and estimated impact on services and funding streams. Responsible officer: Chief Finance Officer Agreed date: March 2022
3. Governance and improvement actions From its inception the IJB has experienced significant	The PAC and Board as necessary, should continue to be updated on implementation progress	Continue to report the Governance Action Plan Update Report to each PAC

Issue/risk	Recommendation	Agreed management action/timing
delays in progressing its improvement and governance actions. Outstanding governance and improvement actions have been reviewed and consolidated for their continued relevance. Risk – slippage in implementation may lead to governance arrangements not supporting effective decision making.	across all governance and improvement areas. This should include keeping improvement actions under review for their continued relevance and priority. Paragraph 55	meeting with escalation to the IJB if required. Responsible officer: Chief Finance Officer Agreed date: Ongoing
4. Risk management Further improvement actions remain to be progressed associated with the IJBs risk management arrangements, including reviewing the IJB's risk management policy and developing further an understanding of the IJBs risk appetite. Risk – until risk management arrangements have matured further there is a risk that exposure to risks may not be fully understood, highlighted, appropriately mitigated through management controls, and scrutinised.	The Board and PAC should continue to be updated on progress on the delivery against the remaining risk management improvement actions and updates to the Strategic Risk Register. Paragraph 59	Will continue to be reported through the Governance Action Plan Update Report. Responsible officer: Chief Finance Officer Agreed date: October 2022
5. Best value The IJB put in place arrangements to demonstrate Best Value however the reporting frequency and arrangement to obtain formal assurances from the Council and the Health Board have not been clarified. Risk – the IJB is unable to demonstrate it is meeting its Best Value duty.	The Best Value reporting frequency and interval should be clarified, and arrangements established to obtain formal assurances from the Council and the Health Board for the IJBs future Best Value assessments. Paragraph 63	To be progressed as per recommendation. Responsible officer: Chief Finance Officer Agreed date: March 2022

Follow-up of prior year recommendations

Issue/risk	Recommendation	Agreed management action/timing
PY 1. Medium to long term financial plans The IJB has yet to develop medium to long term financial plans to demonstrate how it will fund future funding gaps. Risk – The IJB may not be planning adequately over the medium to long term to manage or respond to significant financial risks.	The 1-5-year financial plan should be progressed and presented to the Board to help demonstrate the longer term financial sustainability of planned IJB services. This is increasingly important as demand pressures increase and the IJB plans for service redesign over medium and longer time frames. Plans should include scenario planning in the Covid-19 environment.	In progress – refer to action point 2 above.
PY 2. Savings and transformation reporting Updates on the IJB's transformation programme and efficiency savings are not reported to the Board on a regular basis. Risk – Members may not be fully aware of the position and unable to take corrective actions.	The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered.	In progress - reported in paragraphs 35-37 above.
PY 3. Leadership and governance – support Plans to progress a programme of development and training opportunities for members, co-ordinated alongside those of Dundee City Council and NHS Tayside has not progressed to the extent planned. Risk – There is a risk that leadership and governance arrangements are not effective if members are not sufficiently trained and supported.	Work to embed a programme of development and training opportunities for Board members should be progressed.	Outstanding - reported in paragraph 48 above.

Issue/risk	Recommendation	Agreed management action/timing
PY 4. Board composition - registered medical practitioner providing primary care The IJB has not had professional primary care input for a number of years, since June 2018. Risk – The IJB does not have sufficient and appropriate professional input, which could undermine its decision making.	The IJB should escalate to NHS Tayside again, that the IJB has not had professional input from a 'registered medical practitioner whose name is included in the list of primary medical services performers' for a number of years and request NHS Tayside appoint to this non-voting role.	Complete - NHS Tayside Board, in October 2021 approved the appointment of a General Practitioner to the non-voting Board member role of 'registered medical practitioner whose name is included in the list of primary medical services performers' as stipulated within The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. Refer to paragraph 49 above.
PY 5. Improvement agenda - action plan progress From its inception the IJB has experienced significant delays in progressing its improvement and governance actions. This issue has been escalated to the Board from the PAC. Risk – The commitments set out in the IJB's Strategic and Commissioning Plan and Covid-19 remobilisation plan may not be delivered if improvement actions are not delivered within the appropriate timescales. Governance arrangements may not support effective decision making.	The Governance Action Plan should be developed to include all improvement action plans. Actions should be reviewed for their continued relevance and priority. The Board and PAC should continue to be updated on implementation progress across all governance and improvement areas.	In progress – refer to action point 3 above.
PY 6. Risk management Progress has been slow to implement the recommendations from the internal risk maturity audit, reported in September 2018. Recently a Tayside Risk Management Group chaired by the CFO has been established to promote	The Board and PAC are updated on progress in delivering against the risk maturity action plan.	In progress - refer to action point 4 above.

Issue/risk	Recommendation	Agreed management action/timing
completion of the actions by December 2020. Risk – Until risk management arrangements are effective there is a risk that exposure to risks may not be understood, highlighted, and appropriately mitigated through management controls.		
PY 7. Internal audit – programme There continues to be slippage in the delivery of internal audit plans. Consequently, for 2020/21 the Board approved previously agreed outstanding audit plans with updated scopes, would be progressed rather than create a further plan. Risk – Members may not be able to scrutinise key risk areas timeously if internal audit audits are delayed.	Supported by management, the delivery of internal audit plans should be kept under review to ensure the IJB receives appropriate and sufficient assurances on its governance arrangements and systems of its internal controls.	In progress - reported in paragraphs 40-43 above.

Appendix 2

Significant audit risks identified during planning

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

Risks of material misstatement in the financial statements*

Audit risk	Assurance procedure	Results and conclusions
1. Risk of material misstatement due to fraud caused by the management override of controls International Auditing Standards require that audits are planned to consider the risk of material misstatement in the financial statements caused by fraud, which is presumed to be a significant risk in any audit. This includes the risk of fraud due to the management override of controls.	Reviewed the appropriateness of journal entries and other adjustments recorded in the general ledger and financial statements. Reviewed accounting estimates. Obtained assurances from the auditors of Dundee City Council and NHS Tayside over the IJB financial information controls.	The completion of the assurance procedures did not identify any evidence of management override of controls.

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

Audit risk	Assurance procedure	Results and conclusions
2. Financial sustainability The IJB approved its 5 Year Financial Framework covering 2021/22 to 2025/26 in March 2021. The framework sets out: the estimated required budget and estimated funding to be provided; the financial challenges experienced in the	Reviewed the CFO's assessment of going concern for the 2020/21 annual accounts. Monitored developments with savings, transformation and reserves reporting enhancements as part of the regular IJB financial monitoring reports.	As outlined in section 2 of this report, the IJBs general fund reserve increased by £13.337 million. The majority of these funds will be required to meet the ongoing financial pressures created by the pandemic and other specific initiatives.

Audit risk	Assurance procedure	Results and conclusions
period 2016/17 to 2020/21; the national and local context; key risks and financial challenges for the IJB; and the principles under which the IJB will approach the financial challenges. The framework notes a potential funding gap of £18.202 million over the 5 years, excluding the impact of estimated increased demand for health and social care services as a result of Covid. There is a risk that IJB services are not sustainable and the IJB is unable to achieve its Strategic and Commissioning Plan priorities and commitments.	Monitored reporting against the Strategic and Commissioning Plan. Monitored progress in developing a revised Financial Framework reflecting the impact of Covid-19.	Future financial plans are challenging with a cumulative funding gap of £18.202 million over 5 years, excluding the impact of Covid. The 5 year financial framework requires to be updated.
3. Services pressures created by Covid - 19 The Covid - 19 pandemic continues to place significant pressure on the provision of health and social care services delivered by the IJB. There is a risk that Covid-19 pressures will impact on the IJB's ability to meet its objectives within the 2019-2022 Strategic and Commissioning Plan.	Reviewed progress against strategic objectives reported within the IJB's 2020/21 Annual Performance Report. Reviewed performance reports to assess the impact of Covid - 19 on the IJB's performance targets.	As outlined in section 3 of this report, the IJBs annual performance report indicates a mixed picture with some reduction in performance compared to the equivalent 2019/20 information. Section 3 of this report also provides an overview of the breadth of some of the IJBs priorities and organisational commitments, ranging from: continuing to implement its governance improvement agenda; progressing actions related to its risk management arrangements; progressing work related to revising its Integration Scheme; and progressing work and associated with the national review of adult social care services.
4. Improvement agenda - action plan progress	Reviewed the CFO's evidence to support the IJB's	As outlined in section 3 of this report, the IJB has made improvements to its governance action plan

Audit risk	Assurance procedure	Results and conclusions
From its inception the IJB has experienced significant delays in progressing its improvement and governance actions. This issue was escalated to the Board from the Performance and Audit Committee (PAC) in 2020. Delays have also impacted the implementation of internal audit recommendations, some of which are due to statutory partners interdependencies. There is a risk that governance arrangements are not appropriate or operating effectively.	2020/21 annual governance statement. Monitored developments with the CFO review of the governance action plan. Reviewed governance action plan reporting to the PAC.	process. It is noted also that improvement actions should be kept under review for their continued relevance and priority and the PAC and Board as necessary, should continue to be updated on implementation progress.
5. Risk management Progress has been slow to implement the recommendations from the risk maturity internal audit, reported in September 2018. The Tayside Risk Management Group, formed in 2020 in response to the internal audit report, has been working to address the audit findings. The group has now developed the Tayside Risk Strategy, which was approved by the Board at its April 2021 meeting. Further actions remain to be completed, including reviewing the IJB's risk management policy. Until risk management arrangements are updated and embedded there is a risk that exposure to risks may not be understood, highlighted, and appropriately prioritised and mitigated	Monitored progress with the implementation of outstanding actions, the review of the IJB's risk management policy and the ongoing work of the Tayside Risk Management Group. Monitored risk management and register reporting to the Board and the PAC.	As outlined in section 3 of this report the IJBs risk management arrangements matured over the last year with further improvements planned. It is also noted that the Board and PAC should continue to be updated on progress on the delivery against remaining risk management improvement actions and updates to the Strategic Risk Register.

Audit risk	Assurance procedure	Results and conclusions
through management controls.		

* In our Annual Audit Plan for 2020/21 which was presented to the Performance and Audit Committee in May 2021, we identified three risks of material misstatement in the annual accounts relating to: management override of controls; fraud over expenditure; and the estimate for the hospital acute services (set aside). However, in advance of commencing the annual accounts audit we reconsidered these risks, taking account the requirements laid out in auditing standards. As a result, we have now rebutted that a material risk exists from fraud over expenditure and the risk related to the estimate for the hospital acute services (set aside). This is on the basis that all transactions are processed by the partner bodies rather than the IJB directly and that all expenditure is undertaken by the partner, public sector bodies. The set aside estimate is based on an agreed methodology and extant guidance, and although there is a degree of estimation used to calculate the figure, the estimation is recognised and appropriately disclosed.

Appendix 3

Summary of national performance reports 2020/21

April

[Affordable housing](#)

June

[Highlands and Islands Enterprise: Management of Cairngorm mountain and funicular railway](#)

[Local government in Scotland Overview 2020](#)

July

[The National Fraud Initiative in Scotland 2018/19](#)

January

[Digital progress in local government](#)

[Local government in Scotland: Financial overview 2019/20](#)

February

[NHS in Scotland 2020](#)

March

[Improving outcomes for young people through school education](#)

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Dundee City IJB

Proposed 2020/21 Annual Audit Report

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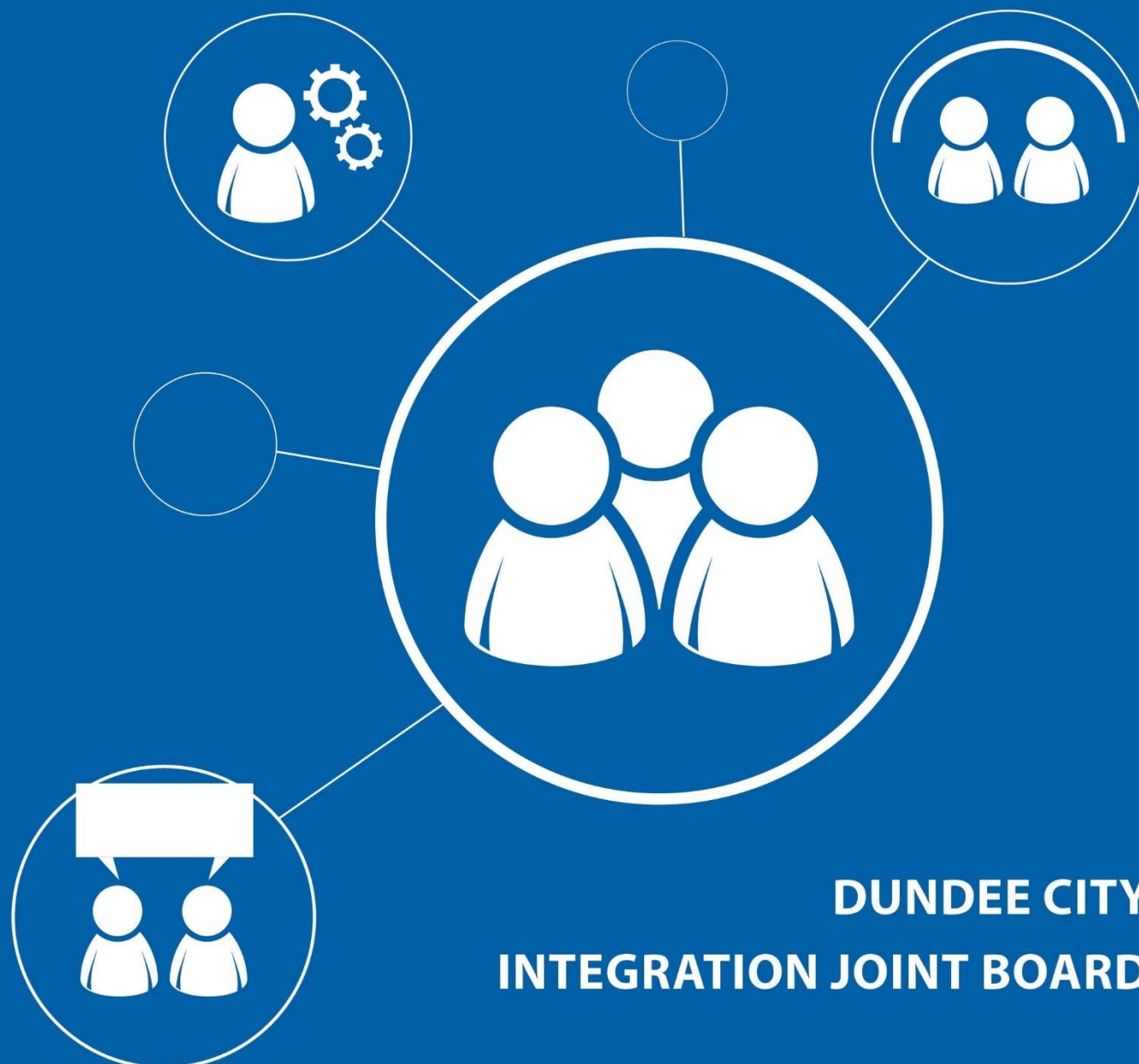
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**DUNDEE CITY
INTEGRATION JOINT BOARD**

ANNUAL ACCOUNTS

2020-21

Audited

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Dundee City Integration Joint Board
Annual Accounts 2020-21
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Introduction

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

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

Dundee City Integration Joint Board (IJB) formally became responsible for the operational governance and oversight of delegated health and social care functions with effect from 1 April 2016 and through the Chief Officer is responsible for the operational management of integrated services excluding delegated acute services. The Integration Joint Board directs Dundee City Council and NHS Tayside to deliver these services in accordance with the Strategic Plan through Dundee Health and Social Care Partnership. The services delegated to Dundee City IJB by NHS Tayside and Dundee City Council are listed in the [Dundee Integration Scheme](#).

This publication contains the financial statements for Dundee City Integration Joint Board for the year ended 31 March 2021. The Management Commentary highlights the key activities carried out to date and looks forward, outlining the anticipated financial outlook for the future and the challenges and risks facing health and social care services over the medium term.

Role and Remit of Dundee City Integration Joint Board

Dundee City Integration Joint Board has responsibility for planning and providing defined health care and social care services for the residents of Dundee encompassing an area of 60 square kilometres and a population of around 149,000. These services are provided in line with the Integration Joint Board's Strategic and Commissioning Plan 2019-2022 which can be found here:

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

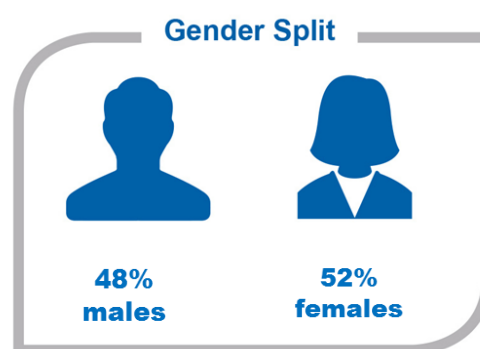
Population, health and deprivation impact directly on demand for health and social care services and can often result in higher support levels being required. Dundee has high levels of inequalities within the city with significant variances across locality areas, driven by high levels of deprivation and resultant impact on higher prevalence levels of health and multiple long-term conditions. In addition to frailty and ill health which is prevalent in the ageing population, many younger adults in Dundee are experiencing health conditions earlier in life as a result of deprivation and associated impact of substance misuse and mental health issues. These factors highlight the scale of the challenges Dundee City Integration Joint Board faces over the coming years.

A full profile of Dundee City is set out in the [Strategic Needs Assessment](#). Some of the key characteristics are presented below. All these characteristics have an impact on the demand for services commissioned by the Dundee City IJB, both now and in the future.

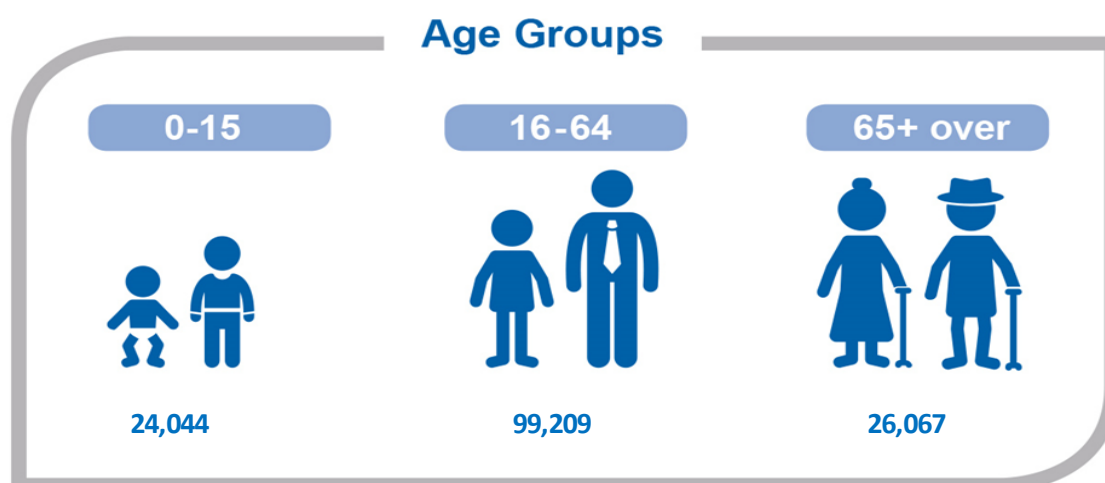
POPULATION PROFILE AND PROJECTIONS



(Source: [National Records of Scotland](#), 2019)



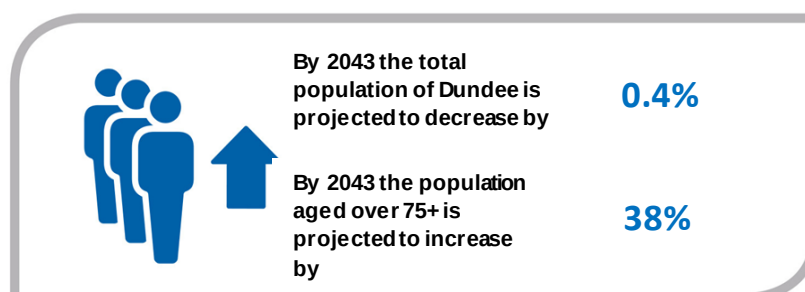
(Source: [National Records of Scotland](#), 2019)



(Source: [National Records of Scotland](#), 2019)

Projected Population

Like other parts of Scotland, Dundee is expected to see a significant rise in the number of older people with an increase of **38%** in those over 75 anticipated over the next 20 years.



Life Expectancy

Dundee **males have the second lowest** life expectancy in Scotland and Dundee **females have the third lowest** life expectancy in Scotland, with factors such as prevalence of substance misuse, mental health problems, smoking, and obesity all contributing to the reduced life expectancy.



Female Life Expectancy at Birth – 79 years
(compared to 81 for a Scottish female, a difference of 2 years)

Male Life Expectancy at Birth – 74.0
(compared to 77.0 years for a Scottish male, a difference of 3 years)

(Source: [NRS Life Expectancy for areas within Scotland 2017-19](#))

Deprivation

Dundee is the **5th** most deprived local authority area in Scotland with just over **36.6%** of the Dundee population living in the **20%** most deprived areas of Scotland.



In Dundee, **six out of eight Dundee LCPP areas** are above the Scottish average of **19.5%** and are also above the Dundee average of **36.6%**

(Source: Scottish Index of Multiple Deprivation 2020, Scottish Government)

Drug Misuse



Dundee has the **4th** highest prevalence of drug misuse in Scotland. There are an estimated 2,300 problem drug users (ages 15–64) in Dundee.

1,600 (70%) male and
700 (30%) are female

(Source: *Estimating the Prevalence of Problem Drug Use in Scotland 2015-16, PHS* (published 05/03/2019))

Homelessness



1,010 households assessed as homeless in 2019/20

58% of households have at least one identified support need

(Source: *Homelessness in Scotland 2019 to 2020*, Scottish Government)

Learning Disability



Dundee has the **highest proportion** of adults with a learning disability in Scotland.

In 2019, there were **8.8** adults per 1,000 population of adults in Dundee with a learning disability, compared to 5.2 adults per 1,000 population in Scotland.

(Source: [Learning Disability Statistics Scotland, 2019](#))

Physical Disability



10,590 people in Dundee identified themselves as having a physical disability.

7% of Dundee's population.

(Source: *Census 2011*, scotlandscensus.gov.uk)

Membership of Dundee City Integration Joint Board

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

The table below notes the membership of Dundee City Integration Joint Board in 2020/21:

Voting Members:

Role	Member
Nominated by Tayside Health Board	Trudy McLeay
Nominated by Tayside Health Board	Jenny Alexander (until 23/06/2021 but remains as Proxy Member) Anne Buchanan (from 23/06/2021)
Nominated by Tayside Health Board	Donald McPherson Norman Pratt (Proxy Member)
Councillor Nominated by Dundee City Council	Councillor Ken Lynn
Councillor Nominated by Dundee City Council	Bailie Helen Wright
Councillor Nominated by Dundee City Council	Councillor Roisin Smith (until 22/02/2021) Councillor Lynne Short (from 22/02/2021) Councillor Steven Rome (Proxy Member from 22/02/2021)

Non-voting members:

Role	Member
Chief Social Work Officer	Diane McCulloch (Dundee City Council)
Chief Officer	Vicky Irons
Proper Officer Appointed under section 95 (Chief Finance Officer)	Dave Berry
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	Vacant
Registered nurse who is employed by the Health Board	Kathryn Brechin (until 29/06/2020) Wendy Reid (from 29/06/2020)
Registered medical practitioner employed by the Health Board and not providing primary medical services	James Cotton

Staff of the constituent authorities engaged in the provision of services provided under integration functions	Raymond Marshall (NHS Tayside Staff Side Representative) Jim McFarlane (Dundee City Council Trade Union Representative)
Director of Public Health	Drew Walker (NHS Tayside) (until 18/10/2020) Emma Fletcher (NHS Tayside) (from 19/10/2020)
Third Sector Representative	Eric Knox
Service user residing in the area of the local authority	Linda Gray
Persons providing unpaid care in the area of the local authority	Martyn Sloan

The Chair of Dundee City Integration Joint Board rotates on a two-yearly basis with the Chairs position transferring in October 2020 to Councillor Ken Lynn with Trudy McLeay, non-executive member of NHS Tayside Board acting as Vice Chair.

There was a change to the position of Registered nurse who is employed by the Health Board with effect from 29 June 2020 following the appointment of Wendy Reid with Kathryn Brechin stepping down from the role. In addition, Emma Fletcher replaced Drew Walker as Director of Public Health following his retirement and became an IJB member in that role from the 19th October 2020.

The Chief Officer provides the strategic leadership and direction to Dundee City Integration Joint Board. The Chief Officer is supported by the Head of Finance and Strategic Planning (as Chief Finance Officer). In relation to the Chief Officer's role as Executive Director of Dundee Health and Social Care Partnership, they are also supported by the Head of Finance and Strategic Planning in addition to two Heads of Service of Health and Social Care Services following the creation of an additional Head of Service Post at the end of 2020/21 to enhance senior management capacity.

Impact of the COVID-19 PANDEMIC

The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. Daily life has been significantly restricted, particularly following the imposition of lockdown arrangements by the UK Government on 26 March 2020. On 17 March 2020 the Cabinet Secretary for Health placed NHS Scotland on an emergency footing as a direct consequence of substantial and sustained transmission of COVID-19, with non-urgent elective operations and routine care suspended.

The impact of the COVID-19 pandemic on the health and social care needs of the population, how supports and services are delivered, on health inequalities and on the health and wellbeing of the health and social care workforce and of unpaid carers has been substantial and wide ranging.

Services delegated to Dundee Integration Joint Board as delivered through Dundee Health and Social Care Partnership (DHSCP) form a critical part of the overall health and social care system, particularly the wide range of community-based health, social care and social work supports and services. Partnership services have not only supported efforts to rapidly increase the availability of beds in the acute sector to respond to COVID-19 positive patients

requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes. As well as working to establish new COVID-19 pathways and responses, a range of services and supports have been the subject of rapid redesign to enable continued operation in the context of social distancing regulations and public health advice. This has included significant mobilisation and redeployment of the workforce across partner bodies such as Dundee City Council, NHS Tayside and the Voluntary Sector. Emerging issues such as securing adequate supplies of PPE and the provision of COVID-19 testing facilities have required a response from DHSCP. DHSCP has been integral to the provision of support and advice to care homes and other care providers including establishing a regular care provider information and advice bulletin and a system of financial sustainability payments in line with national guidance.

A range of essential, non-Covid services have also continued to be delivered, including face-to-face contact on a risk assessed basis to ensure the most vulnerable in the city continue to receive the support they need. In addition, the Partnership has made a significant contribution to wider Dundee Community Planning Partnership efforts to respond to community support needs, such as responses to shielded people requirements, food distribution and a range of public protection responses. These have had to be provided against a context of an instant change in the traditional working environment with the closure of most office bases and a move to home working for large parts of the workforce.

Changes to operational arrangements have been overseen and supported by a rapidly established incident control structure overseen by DHSCP's Silver Command which interfaces with associated response structures developed within NHS Tayside, Dundee City Council and the Tayside Local Resilience Partnership.

The IJB's governance arrangements were disrupted from March 2020 through the need to stand down formal meetings during the height of the crisis with the introduction of the Essential Business Procedure providing delegated authority to the Chief Officer and Chair of the IJB. A virtual weekly IJB voting members briefing meeting has been established in the interim period to provide an update on the major issues throughout the emergency period. Formal IJB meetings re-commenced in August 2020 with the Performance and Audit Committee reinstating meetings from September 2020. Due to the continued COVID-19 restrictions, these have been held via video conference.

In recognition of the additional demands experienced by Health and Social Care Partnership's across the country, the Scottish Government has made available additional funding to support additional costs incurred as a response to the COVID-19 crisis. During 2020/21, DHSCP was provided with additional funding of £11.9m to fully cover all known additional pandemic response costs and provision for unanticipated costs. This funding has resulted in the creation of an earmarked COVID-19 reserve within the IJB's balance sheet at the year end in line with the Scottish Government's expectations which must be utilised to offset any additional pandemic response costs incurred during 2021/22 before further funding will be released by the Scottish Government.

During 2021/22, DHSCP will continue to respond to the challenges of COVID-19 through the development and implementation of its recovery plan which will require new approaches to providing health and social care services in the context of increasing demand for services.

A key element of the Integration Joint Board's longer term recovery planning is to understand the legacy impact of COVID-19 on the health and care needs of the population, including demand for post COVID-19 recovery and rehabilitation services, the increasing prevalence of mental health and substance misuse issues and the impact of increased poverty and health

inequalities. The Integration Joint Board is currently reviewing the impact of these on the delivery of the Strategic and Commissioning Plan including carrying out an updated Strategic Needs Assessment of the population needs.

The future delivery of health and social care services will not only be directed by this revised plan but will build on new ways of working which have been required to be implemented as part of the COVID-19 response, such as increased use of technology to carry out virtual consultations, a blended approach to home and office working, more outreach working and greater opportunities for mobile working.

Operations for the Year

As highlighted in the previous section, the impact of the COVID-19 crisis has dominated the operations of Dundee City Integration Joint Board over the entire 2020/21 financial year. The service landscape was subject to rapid change with the enforced closure of a range of services such as day care, changes to the way in which service users and patients were supported through the use of new technology, the intensive focus on supporting care homes and the expansion of other services such as care at home. However despite the emergency nature of the response, these services continued to be underpinned by principles of the Dundee City Integration Joint Board's [Strategic and Commissioning Plan 2019-2022](#). This sets out the context within which integrated services in Dundee operate and is shaped around the Health and Social Care Partnership's vision that "Each Citizen of Dundee will have access to the information and support that they need to live a fulfilled life."

This Strategic and Commissioning Plan focusses on the four strategic priorities of tackling health inequalities, early intervention and prevention, localities and engaging with communities and developing models of support / pathways of care. These priorities are supported by ensuring services provided embed a focus on carers, build capacity, provide person centred care and support and resources are managed effectively.

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

Table 1 National Outcomes

Outcome 1. Healthier Living	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2. Independent Living	People, including those with disabilities, long term, conditions, or who are frail, are able to live as far as reasonably practicable, independently at home or in a homely setting in their community.
Outcome 3. Positive Experiences and Outcomes	People who use health and social care services have positive experiences of those services and have their dignity respected.
Outcome 4. Quality of Life	Health and social care services are centred on helping to maintain or improve the quality of life of service users.

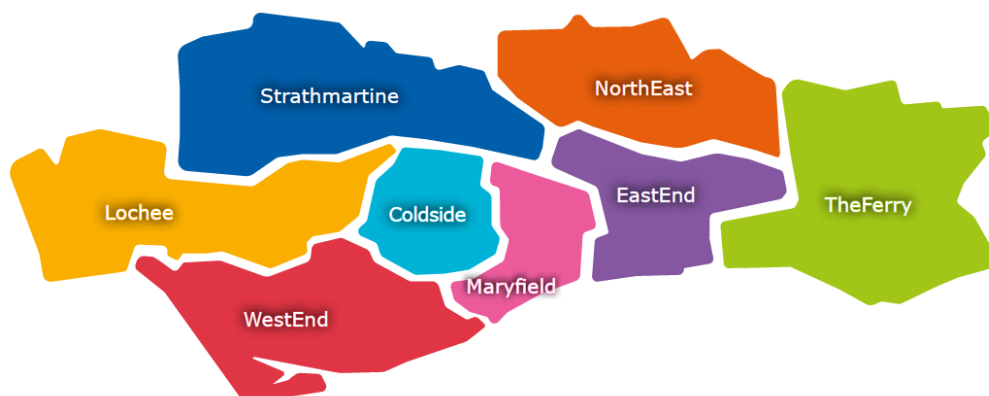
Outcome 5. Reduce Health Inequalities	Health and social care services contribute to reducing health inequalities.
Outcome 6. Carers are Supported	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
Outcome 7. People are Safe	People who use health and social care services are safe from harm.
Outcome 8. Engaged Workforce	People who work in health and social care services feel engaged with the work they do, are supported to continuously improve the information, support, care and treatment they provide
Outcome 9. Resources are used Efficiently and Effectively	Resources are used effectively and efficiently in the provision of health and social care services

Over the course of 2021/22, Dundee City Integration Joint Board will continue to monitor the impact of the COVID-19 crisis on the Strategic and Commissioning Plan and will review and amend it accordingly if necessary.

Operational Delivery Model

During 2020/21, Dundee Health and Social Care Partnership's operational delivery model continued to embed a model of fully integrated health and social care services to support the delivery of the Dundee City Integration Joint Board's strategic priorities. Service managers have responsibility for both council and NHS services as part of their portfolios with a specific focus on service user categories (e.g. older people, mental health). In order to ensure Dundee Health and Social Care Partnership is able to respond effectively to a range of strategic challenges, including tackling Dundee's substance misuse problem and prevalence of poor mental health, the service has enhanced its senior management team capacity through the establishment of an additional Head of Operational Services post. This has resulted in the overall responsibility for the delivery of operational services to be split into two with one Head of Service focussing on primarily Older People's pathways with the other post's focus on Adult services, including mental health and substance misuse services. Further restructuring of services below this level will be progressed over the course of 2021/22. This structure is based around the eight Local Community Planning Partnership (LCPP) areas within the city as noted below.

Map of Eight Local Community Planning Partnership Areas



Scrutiny and Performance

The Integration Joint Board's Performance and Audit Committee (PAC) provides the opportunity for committee members to better understand the needs of communities and to monitor and scrutinise performance of delegated services against delivering the strategic priorities through a range of performance indicators and benchmarking. Throughout 2020/21, the Integration Joint Board's Performance and Audit Committee received performance reports which quantified Dundee's health and social care challenges in relation to the baseline data against a range of performance indicators, designed to capture the progress made under integration over time. This includes nationally and locally set indicators, a number of which are reflected at locality level to assist the Dundee City Integration Joint Board in determining the areas of greatest need and to inform the targeting of resources. Dundee's 2020/21 performance against a range of national indicators is reflected in **Table 2**. Further information regarding the performance of Dundee Integration Joint Board can be found within the 2020/21 Annual Performance Report. <https://www.dundeehscp.com/publications/all>

Table 2

National Indicator	Dundee 15/16 (Baseline Year)	Dundee 2019/20	Dundee 2020*	Scotland 2020*
Emergency admissions rate to hospital per 100,000 people aged 18+	12,168	12,520	11,823	11,100
Emergency bed days rate per 100,000 people aged 18+	146,192	119,246	97,449	101,852
Readmissions to acute hospital within 28 days of discharge rate per 1,000 population	122	127	146	114
Falls rate per 1,000 population aged 65+	25	31	31	22

Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (Delayed Discharge bed days)	832	443	324**	488**
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Notes:

* awaiting published financial year 2020/21 data from Public Health Scotland

** 2020/21 financial year data

Transforming Services

Transforming services is key to the Dundee City Integration Joint Board continuing to improve outcomes for service users and performance and service redesign opportunities connected to the overarching strategic priorities. While some of these transformation plans were put on hold during 2020/21 due to the challenges of responding to the COVID-19 pandemic, this response also required some services to change at a quicker pace than under normal circumstances. This included increased use of mobile working practices with the adoption of new digital technology and applications such as Near Me to enable non-contact consultations for health professionals. The continued expansion of community supports under the Reshaping Non Acute Care Programme enabled a sustained reduction in required care home beds leading to the closure of Craigie House and a remodelling of how intermediate care is provided with subsequent resource release for further investment. Progress continues to be made in relation to more efficient and effective prescribing which has seen GP prescribing expenditure for Dundee reduce to below the Scottish average per weighted patient. The challenge for the Dundee City IJB is to be able to continually develop and sustain levels of change at scale and pace to meet the growing demographic needs with continuing financial restrictions.

Through delivery of the Dundee City Integration Joint Boards Strategic and Commissioning Plan, Dundee Health and Social Care Partnership continues to reduce the number of hospital beds used by the population as evidenced by a sustained reduction in the number of emergency bed days used by the Dundee population through the acute hospital sector. The bed base is part of the overall description within the legislation around health and social care integration known as the large hospital set aside, with the Dundee City Integration Joint Board being responsible for the planning of acute services that are delegated with NHS Tayside responsible for the operational oversight and management of these services. The sustained progress made by DHSCP in reducing the number of emergency bed days has resulted in NHS Tayside committing to the release of £1 million of financial resources to DHSCP on a recurring basis from 2020/21.

Although impacted on due to the COVID-19 pandemic, a programme of service development and change is underway in relation to the provision of substance misuse services and supports to respond to the recommendations of the Dundee Drugs Commission Report "Responding to Drug Use with Kindness, Compassion and Hope" (published in August 2019).

Following the publication of the final report of the Independent Inquiry into Mental Health Services in Tayside, "Trust and Respect" (published in February 2020), agreement was reached that the operational management of in-patient mental health services in Tayside transferred from the Tayside Integration Joint Boards, hosted by Perth & Kinross IJB, to NHS Tayside. The Tayside IJBs remain critical to the response to the recommendations of the inquiry through the redesign of community based mental health services as set out in the Tayside Mental Health and Wellbeing Strategy. A follow up report by Dr David Strang

published in July 2021 (Independent Inquiry into Mental Health Services in Tayside Progress Report) highlighted the importance of Tayside having realistic timescales with regard to the scale of the task ahead with work now underway to better prioritise the required developments in response to this.

A summary of the key achievements over 2020/21 is as follows:

- Progress continues to be made in relation to more efficient and effective prescribing which has seen GP prescribing expenditure for Dundee reduce to below the Scottish average per weighted patient.
- The success of the 'Discharge to Assess' model which promotes discharge prior to major assessment decisions being made. The aim of this is to reduce the numbers of patients moving directly to a care home from hospital, and therefore reduces the demand for guardianship applications under the Adults with Incapacity legislation.
- Frailty assessment is now fully embedded within the Surgical and Orthopaedic inpatient pathways which is contributing to reduced length of stay
- Increased the number of people receiving a Self Directed Support Direct payment by 17%
- Supported the organisation and development of the local Vaccination Centres to ensure vulnerable care groups are supported when they attend their appointment
- Developed innovative and creative services for people with learning disabilities and mental health problems, including the use of safe open spaces, where it was not possible to engage remotely and activity resources for people to use at home.
- Further developed the use of digital technology in order to provide safe and city-wide services during the Pandemic.
- Enhanced support to homeless people through the ASPEN project, the Safe Zone Bus, the Positive Steps Assertive Outreach service, Social Prescribing, Keep Well / Health and Homeless Outreach Team supporting hotels and presence at food distribution points, The Gendered Services Project
- Increased the availability of the Take Home Naloxone in Dundee, with more organisations issuing naloxone kits to individuals
- Continued to adapt services to respond to the challenges of the Covid19 pandemic

Dundee Adult Psychological Therapies Services - Case Study Example

Mrs A was a 50+ year old lady referred to the Dundee Adult Psychological Therapies Service by her GP for anxiety. Mrs A was diagnosed with social anxiety and low self-esteem and she often had thoughts such as “I am stupid” and “others will be judgemental”. Having recently retired she had become increasingly withdrawn and avoided social situations. Mrs A had tried psychological therapy 5 years ago but struggled to engage and she was offered a place at the virtual Building Confidence Group. The group includes 10 weekly 2 hour sessions with a follow up 7 weeks after. It uses a Cognitive Behaviour Therapy approach and is hosted on a virtual platform – ‘The National Video Conferencing Service’. Initially Mrs A was reluctant to attend due to anxiety and was apprehensive about using the technology. However, she actually found the system really easy to use and although initially she only wanted to have part of her head visible on camera and talked only occasionally: over time this became easier. Mrs A began to feel more confident to contribute to the exercises, was able to show her face on camera, provided advice to other group members, made jokes and chatted during the break. Mrs A was also able to attend the group even after she was contacted by Track and Trace when she had to self isolate for 10 days. At the end of the group Mrs A said “I would not have attended if this was in person, I’m happy I got this opportunity”. At the follow up, group members were planning a social meet up once Covid-19 restrictions lifted.

Analysis of Financial Statements 2020/21

The Annual Accounts report the financial performance of Dundee City Integration Joint Board. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the Dundee City Integration Joint Board for the delivery of its vision and its core objectives. The requirements governing the format and content of local authorities’ annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code 2020/21). The 2020/21 Accounts have been prepared in accordance with this Code.

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

The 2020/21 Annual Accounts comprise: -

- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee City Integration Joint Board made an overall surplus of £13,337k in 2020/21 (deficit of £2,274k in 2019/20) on the total income of £305,957k (£273,803k in 2019/20).
- b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £13,829k (£492k in 2019/20), of which £2,094k is General Reserve (£nil 2019/20). These are held in line with the Dundee City Integration Joint Board’s reserves policy. Reserves were applied during the year to cover outstanding liabilities to Dundee City Council, NHS Tayside and the activities of the Integration Joint Board. Dundee Integration Joint Board reserves have been increased due to significant levels of additional funding received at the year end.

- c) Balance Sheet – In terms of routine business Dundee City Integration Joint Board does not hold non-current assets.
- d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2020/21 do not include a Cash Flow Statement as Dundee City Integration Joint Board does not hold any cash or cash equivalents.

Financial Position at the End of March 2021

The IJB's delegated budget from Dundee City Council and NHS Tayside developed over the financial year as follows:

	NHS Tayside Funding	Dundee City Council Funding
	£000	£000
Initial Agreed Funding	121,433	80,078
PCIF / Action 15 Mental Health / ADP Adjustments	3,070	1,090
Hospital & Community Health Services	5,133	
Family Health Services Drugs Prescribing	-3,874	
General Medical Services	27,367	
Family Health Services – Cash and Non Cash Limited	21,021	
Net Effect of Hosted Services	7,210	
Large Hospital Set Aside	17,608	
Additional DCC Funding – Pension Adjustment		4,179
Miscellaneous Additional Funding		128
20/21 Scottish Government COVID19	3,522	6,749
Impact of Transfer of SG Allocation Funding	14,028	-14,028
Carried Forward as Committed Reserves	5,054	6,189
Revised Partners Funding Contribution	221,572	84,385

The IJB reported a year end underlying underspend of £2,094k for 2020/21, arising from an underlying deficit of £1,388k in social care budgets and an underlying underspend of £3,482k in health budgets. This net underspend has been utilised to create the Uncommitted Reserve within the Balance Sheet.

The Integration Joint Board approved at its budget meeting reported in August 2020 the investment of additional ring-fenced Scottish Government funding in relation to Primary Care Improvement Plan of £1.629m and Action 15 Mental Health funding of £0.207m in line with the Scottish Government's expectations.

Within the Dundee City Council overspend position, high demographic demand for community based social care services led to an overspend in services provided by third and independent sector care providers of £1,731k across budgeted provision, with a significant increase in care at home services in particular. A bad debt provision made by Dundee City Council of £335k mainly contributed to an overspend in supplies and services of £137k.

The NHS underspend position is mainly due to underspends within the overall GP and other prescribing budget of £1,398k. During 2020/21, the operational financial management of In-Patient Mental Health services transferred from Perth and Kinross Integration Joint Board to NHS Tayside. This has removed a significant financial risk from Dundee City Integration Joint Board's financial position.

During 2020/21, the IJB has received £16,355k and utilised £10,271k of the additional COVID-19 funding which was allocated by Scottish Government to fully cover all known additional pandemic response costs and provision for unanticipated costs. A breakdown of this expenditure is detailed below:-

Expenditure Area	COVID-19 Additional Expenditure 2020/21 £000
Additional Bed Capacity (Royal Victoria / Kingsway Care Centre)	336
PPE	157
Additional Staff Cover / Temporary Staff	2,817
Provider Sustainability Payments	4,379
Additional Support to Vulnerable People	9
IT / Telephony	50
Additional GP Practice Costs	678
Loss of Charging Income	1,350
Increased Equipment & Supplies	189
Increased Transport Costs	64
Rehab & Recovery Costs	41
Total Additional Expenditure	10,071
Underachievement of Savings	200
Total Mobilisation Cost	10,271
NHS Tayside Spend	3,522
Dundee City Council Spend	6,749

During 2020/21, the IJB also received £9,319k from Scottish Government and other sources relating to other priorities, and utilised £4,160k in relation to these priorities.

The impact of the overall financial position for integrated services in Dundee for 2020/21 has resulted in the level of reserves held by Dundee City Integration Joint Board increasing to £13,829k at the year ended 31 March 2021 (as against £492k at the year ended 31 March 2020). This is reflected in the Movement in Reserves Statement.

	Opening Committed Reserves	Closing Committed Reserves @ 31/3/21
	£k	£k
Primary Care	175	2,424
MH Action 15	36	527
ADP	281	358
Service Specific Projects	0	129
Community Living Change Fund	0	613
COVID-19	0	6,084
NHST - shifting balance of care	0	1,600
Total Committed Reserves	492	11,735
Plus Uncommitted Reserves	0	2,094
Total Reserves	492	13,829

The reserve balance of £13,829k at the year ended 31 March 2021 is greater than the planned level of reserve of 2% of the Dundee City Integration Joint Board's net expenditure as set out within its reserves policy however it is acknowledged that the majority of these reserves are committed for specific initiatives linked to the funding streams detailed in the above table.

Achieving long-term financial sustainability and making best use of resources is critical to delivering the Dundee City Integration Joint Board's Strategic and Commissioning Plan's priorities. In response to the growing demand for health and social care and financial constraints, the Dundee City IJB recognises that continuous service redesign and further integration of services is critical.

Key Risks and Uncertainties

The impact of the COVID-19 pandemic on the delivery of community-based health and social care services over the course of the last year has been significant. Services have had to adapt and change the way essential services to the most vulnerable citizens are delivered while ensuring staff and service users are protected. The lessons learned from the crisis are being assessed by DHSCP and have been reflected in the Remobilisation plan to inform the nature of the longer-term response to living with COVID-19 on a longer-term basis. Key risks have been identified with mitigation plans developed to reduce those risks in a range of areas including a reduction in the workforce due to illness, access to appropriate PPE, the risk of services becoming overwhelmed, lack of access to clinical space and the impact on the welfare of staff. These have been reflected in the IJB's risk register. Information continues to be gathered in relation to the legacy impact of the outbreak on the health of the population with anticipated higher demand for mental health and substance misuse services, health inequalities and other factors relating to increased levels of deprivation. This will assist in informing the IJB of the scale of the new challenge it faces as part of its remobilisation plan and in shaping its future Strategic and Commissioning Plan priorities.

There is also further considerable uncertainty as to the impact of the COVID-19 pandemic on public finances. The consequences of potential further restrictions to public funding against an already challenging financial environment, including the implications of the UK's withdrawal

from the EU, would likely to be significant for the IJB's delegated budget. If "post COVID-19" demand levels increase there is a risk that the Dundee City Integration Joint Board will not have sufficient longer term financial resilience to meet these demands without additional funding being made available. While the IJB has developed a five year financial framework which projects a potential funding gap of around £18m over the period 2021/22 to 2025/26, the current uncertainty around funding and demand means this estimate will require to be re-set in line with the most current predictions as they become available. There is the potential this is an underestimate.

With the focus of DHSCP over the course of 2020/21 being a response to the COVID-19 pandemic, much of the planned transformation of services was put on hold. This has impacted on the IJB's budget planning process with the 2021/22 savings programme consisting almost entirely of non-recurring savings. As DHSCP takes forward its remobilisation plan throughout 2021/22, this will need to take into consideration significant changes in service delivery. There is a risk that this transformation will not be sufficiently progressed to support the 2022/23 savings programme which is likely to include the recurring 2021/22 deficit and anticipated funding shortfall in 2022/23.

The Scottish Government has provided additional funding to IJB's to support the response to the COVID-19 pandemic and to recognise the additional costs incurred by health and social care, including the third and private sector in delivering essential front-line services and ensuring financial sustainability through local re-mobilisation plans. There is a risk that over the course of 2021/22, the cost of delivering the re-mobilisation plan will be greater than the funding the Scottish Government provides by the end of the financial year leading to an additional funding pressure.

There are financial sustainability risks with third and independent sector contractual arrangements with care providers across the country who provide services on our behalf highlighting contractual payment levels which are insufficient for them to meet their running and business costs. While the implementation of a national approach to uplifts to contract values to ensure payment of the living wage in 2020/21 and 2021/22 has provided some level of stability, these local challenges will continue to be monitored and responded to through the contract monitoring process accordingly.

Progress in implementing the IJB's Primary Care Improvement Plan has also been impacted on by the COVID-19 pandemic, however, challenges still exist in relation to the ability of DHSCP to recruit or develop the workforce to deliver all the expectations of the plan through the introduction of new multi-disciplinary community-based support teams. There are also financial challenges in meeting the Scottish Government's and GP's expectations with the resources provided with potential funding shortfalls identified in future years.

During 2019/20 the IJB received the outcome of two significant publications which involve services delegated to the IJB. The Dundee Drugs Commission Review "Responding to Drug Use with Kindness, Compassion and Hope" and the Independent Inquiry into Mental Health Services in Tayside "Trust and Respect" both contained significant recommendations which the IJB as a partner organisation has developed plans to respond to and resource effectively in order to ensure improvements to services and ultimately outcomes for service users are made in line with these recommendations. While the impact of the COVID-19 pandemic resulted in challenges in making progress with these improvement plans over the course of 2020/21, work continues to implement the necessary changes which will be monitored by the IJB and partner organisations through regular update reporting.

The Independent Review of Adult Social Care was published in January 2021 and has been endorsed by the Scottish Government. The review contains 53 individual recommendations

across 8 key themes designed to improve adult social care, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. One of the key areas for consideration in the report is the proposed redesign of the system with proposals for a National Care Service, given an equal footing with NHS Scotland and reformed IJB's with a strengthened role. This is envisaged to include IJB's having full responsibility for the commissioning and procurement of adult social care support locally, accountable directly to the Scottish Government as part of the National Care Service. Local Authorities would no longer be responsible for commissioning and procuring adult social care support but can continue to provide social care services procured by reformed IJBs. While the extent of implementation of the recommendations and associated timescales will become clearer over the coming months, the impact of the review on the IJB and its partners will be significant and will change the service delivery and governance landscape for adult social care.

Regular identification and assessment of risk such as those uncertainties noted above is part of the Dundee City IJB's risk management strategy with appropriate actions to eliminate or reduce the impact of such risks set out in the Dundee City IJB's risk register when and where necessary.

Conclusion

We are pleased to present the annual accounts for the year ended 31 March 2021 for Dundee City Integration Joint Board. The accounts show that Dundee City Integration Joint Board has had to continue to deliver its operational services within an increasingly challenging environment of limited funding and demographic driven growth in demand for services. While the impact of this environment over recent years has resulted in a considerable reduction in the Dundee City IJB's level of available reserves, the receipt of additional Scottish Government funding during 2020/21 to support the integrated health and social care service COVID-19 pandemic response in addition to the reprioritising of service delivery as result of the pandemic has lead to a considerable increase in the IJB's financial reserves. While this is welcome, much of this resource is committed to delivering on local and national priorities and the continued response throughout 2021/22 to the pandemic.

Going forward, Dundee City Integration Joint Board has a significant financial challenge ahead to deliver the Strategic & Commissioning Plan in this climate of growing demand and limited resources. Furthermore, the uncertainty caused by the COVID-19 pandemic in relation to how services can be safely delivered, the impact of increased demand for mental health and substance misuse services and for those recovering from COVID-19 as well as the impact on public sector funding will provide further challenges. In order to meet these challenges, we must ensure the IJB's resources are used effectively, identifying, testing and implementing innovative ways to deliver more personalised and well-co-ordinated services, building the resilience of people and their communities and reducing unnecessary hospital admissions and delayed discharges from hospital. This will require the confidence of professionals and the public to further shift resources from intensive, high cost services to a focus on more preventative service provision to ensure best value for public funds.



Dave Berry CPFA
Chief Finance Officer
Dundee City
Integration Joint Board

Date:



Vicky Irons
Chief Officer
Dundee City
Integration Joint Board

Date:



Ken Lynn
Chair
Dundee City
Integration Joint Board

Date:

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Dundee City Integration Joint Board

The Dundee City Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the Board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). For this Board, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014, the Coronavirus (Scotland) Act 2020) and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Performance and Audit Committee on 24 November 2021.

Signed on behalf of the Dundee City Integration Joint Board

Ken Lynn

Chair

Dundee City Integration Joint Board

Date:

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Chief Finance Officer

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

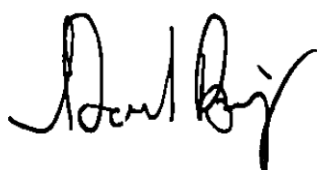
In preparing the Annual Accounts, the Chief Finance Officer has:

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

The Chief Finance Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board as at 31 March 2021 and the transactions for the year then ended.



Dave Berry CPFA
Chief Finance Officer
Dundee City Integration Joint Board

Date:

REMUNERATION REPORT

Introduction

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

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

Remuneration: Integration Joint Board Chair and Vice Chair

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

Name	Post(s) held	Nominated by
K Lynn	Vice Chair From 30 October 2018 to 27 October 2020 Chair From 27 October 2020	Dundee City Council
T McLeay	Chair From 30 October 2018 to 27 October 2020 Vice Chair From 27 October 2020	NHS Tayside

Dundee City Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Chair and Vice Chair are remunerated by their relevant Integration Joint Board partner organisation. Dundee City Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. No taxable expenses were paid to the Chair or Vice Chair of the Integration Joint Board in 2020/21.

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

Remuneration: Officers of Dundee City Integration Joint Board

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

Senior Employees

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

REMUNERATION REPORT

Integration Joint Board. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total Salary, Fees & Allowances 2019/20 £	Post	Senior Employees	Total Salary, Fees & Allowances 2020/21 £
16,539 (FYE 99,234)	Chief Officer	Vicky Irons From 3/2/2020 to date	109,961
89,056	Chief Finance Officer	Dave Berry	95,828
105,595		Total	205,789

FYE = Full Year Equivalent

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the Dundee City Integration Joint Board balance sheet for the Chief Officer or any other officers. The Chief Officer (with effect from 2 February 2021) and Chief Finance Officer are members of the Tayside Pension Fund which is a Local Government Pension Scheme (LGPS). The LGPS is a defined benefit statutory scheme, administered in accordance with the Local Government Scheme Regulations 2014. The Chief Officer was previously a member of the NHS Pension Scheme (Scotland) (until 1 February 2021). The scheme is an unfunded multi-employer defined benefit scheme. Details of the LGPS can be found in Dundee City Council's accounts and details of the NHS pension scheme can be found in NHS Tayside's accounts. Both documents are available on their respective websites.

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

REMUNERATION REPORT

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/20 £	For Year to 31/03/21 £		Difference from 31/03/20 £000	As at 31/03/21 £000
V Irons From 3/2/2020 to date Chief Officer	3,441	22,080	Pension	0	36
			Lump Sum	(7)	73
D Berry Chief Finance Officer	15,139	16,291	Pension	5	40
			Lump sum	4	60
Total	18,580	38,371	Pension	5	76
			Lump Sum	(3)	133

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

Exit Packages

There were no exit packages payable during the financial year.

Ken Lynn
Chair
Dundee City Integration Joint Board

Vicky Irons
Chief Officer
Dundee City Integration Joint Board

Date:

Date:

Introduction

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

Scope of Responsibility

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

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

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



The Governance Framework and Internal Control System

Dundee City Integration Joint Board comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. As a result of the Covid19 pandemic, all formal IJB governance committees were stood down over the first few months of the 2020/21 financial year in line with DCC and NHST governance arrangements with the essential business procedure implemented to ensure decisions could continue to be made through the IJB Chair, Vice Chair and Chief Officer as required.

The main features of the governance framework in existence during 2020/21 were:

- Regular IJB voting members briefing meetings to provide updates on the Health and Social Care Partnership's (HSCP's) response to the Covid19 pandemic
- Establishment of a silver command group within the HSCP to coordinate the health and social care response to the pandemic with frequency of meetings stepped up or down depending on the stage of the pandemic. HSCP Senior Management participation in corresponding DCC and NHST command structure responses.

- Implementation of essential business procedure to ensure continuation of IJB decision making as required
- A virtual IJB session was held in June 2020 to enable IJB members to formally sign off a number of reports with formal meetings, using a digital meetings platform, reinstated from August 2020.
- Consideration by the IJB of the impact of the Covid19 pandemic on the delivery of the Strategic and Commissioning Plan through instructing the IJB's Strategic Planning Advisory Group to assess the situation and report back accordingly.
- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for and delivery of delegated health and social care services is to be achieved reflecting a range of governance arrangements required to support this arrangement.
- The senior leadership team of the Health and Social Care Partnership consisting of the Chief Officer, Head of Finance and Strategic Planning (Chief Finance Officer) and two Head of Service of Health and Social Care Services (following the creation of an additional Head of Service post at the end of 2020/21). The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.
- Formal regular meetings of the senior leadership team including professional advisers.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2020/21.
- The Integration Joint Board met remotely on five occasions throughout the year to consider its business. Three development sessions were also held remotely as part of the 2021/22 budget development process.
- The Integration Joint Board's Performance and Audit Committee met remotely on three occasions throughout the year to enhance scrutiny of the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector. This is the minimum number of meetings required in line with the Terms of Reference. While further meetings had been timetabled, these were cancelled as there was no outstanding business which could not be dealt with at a later date.
- Internal Audit arrangements for 2020/21 were approved at the Performance and Audit Committee meeting held on the 26 May 2021 including the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2020/21 was approved drawing on resources from both organisations.
- The assurances provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- Assurances were provided to the Performance and Audit Committee in relation to Clinical, Care and Professional Governance through the presentation of a Chairs assurance Report from the Clinical, Care and Professional Governance Group
- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2020/21 this included the following:

- A continued focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee.

- The approval and adoption of a revised Tayside IJB's Risk Management Framework at the meeting of the IJB held on the 21st April 2021.
- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans as appropriate. Update reports on progress of the Internal Audit Plan provided at each Performance and Audit Committee.
- The presentation of the IJB's Annual Performance Report
- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern as requested by the committee such as discharge management and the impact of repeat elective activity on readmission rates.
- A process of formal regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2020/21.
- The provision of regular budget development reports for 2021/22 to the Integration Joint Board.
- The provision of an assurance report from the chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- Reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the group's Chairs Assurance Report to each meeting of the Performance and Audit Committee in line with the overarching strategy: Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework with no major issues reported.
- Embedding the issuing of directions to NHS Tayside and Dundee City Council reflected in Integration Joint Board reports during the year as appropriate.
- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and supporting subsequent action plans.
- Provision of a Governance Action Plan progress report to monitor progress of previous recommended areas of improvement provided to each meeting of the Performance and Audit Committee.
- Assurance provided around the quality of Social Work Services through the Chief Social Work Officer Governance Framework and annual Chief Social Work Officer's Annual Report
- Reporting of Complaints in relation to delegated Health and Social Care services
- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council as advised through the partner bodies Annual Governance Statements and Annual Internal Audit Reports and relevant internal and external audit reporting

Review of Adequacy and Effectiveness

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

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

The review of Dundee City Integration Joint Board's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes a "Self-assessment Checklist" as evidence of review of key areas of the Integration

Joint Board's internal control framework. The Senior Management Team has input to this process through the Chief Finance Officer. There were no significant internal control issues identified by the self-assessment review.

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control.

In preparing the Annual Governance Statement, the Integration Joint Board gave consideration to both NHS Tayside and Dundee City Council's Annual Governance Statements. There were no issues arising which require any further disclosure in the Integration Joint Board's Governance Statement.

Throughout the year, the Performance and Audit Committee has considered a range of issues which cover its core responsibilities in providing the Integration Joint Board with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements. Assurances are provided through the internal audit reviews undertaken throughout the financial year and presented to the Performance and Audit Committee. During 2020/21 the number of carried forward days from previous annual audit plans has been a significant factor causing changes to target dates for reporting. The complexity of the control environment for IJBs, the demand on IJB management time to feed into the audit process; as well as the time taken to clear reports with the range of parties involved means some audits planned for 2020/21 were not reported by year-end. Fieldwork on these audits was either substantially completed by the end of May 2021, or a risk assessment process for inclusion in the 2021/22 internal audit plan carried out. The Chief Internal Auditor has assured the Performance and Audit Committee that the work completed at year end on the governance checklist and annual internal audit report is sufficient to allow them to provide robust assurance for the governance statement.

The IJB's Performance and Audit Committee was presented with three substantive internal audit reports during 2020/21 (Finance, Governance Mapping, Information Governance and Technology as Enablers), each of which concluded there was limited assurance. A small number of actions were recommended for the HSCP and partner bodies to take forward to enhance systems and processes which are being progressed and reported to each Performance and Audit Committee as part of the Governance Action Plan.

It is recognised that progress in delivering a number of actions from previous internal and external audit recommendations has been slower than originally planned, mainly due to lack of capacity within Dundee Health and Social Care Partnership to take these actions forward at the expected pace. This was a theme within the findings of the three substantive audit reports presented during the year. Plans to enhance capacity throughout 2020/21 to mitigate this risk in future years were superseded by the work required in response to the pandemic. This issue was escalated by the Performance and Audit Committee to the Integration Joint Board with the presentation of an update report to the October 2020 meeting of the Integration Joint Board. Senior management capacity has now been enhanced with the temporary appointment to an additional Head of Service role within operational services appointed in April 2021. A holistic review of these outstanding actions has now been undertaken which included consideration of those actions no longer deemed a priority due to the Covid19 pandemic, duplicate actions or those now superseded by other actions. A revised Governance Action Plan was presented to the September meeting of the Performance and Audit Committee with progress on actions in the plan now recorded on Dundee City Council's Pentana Risk Management system to allow for real time updates. In

the context of the other controls in place and progress made, this is not deemed to undermine the systems of governance and control within the IJB.

The IJB approved and adopted the Tayside IJB's Risk Management Framework at its meeting of 21st April 2021. This updated the previous framework taking into consideration the experience of integration since the original framework was introduced and included providing clarity on roles and responsibilities for risk management across the IJB and its partner bodies.

The Chair of the Performance and Audit Committee provides an update to the next available Integration Joint Board meeting on the issues raised and any areas of concern which the Integration Joint Board should be made aware of through the Chairs Assurance Report.

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

The Chief Internal Auditor has carried out his review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2020/21 presented to the IJB meeting of the 23 June 2021 which supports the outcome of Dundee City IJB's self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board's governance arrangements and systems of control for 2020/21. A management response, actions and planned completion dates in relation to these areas of improvement have been developed with the progress of these actions monitored through the Performance and Audit Committee as part of the Governance Action Plan update report.

Continuous Improvement

The following areas for improvement have been identified through the self-assessment process and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2021/22.

Area for improvement	Lead Officer	Target Completion Date
Under Clinical and Care Governance, review of remits needs to consider information and data sets to be agreed and presented to the Getting it Right for Everyone Group to support the governance of Hosted Services	Lead Allied Health Professional/ Head of service Health & Community Care	Sept-2021

ANNUAL GOVERNANCE STATEMENT

Reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum.	Chief Officer	March-2022
Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.	Chief Finance Officer	March-2022
Development of improved Hosted Services arrangements around risk and performance management for hosted services.	Chief Finance Officer	March-2022
Further develop the Integration Joint Board's local Code of Governance.	Chief Finance Officer	March-2022
Further develop performance report information into a delivery plan framework to ensure IJB fulfils its remit in delivering the direction of travel within the Strategic Commissioning Plan.	Chief Finance Officer	Dec-2021
Liaise with partner organisations to ensure an agreed budget is approved prior to the start of the year.	Chief Finance Officer	March-2022
Combine financial and performance reporting to members.	Chief Finance Officer	Dec-2021
Review reserves to ensure they are adequate	Chief Finance Officer	June-2021
Implementation of and reporting on all outstanding recommendations arising from the Ministerial Steering Group report on Health & Social Care Integration	Chief Officer	March-2022
Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division	Chief Officer	March-2022
Regularly report on the position on the achievement of savings proposals and transformation to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered.	Chief Finance Officer	March-2022
Embed a programme of development and training opportunities for Board members.	Chief Officer	March-2022
Escalate to NHS Tayside that the IJB has not had professional input from a 'registered medical practitioner whose name is included in the list of	Chief Finance Officer/Clerk to the Board	June-2021

ANNUAL GOVERNANCE STATEMENT

primary medical services performers' for a number of years and request NHS Tayside appoint to this non-voting role		
Update the Board and PAC on progress in delivering against the remaining actions in the risk maturity action plan following adoption of Tayside IJB's Risk Management Framework.	Chief Finance Officer	March-2022
Work to fully implement the actions in the Workforce and Organisational Development Strategy. Strive towards ensuring that the DH&SCP culture becomes fully embedded. Engage staff in developing and maintaining the partnership culture as well as sharing and embedding the guiding principles.	Lead Allied Health Professional/ Head of service Health & Community Care / Chief Finance Officer	March-2022
Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	Chief Officer	March-2022
Review attendance at groups based on agreed principles. Attendance at partner groups should be based on a consideration of whether this is necessary to provide assurance to allow the partner body to fulfil their agreed responsibilities in line with their accountabilities	Chief Officer, Dundee HSCP	March-2022
Develop a best practice guidance document to ensure the operation of all groups conforms to the various principles detailed in the Governance Mapping report.	Head of Finance & Strategic Planning,	March-2022
Review the strategic risk in relation to Increased Bureaucracy.	Head of Finance and Strategic Planning,	March-2022
Develop a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by Dundee City Council and NHS Tayside	Chief Finance Officer	March-2022

Conclusion and Opinion on Assurance

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

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

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

Ken Lynn

Chair

Dundee City Integration Joint Board

Date:

Vicky Irons

Chief Officer

Dundee City Integration Joint Board

Date:

THE FINANCIAL STATEMENT 96

COMPREHENSIVE INCOME & EXPENDITURE STATEMENT

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

2019/20		2020/21
Net Expenditure (Income) £000		Net Expenditure (Income) £000
78,085	Older People Services	85,756
21,062	Mental Health	22,761
35,448	Learning Disability	37,401
8,672	Physical Disability	8,133
5,256	Substance Misuse	6,825
15,128	Community Nurse Services / AHP* / Other Adult Services	17,351
10,776	Community Services (Hosted)***	11,842
4,875	Other Services / Support / Management	3,251
32,406	Prescribing	31,053
26,687	General Medical Services (FHS**)	28,136
19,216	FHS – Cash limited & Non-Cash Limited	22,174
257,611	Net Cost of Operational Services during the Year	274,683
294	IJB Operational Costs	329
18,172	Large Hospital Set Aside	17,608
276,077	Total Cost of Services	292,620
(273,803)	Taxation and Non- Specific Grant Income (Note 5)	(305,957)
2,274	(Surplus) or Deficit on Provision of Services	(13,337)
2,274	Total Comprehensive Income & Expenditure	(13,337)

Notes

* AHP – Allied Health Professionals

** FHS – Family Health Services

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

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

THE FINANCIAL STATEMENTS

MOVEMENT IN RESERVES STATEMENT

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

Total Reserves 2019/20 £000	Movements in Reserves	General Fund Balance Total Reserves £000
2,766	Opening Balance at 31 March 2020	492
(2,274)	Total Comprehensive Income and Expenditure	13,337
(2,274)	Increase/(Decrease)	13,337
492	Closing Balance at 31 March 2021	13,829

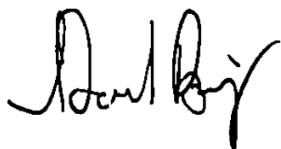
THE FINANCIAL STATEMENTS 98

BALANCE SHEET

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

31 March 2020 £000		Notes	31 March 2021 £000
5,600	Short Term Debtors	Note 6	13,886
5,600	Current Assets		13,886
(5,108)	Short Term Creditors	Note 7	(57)
(5,108)	Current Liabilities		(57)
492	Net Assets		13,829
492	Usable Reserve: General Fund	Note 8	13,829
492	Total Reserves		13,829

The unaudited accounts were issued on 23 June 2021 and the audited accounts were authorised for issue on the date noted below



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

Date:

1. Significant Accounting Policies

General Principles

The Financial Statements summarise Dundee City Integration Joint Board's transactions for the 2020/21 financial year and its position at the year-end of 31 March 2021. The Dundee City Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21, supported by International Financial Reporting Standards (IFRS), and statutory guidance issued under Section 12 of the Local Government in Scotland Act 2003.

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

Employee Benefits

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

Reserves

The Dundee City Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2021 shows the extent of resources which the Dundee City IJB can use in later years to support service provision.

Indemnity Insurance

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

The Dundee City IJB currently has no known or potential claims against it.

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

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

The value of the Large Hospital "set aside" expenditure reported within the total Integration Joint Board expenditure is £17.608m. This figure for 2020/21 has been agreed with NHS Tayside and will be included in both the NHS Tayside and Dundee City IJB annual accounts. The figure is calculated on the basis of activity and costs extracted from local datasets, previous national data sets not available due to Covid-19. In line with national guidance issued, bed day rates were adjusted to reflect a direct cost per occupied bed day, uplifted for inflation. As such, the sum set aside included in the accounts will not reflect actual hospital usage in 2020/21. This is a transitional arrangement for 2020/21 agreed locally between NHS Tayside and the three Tayside Integration Joint Boards and with the Scottish Government. Work is progressing at a national and local level to refine the methodology for calculating and planning the value of this in the future.

On behalf of all IJBs within the NHS Tayside area, Dundee City IJB acts as the lead partner under hosting arrangements for a range of services including Palliative Care, Brain Injury, Dietetics, Sexual and Reproductive Health and Psychology. It commissions services on behalf of the three Tayside IJB's and is responsible for the strategic planning and operational budget of those hosted services. The Dundee City IJB reclaims the cost of these services using an agreed methodology based around population shares from the other IJB's. Dundee City IJB

NOTES TO THE FINANCIAL STATEMENTS

is not responsible for covering the full cost of any overspends in these areas, nor do they retain the benefits of any underspends. The Dundee City IJB will also receive a corresponding charge from the other Tayside IJB's for the services they host on Dundee's behalf. This arrangement is treated as an agency arrangement.

The Scottish Government has issued guidance on accounting for PPE and COVID-19 testing kits. In accordance with this guidance and based on the judgement that the IJB is acting as an agent, the income and expenditure relating to PPE has been excluded for the IJB Annual Accounts 2020/21.

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

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

3. Events after the Reporting Period

It is considered that there have been no events occurring between 1 April 2021 and the date the accounts were authorised for issue that would have an impact on the 2020/2021 financial statements.

4. Expenditure and Income Analysis by Nature

2019/20 £000	Description	2020/21 £000
166,641	Services commissioned from NHS Tayside	177,123
109,142	Services commissioned from Dundee City Council	115,168
266	Other IJB Operating Expenditure	300
28	Auditor Fee: External Audit Work	29
(190,228)	Partners Funding Contributions – NHS Tayside	(221,572)
(83,575)	Partners Funding Contributions – Dundee City Council	(84,385)
2,274	(Surplus) or Deficit on the Provision of Services	(13,337)

NOTES TO THE FINANCIAL STATEMENTS

5. Taxation and Non-Specific Grant Income

2019/20 £000	Description	2020/21 £000
(190,228)	Funding Contribution from NHS Tayside	(221,572)
(83,575)	Funding Contribution from Dundee City Council	(84,385)
(273,803)	Taxation and Non-Specific Grant Income	(305,957)

The funding contribution from the NHS Board shown above includes £17.608m in respect of 'set aside' resources relating to acute hospital and other resources (Large Hospital Set Aside). Dundee City Integration Joint Board has responsibility for the strategic planning of the amount set aside based on the local population's consumption of these resources. NHS Tayside has the responsibility to manage the costs of providing these services. The value of the set aside noted above is based on activity information provided by NHS Scotland's Information Services Division, set against direct expenditure figures provided by NHS Tayside. The methodology of calculating future values of the Large Hospital Set Aside is being developed locally and nationally.

6. Debtors

2019/20 £000	Description	2020/21 £000
4,298	NHS Tayside	5,265
1,302	Dundee City Council	8,621
5,600	Total Debtors	13,886

7. Creditors

2019/20 £000	Description	2020/21 £000
3	NHS Tayside	16
28	Other Bodies	41
5,077	Dundee City Council	0
5,108	Total Creditors	57

8. Usable Reserve: General Fund

Dundee City Integration Joint Board holds a general reserve balance in line with its reserves policy for two main purposes:

- To commit, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management with resources to be used in line with the delivery of the IJB's Strategic and Commissioning Plan.

NOTES TO THE FINANCIAL STATEMENTS

- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the Dundee City Integration Joint Board's risk management framework.

As stated in the IJB's reserves policy, in light of the size and scale of the Integration Joint Board's operations, over the longer term it is considered that it would be an aspiration to achieve a level of general reserves which represent approximately 2% of net expenditure. The value of reserves must be reviewed annually as part of the Integration Joint Board's Budget and Strategic and Commissioning Plan and in light of the financial environment at that time.

Under the IJB's reserves policy, committed reserves relate to specific funds for specific purposes and will only be used for these purposes, often spanning multiple years. Whilst these reserves are fully committed and therefore not free to use, these are regularly monitored. Any change of use, or decisions relating to residual balance will require the approval of the IJB.

The movement reflects the impact of funding for specific initiatives carried forward to 2021/22. The reserves balance of £11,735k has been committed by the Dundee City Integration Joint Board through the planned reinvestment of Scottish Government ring fenced funding in line with the conditions of this funding for Primary Care Improvement Plan, Action 15 Mental Health Strategy and Alcohol and Drug Partnership, as well as COVID-19 additional expenditure.

Committed reserves relate to reserves that have been earmarked for specific purposes. At the 31 March 2021, the IJB reserves are reporting a number of committed reserves that have increased in size. The Scottish Government has allocated funding that has led to the creation of new reserves. In addition the Scottish Government has agreed that any unused Scottish Government Covid 19 funds held by IJBs at the year-end should be retained for future application. A detailed breakdown of these reserves are noted below:

Committed Reserves	Balance At 01-Apr-19	Movement 2019/20	Balance At 01-Apr-20	Movement 2020/21	Balance at 31-Mar-21
	£000	£000	£000	£000	£000
Primary Care Transformation Fund	58	0	58	0	58
Mental Health Action 15	0	36	36	491	527
Primary Care Improvement Fund	0	28	28	2,145	2,173
GP Premises Improvement	0	90	90	103	193
Dietetics – Healthy Weight	0	0	0	63	63
District Nursing	0	0	0	66	66
Community Living Fund	0	0	0	613	613
NHST - Shifting Balance of Care	0	0	0	1,600	1,600

NOTES TO THE FINANCIAL STATEMENTS

ADP	0	280	280	78	358
Covid 19	0	0	0	6,084	6,084
IJB Transformation	2,147	(2,147)	0	0	0
Total Committed Reserves	2,205	(1,713)	492	11,243	11,735
Total Uncommitted Reserves	561	(561)	0	2,094	2,094
Total - General Fund Balances	2,766	(2,274)	492	13,337	13,829

9. Related Party Transactions

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

Dundee City Integration Joint Board Members

Board members of Dundee City Integration Joint Board have direct control over the Board's financial and operating policies. The Dundee City Integration Joint Board membership is detailed on page 6 of these statements. Board members have the responsibility to adhere to a Code of Conduct, which requires them to declare an interest in matters that directly or indirectly may influence, or be thought to influence their judgement or decisions taken during the course of their work. In terms of any relevant parties, board members with declarations of interest did not take part in any discussion or decisions relating to transactions with these parties.

Officers

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

NOTES TO THE FINANCIAL STATEMENTS

Key Management Personnel

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

Transactions with NHS Tayside

2019/20 £000	Description	2020/21 £000
190,228	Funding Contributions received from the NHS Tayside Board	221,572
(166,641)	Net Expenditure on Services Provided by the NHS Tayside Board	(177,123)
23,587	Net Transactions with NHS Tayside	44,449

NHS Tayside did not charge for any support services provided in the year ended 31 March 2021 (2020: nil)

Balances with NHS Tayside

2019/20 £000	Description	2020/21 £000
4,298	Debtor balances: Amounts due from the NHS Board	5,265
(3)	Creditor balances: Amounts due to the NHS Board	(16)
4,295	Net Balance with the NHS Board	5,249

Transactions with Dundee City Council

2019/20 £000	Description	2020/21 £000
83,575	Funding Contributions received from Dundee City Council	84,385
(109,436)	Net Expenditure on Services Provided by Dundee City Council	(115,497)
(25,861)	Net Transactions with Dundee City Council	(31,112)

Dundee City Council did not charge for any support services provided in the year ended 31 March 2021 (2020: nil).

The Net Expenditure on Services Provided by Dundee City Council figure includes IJB Operating Expenditure of £329k.

Balances with Dundee City Council

2019/20 £000	Description	2020/21 £000
1,302	Debtor balances: Amounts due from Dundee City Council	8,621
(5,077)	Creditor balances: Amounts due to Dundee City Council	0
(3,775)	Net Balance with Dundee City Council	8,621

10. Value Added Tax (VAT)

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

11. Agency Income and Expenditure

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

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

2019/20 (£000)	Description	2020/21 (£000)
11,904	Expenditure on Agency Services	13,079
(11,904)	Reimbursement for Agency Services	(13,079)
0	Net Agency Expenditure Excluded from CIES	0

12. Provisions

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

13. Accounting Standards that have been issued but not adopted

There were no relevant accounting standards that have been issued but are not yet adopted in the 2021/22 Code of Practice on Local Authority Accounts in the United Kingdom.

Independent Auditor's Report

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

The Annual Accounts are subject to audit in accordance with the requirements of Part VII of the Local Government (Scotland) Act 1973.

The Auditor appointed for this purpose by the Accounts Commission for Scotland is:

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

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 NOVEMBER 2021

REPORT ON: INTERNAL AUDIT REPORT – PERFORMANCE MANAGEMENT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC31-2021

1.0 PURPOSE OF REPORT

The purpose of this report is to present the findings of the Internal Audit Review of Performance Management to the Performance and Audit Committee.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content and findings of the Internal Audit Review of Performance Management attached as Appendix 1 to this report.
- 2.2 Notes and agrees the action plan associated with the report as the management response to the findings, as detailed on pages 7-9 of Appendix 1.
- 2.3 Instructs the Chief Finance Officer to report progress in delivering the actions set out in the action plan through the Governance Action Plan presented to each Performance and Audit Committee meeting.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Boards Internal Audit Plan 2020/21 set out a number of reviews to be delivered by the combined Internal Audit resources of Dundee City Council and FTF Audit and Management Services under the direction of the IJB's Chief Internal Auditor. These reviews were identified following a review of the IJB's Strategic Risk Register and are designed to support development of governance arrangements to mitigate against these risks. The scope of this particular report is to review the IJB's Performance Management arrangements.
- 4.2 The audit reviewed the following:

Adequacy, accuracy, relevance, reliability, data quality, timeliness and interpretation of reporting against the priorities in the Strategic and Commissioning Plan and core integration indicators.

Compliance with DL 2016 (05) - Guidance for Health and Social Care Integration Partnership Performance Reports and preparation for / implementation of the anticipated new national guidance on the 'Joint Accountability Framework.

- 4.3 Overall the audit review highlights a range of effective arrangements in place in relation to performance management with a view that Dundee IJB is ahead of many other IJB's the Internal Audit Service has an overview of. This strong foundation has resulted in the audit opinion stated as being a reasonable level of assurance from the review. This means that 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.
- 4.4 The review has identified a small number of findings and recommendations for management to consider in order to enhance performance management arrangements. These are mainly around better connecting risks and performance and enhancing performance measures to support the effective monitoring of the achievement of the priorities of the IJB's Strategic Plan and adequate resourcing of the performance management function.
- 4.5 These actions are set out in the Action Plan on pages 7-9 of the Internal Audit Report. The progress of these actions will be monitored through the Governance Action Plan presented to each meeting of the Performance and Audit Committee.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

Date: 3rd November 2021

FTF Internal Audit Service

Dundee IJB

Performance Management

Report No. D05/21

Issued To: Dundee IJB Officers
V Irons, Chief Officer
D Berry, Chief Finance Officer
K Sharp, Service Manager, Strategy and Performance
D McCulloch, Head of Health and Community Care

NHS Tayside Officers
S Lyall, Director of Finance

Dundee City Council Officers
G Colgan, Chief Executive, Dundee City Council
S Flight, Head of Corporate Finance

Performance & Audit Committee
External Audit
P Redpath, Senior Manager- Internal Audit, DCC

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Section 3	Definitions of Assurance & Recommendation Priorities	10

Draft Report Issued	18 October 2021
Management Responses Received	02 November 2021
Target Audit & Risk Committee Date	24 November 2021
Final Report Issued	03 November 2021

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CONTEXT

1. Section 42 of The Public Bodies (Joint Working) (Scotland) Act 2014²⁰¹⁴ Act requires that Performance Reports are prepared by the “Integration Authority”. The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Act 2014 and the Guidance for Health and Social Care Integration Partnership Performance Reports lays out the minimum expectations on the content of Performance Reports, with particular reference to the reporting of the Core Integration Indicators to support assessment of performance in relation to the National Health and Wellbeing Outcomes.
2. The Scottish Government has identified 9 National Health and Wellbeing Outcomes that apply across all integrated health and social care services. These outcomes, which are linked to the IJB’s strategic priorities, provide a high-level framework for planning and delivering health and social care services that are focused on improving quality of service and client experience. Dundee IJB monitors and reports against these 9 national outcomes using the 23 national health and wellbeing indicators. These indicators are collectively known as the Core Suite of Integration Indicators.
3. The Dundee Health and Social Care Partnership (DH&SCP) has responsibility for recording and submitting a number of Adult Social Care performance indicators under the statutory Local Government Benchmark Framework (LGBF). It is also required to recognise the importance of self-evaluation, quality assurance and performance monitoring, enabling it to identify areas of strength that can be built upon and areas for improvement. The DH&SCP has a commitment to continuously improve its services, in order to promote positive outcomes for individuals, their carers and families.
4. The Performance and Audit Committee (PAC) has formal responsibility for regularly scrutinising the DH&SCP including how it is achieving its vision and strategic priorities, overseeing financial performance and meeting other aspects of governance activities. The annual performance management report as referred to under Para 1 above is prepared and submitted to the Dundee IJB for approval.

SCOPE

5. This audit reviewed:
 - Adequacy, accuracy, relevance, reliability, data quality, timeliness and interpretation of reporting against the priorities in the Strategic and Commissioning Plan and core integration indicators.
 - Compliance with DL 2016 (05) - Guidance for Health and Social Care Integration Partnership Performance Reports and preparation for / implementation of the anticipated new national guidance on the ‘Joint Accountability Framework’.
6. Strategic Risk HSCR00c5: *‘Staff Resource is insufficient to address planned performance management improvement in addition to core reporting and business critical work’*, was last reported to the PAC in February 2021 and remains one of the highest rated risks for the organisation (Impact-4 Likelihood 5).
7. The specific objectives of the review were to:
 - Establish to what extent Dundee IJB demonstrates it has arrangements in place to meet statutory requirements and support effective performance management reporting. This should include reporting against the Strategic and Commissioning Plan and core integration indicators.

- Identify the steps taken to reflect the impact of COVID19 within performance management arrangements, including the monitoring of recovery and remobilisation plans.
- Assess the arrangements in place for gathering and recording the performance information required for compliance with legislation and guidance in the context of strategic performance management, including the Core Suite of Indication Indicators
- Assess whether there are clear arrangements in place for operational performance management including clear accountability, reporting and escalation through both partner organisations.
- Confirm that Performance Targets, and actions to meet these targets, have been recorded accurately and are being managed and reported effectively.
- Identify what actions have been agreed to improve poor performance and confirm whether these actions have been taken forward as planned and there is evidence of improvement between reporting periods.

AUDIT OPINION

8. The Audit Opinion of the level of assurance is as follows:

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.

A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.

EXECUTIVE SUMMARY

Governance level

9. The Performance and Audit Committee (PAC), as stated in their Terms of Reference, is responsible for *'the preparation and implementation of the strategy for Performance Review, and monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB'*. This duty is normally achieved through quarterly performance reports to the PAC, of which 2 are summary and 2 are full reports.
10. The data is well presented and includes benchmarking against similar organisations and breakdown by Local Community Planning Partnership (LCPP) locality. Our view would be that Dundee IJB is ahead of many other IJBs under our purview.
11. However, the November 2020 PAC agreed that no meaningful realistic and informative targets could be set for the year because of the impact of Covid.

12. During the pandemic, IJB members also received additional assurance at private members briefing sessions providing a summary of key developments relevant to the operation of Dundee Health and Social Care Partnership during the current health emergency. This included updates on PPE, care homes, vaccinations and staffing.
13. In addition to the performance reports to the PAC, deep dive reports into specific areas of operation have been presented to members, including detailed reports on discharge management and the impact of repeat elective activity on readmission rates were provided.
14. While these deep dive reports provide important additional information, there appear to be no established criteria for their use. The deep dive reports include a brief description of the actions being carried out to improve performance, the operational Lead Officer and the timescale for improvement.
15. Overall, we note that there is no clear process for monitoring that any actions agreed in response to the scrutiny of performance are progressing as intended and improving performance.
16. IJBs are required to publish an Annual Performance report. Due to Covid, the publication of the annual report was delayed for 2019/20, with a summary Annual Report submitted in time to adhere to the requirement to report within four months of the end of the reporting year (31 July 2020) and the full Annual Report submitted to the IJB in October 2020. Similarly, for the 2020/21 Annual Performance report, the Dundee IJB at their meeting in June 2021 noted that, *'to support transparency and public scrutiny, a summary version would be published on or before the statutory deadline (31st July, 2021), with a full version submitted to the Integration Joint Board no later than 27th October, 2021 for approval and subsequent publication'*. The summary version is now available on the Dundee City IJB website.
17. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance. The overall reporting framework at governance level should triangulate resources, performance and risk within the overall governance framework. Discussions are already ongoing to determine how performance reports inform the risk register, and how review of the risk register might prompt analytical reports. Best practice would be for monitoring and performance reports to be overtly related to specific risks and to contain an overt conclusion on whether controls are operating as intended, to mitigate the risk effectively.
18. Whilst the requirement on performance reporting for the IJB are clearly articulated in national guidance, linkages between the IJB and the partner bodies have always been less clear; given that Partner bodies retain ultimate responsibility for the functions they will also require assurance on performance for delegated functions.
19. IJBs also need to be aware of the impact of their performance on the achievement of targets for non-integrated functions. However, whilst performance management arrangements have been developed for integrated functions, this is still not in place for non-integrated functions, although this was required under the Integration Scheme.

Impact of Covid

20. As well as adapting the format of reporting to the context of Covid, quarterly performance reports have also set out the impact of Covid on key areas of performance including Covid and non Covid data. Since Quarter 1 of 2020/21, the NHS Tayside Business Unit has provided the IJB with breakdowns of Covid and non-Covid admission

reasons for emergency admissions, emergency bed days, hospital admissions due to a fall and delayed discharges. The impact of Covid19 on the delivery of the Strategic Commissioning Plan has also been regularly reported, including the diminished capacity of the organisation to progress the actions in the current plan and resultant changes in performance levels.

Operational

21. Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of a delivery plan to ensure that operational delivery of the Strategic Commissioning Plan can be monitored. We recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place.
22. Although the PAC has governance responsibility for overseeing performance, responsibility, there was also previously an intention to create a combined Finance & Performance Group to assist with the linking of finance and performance decisions. However, this was halted due to Covid and the new amalgamated group has not yet met to discuss performance. The Service Manager, Strategy and Performance has acknowledged that this group is an important forum to discuss performance matters and that there is a significant gap that needs to be addressed.
23. As with many aspects of the Board's operations, Covid has delayed work by the Integrated Strategic Planning/Advisory Group (ISPG/SPAG) to '*Develop performance monitoring arrangements which evidence the progression of the outcomes from the Plan*'. This is not only important in informing the development of the next plan, but, more fundamentally, in allowing the development of routine reporting on the implementation and effectiveness of the Strategic Plan.

Support

24. The February 2021 PAC was informed of proposed action to mitigate strategic Risk HSCR00c5: '*Staff Resource is insufficient to address planned performance management improvement in addition to core reporting and business critical work*' including proposals for service restructure. Internal audit discussions with the Strategy and Performance Team established that work previously undertaken to assist the DH&SCP Teams (care groups) to develop suites of performance measures on progress towards strategic priorities had not progressed due to resource issues.
25. Although, technically, the IJB has no staff and does not have direct responsibility for the provision of information; we did note operational aspects that the IJB may wish to provide direction on, in order to ensure that it receive the data it requires.
26. During the audit fieldwork, concerns were raised by the Strategy and Performance Team regarding the level of administration support available for checking the quality of data in MOSAIC (the Social Work system). Members of the team informed internal audit that a great deal of their time has been spent checking data quality, in the absence of administrative support, with checks being carried out on duplicate entries, deceased clients etc. The Service Manager advised that issues with the quality of data input have been escalated to the Chief Finance Officer and the Head of Health and Community Care. The Service Manager further advised that while there have been improvements, data quality remains a key risk in terms of performance reporting. We would recommend that clarity is achieved on who is responsible for the quality of data entered

on the Social Work Adult Care system, and review controls in place to achieve this, such as:

- i. A data quality strategy and procedure which sets out roles and responsibilities
- ii. a suite of data quality exception reports, sent to care managers for review and onward distribution to staff for correction of data,
- iii. including data quality as a standing agenda item at adult social care management team meetings,
- iv. introduction and monitoring of KPIs for data quality

27. The DH&SCP's Strategy and Performance Team have access to MOSAIC and other Council systems to obtain the performance information they require. The NHS Tayside Business Support Unit currently provides the Strategy and Performance Team with the data it requires for quarterly performance reports submitted to the PAC as well as providing data to operational teams that focus on operational matters such as waiting times and waiting lists. The NHS Tayside Business Support Unit has been working on developing Business Objects reports for the Strategy and Performance Team so that the data it requires can be accessed directly via the "QlikView" aggregate reporting function, with work being delayed to the impact of Covid.

ACTION

28. The action plan at Section 2 of this report [has been agreed with management] to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

29. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

A Gaskin, BSc. ACA
Chief Internal Auditor

Action Point Reference 1**Finding:**

Performance reports do not currently provide overt conclusions on their impact on specific risks and whether controls are operating as intended.

Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of a delivery plan to ensure that operational delivery of the Strategic Commissioning Plan can be monitored. We recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place.

There are no clear criteria for the commissioning of deep dive reports into specific areas of operation.

Overall, we note that there is no clear process for monitoring that any actions agreed in response to the scrutiny of performance are progressing as intended and improving performance.

A combined Finance & Performance Group was to assist with the linking of finance and performance decisions. However, this new amalgamated group has not yet met to discuss performance.

Whilst performance management arrangements have been developed for integrated function, this is still not in place for non-integrated functions, although this was required under the Integration Scheme.

Audit Recommendation:

Further developments of the performance management arrangements should include the following:

Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended. The attached Committee Assurance Principles may be helpful in this regard.

The combined Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks and both inform and be informed by the Strategic Commissioning Plan.

The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs).

Management should agree a process for what triggers deep dive/ analytical reports which should prioritise relevance to strategic IJB risks. Actions agreed should be monitored to ensure the desired effect is achieved.

As set out in the Integration Scheme, *'a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan'* should be included

Assessment of Risk:	
Significant	 Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.
Management Response/Action:	
The IJB receives regular assurances on performance through the Chairs Assurance Report from the Performance & Audit Committee (PAC) and the Annual Performance Report. The quarterly performance reports to the PAC continue to evolve with the 2021/22 Quarter 1 report presented to the November 2021 PAC reflecting some of the above recommendations with further work to be done to enhance the connections between performance and risk. This includes further development of the process to escalate operational risks to strategic risk and resultant overall assurance to the IJB that risks are being mitigated and do not impact on performance. The finance and performance group will be reconstituted as recommended. The likely outcome of the review of the Strategic & Commissioning Plan will be an extension of the plan throughout 2022/23 with work undertaken in 2023/24 to develop the new plan. The required performance measures to meet the recommendation above will be considered as part of that process. A more formal process to trigger further analytical reports will be developed. The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.	
Action by:	Date of expected completion:
Chief Finance Officer	Revision of Integration Scheme - March 2022 Enhanced Performance Reporting Finance & Performance Group Process for analytical Reports All June 2022 Development of Strategic Plan Performance Measures – 2023/24

Action Point Reference 2	
Finding:	
Strategic Risk HSCR00c5: <i>'Staff Resource is insufficient to address planned performance management improvement in addition to core reporting and business critical work'</i> , was last reported to the PAC in February 2021 and remains one of the highest rated risks of the organisation (Impact-4 Likelihood 5). Proposals for service restructure were being developed to lower this risk.	
Audit Recommendation:	
The IJB should direct its partners to undertake a review of the resources required for performance management and present the results to an appropriate IJB Committee, with an assessment of the marginal utility of any potential increase in resources and identifying any efficiencies that the partners might implement. This may helpfully include benchmarking against other IJBs resources and approach, albeit noting that Dundee IJB is ahead of many other IJBs in its performance reporting.	
Assessment of Risk:	
Significant	 Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.
Management Response/Action:	
Corporate support arrangements to the IJB are being assessed as part of the review of the Integration Scheme. The HSCP is also reviewing the level of resources it deploys to performance management with a view to enhancing the team. It is recommended that this is reported back to the IJB and Performance and Audit Committee through risk management reporting arrangements i.e. through a reduction or removal of this risk once all controls are implemented.	
Action by:	Date of expected completion:
Chief Finance Officer	June 2022

Section 3

Definition of Assurance and Recommendation Priorities

Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
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.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

Section 3

Definition of Assurance and Recommendation Priorities

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	Two
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	None
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	None



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 NOVEMBER 2021

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2021-22 QUARTER 1

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC26-2021

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to update the Performance and Audit Committee on 2021-22 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. This report also proposes a revised approach and format for quarterly performance reports based on feedback received from Integration Joint Board Members and internal audit colleagues.

2.0 RECOMMENDATIONS

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

- 2.1 Note the changes that have been made to the format and content of the quarterly performance report based on learning to date and feedback received (section 4.3 and 4.4)
- 2.2 Approve the proposed future approach to quarterly performance reports, analytical reports and improvement reports (section 5).
- 2.3 Note the performance of Dundee Health and Social Care Partnership, at Local Community Planning Partnership (LCPP), Dundee, Tayside and Scotland levels (where available), against the National Health and Wellbeing Indicators and Measuring Performance Under Integration indicators (summarised in section 6 and Appendix 1).
- 2.4 Instruct the Chief Finance Officer to submit a further in-depth analysis of readmissions data, which includes analysis of the data for the specialty with the highest readmission rate (excluding where reasons for poor performance were due to coding) no later than 31 March 2022 (sections 5.4 and 6).
- 2.5 Instruct the Chief Finance Officer to submit a further analysis of the reasons for the deterioration of performance against National Indicator 17 (care inspectorate gradings) no later than 31 March 2022 (sections 5.4 and 6).
- 2.6 Instruct the Chief Finance Officer to submit an update report on improvement activity that has been undertaken to address the increased rate in hospital admissions due to a fall no later than 31 March 2022 (sections 5.5 and 6).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 REVISION OF QUARTERLY PERFORMANCE REPORT

4.1 The Partnership's approach to quarterly performance reporting has been constantly evolving since the establishment of the Integration Joint Board in 2016. The current overall format of the quarterly performance report has been in place for 4 years, with only summary reports having been provided during 2020/21 due to resource pressures arising from the wider pandemic circumstances.

4.2 Over the last year officers from the Strategy and Performance Service who lead the production of quarterly performance reports have had the opportunity to hear feedback on content and format from members of the Performance and Audit Committee. Feedback has also been received via the '2020-21 Annual Governance Report', through discussion with the Chief Internal Auditor and through the process of undertaking the Dundee IJB Performance Management internal audit.

4.3 Although different stakeholders have different perspectives on what might be the most useful content and format from their individual perspective, some common themes have emerged from discussions over the last 9 months:

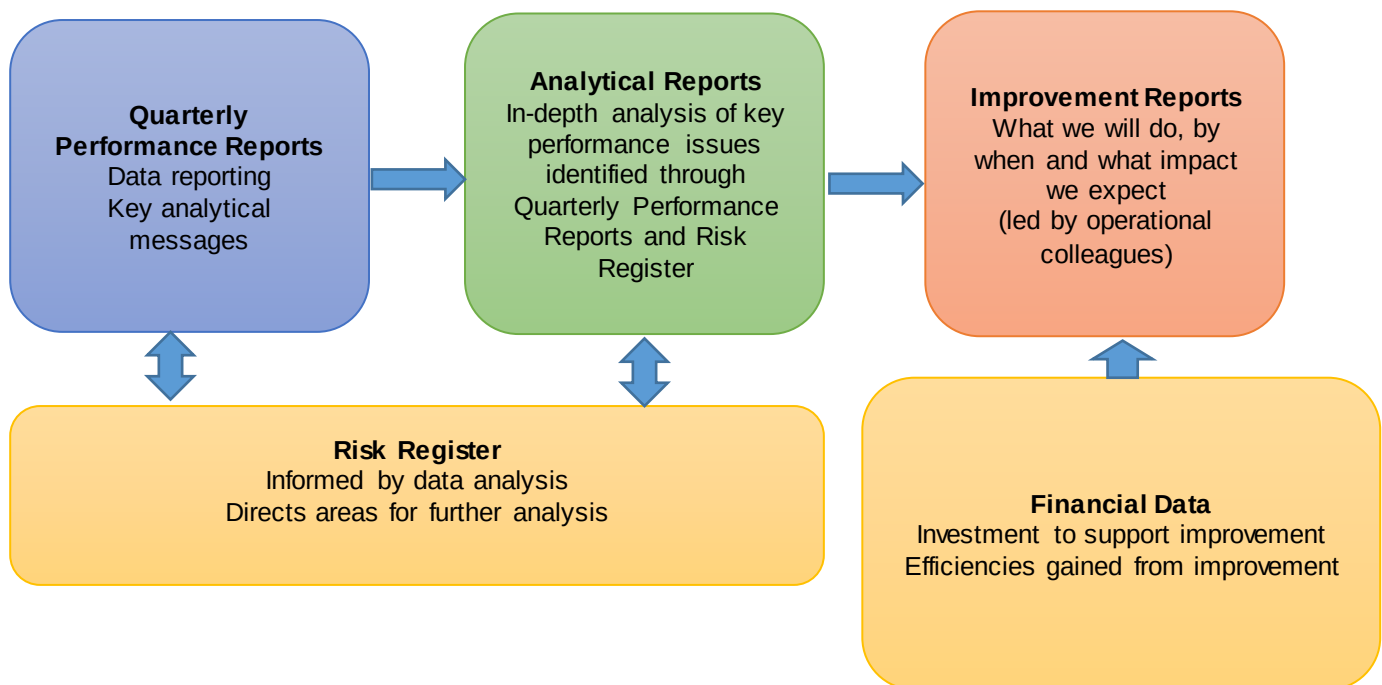
- That performance reporting should be aligned to risk registers; with resource focused on providing assurance regarding identified risks.
- That the provision of in-year trend information, as well as long-term trends (against the 2015/16 baseline year) should be included.
- That reports should focus on clearly communicating key analytical messages from the data, and on linking these to risk.
- That overall the report would benefit from further simplification of tables and charts, as long as more detailed information can be provided on request.
- That benchmarking information, both Tayside and Scotland, wide should be included wherever possible alongside Dundee data

4.4 Taking into account these themes, alongside legislative requirements that relate to information governance and performance reporting, officers have re-designed the quarterly performance report. The revised format is contained in appendix 1. Officers welcome feedback from Performance and Audit Committee members on this revised format and any further revisions that could helpfully be made in the short-term.

5.0 FUTURE APPROACH TO PERFORMANCE REPORTING

5.1 Feedback from Performance and Audit Committee members, the Chief Internal Auditor and other stakeholders received since the start of 2021 also highlighted that the historic approach to performance reporting has attempted to combine a number of different functions (data reporting, data analysis and improvement plans) in a single report. This approach adds to the length and complexity of reports and can, on occasion, mean that they do not discharge any one of those individual purposes to the standard that officers would aspire.

- 5.2 It is therefore proposed that the future approach to performance reporting will take the following format:



- 5.3 Quarterly performance reports will be focused on data reporting, with high level, key analytical messages. These will utilise the simplified format described in section 4 and in appendix 1. The content of reports will support officers and the PAC to identify areas of potential risk where further analytical reports are required.
- 5.4 Analytical reports will provide more in-depth analysis of data pertaining to specific issues or service areas where:
- there is exceptional performance identified within quarterly performance reports (either poor or excellent);
 - operational risk registers identify specific areas of performance that require further in-depth analysis; and / or,
 - where a risk identified within the risk register requires data analysis to inform risk management activities.

These reports will provide more extensive interrogation of data than can be achieved in the quarterly performance report and focus on understanding the potential underlying causes of poor or excellent performance with a view to informing improvement activity and the content of the IJB's risk register. This type of report has been provided to the PAC in the past in relation to falls and readmissions.

- 5.5 Improvement reports will be led by operational colleagues, with strategy and performance staff providing data support. The primary purpose of these reports will be to set out improvement plans that address the underlying cause of poor performance or to identify how enablers of excellent performance can be replicated within and across services. These reports will include a focus on what will be done, by whom, by when and the expected impact of this work (expressed as performance targets alongside other measures of success). Improvement reports will also be

linked to financial data setting out investment required to support improvements as well as projections of any efficiencies that will be achieved through the targeted improvement in performance.

5.6 Other priorities, once pandemic pressures have alleviated, to further improve the approach to performance reporting:

- The use of interactive dashboards to provide more accessible information, including data charts, to PAC members. Initial discussions have been held with NHS Tayside Business Unit, however delivery timescales will be dependent on available resources within their service and within the Partnership's Strategy and Performance Team; and,
- Developing local indicators for inclusion alongside national indicators in quarterly performance reports, including outcomes and impact focused indicators where possible. The best mechanism for delivering this improvement within existing resources is through the next full replacement of the strategic and commissioning plan (currently assumed to be no earlier than April 2023); however, some interim changes can be considered as part of the current statutory review and subsequent revisions to the existing plan.

6.0 QUARTER 1 PERFORMANCE 2021-22 – KEY ANALYTICAL MESSAGES

- Premature mortality rate is high for Dundee and performance is second poorest of the 8 comparable Partnerships (as aligned by the Improvement Service) and poorest out of the 3 Tayside partnerships.
- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
- Performance poorer than the 2015/16 baseline in all or most of the LCPPs for rate of emergency admissions 18+, rate of 28-day readmissions all ages and rate of hospitalisations due to a fall 65+.
- Despite having a poorer rate of emergency admissions 18+, performance is 2nd best out of the 8 family group partnerships, although performance is poorest out of the Tayside Partnerships.
- The number of emergency admissions from A+E and the number of emergency admissions as a rate per 1,000 of all A+E attendances has increased over the last 3 quarters and is higher than the 2015/16 baseline.
- The rate of emergency bed days 18+ has reduced since 2015/16, which is an improvement and performance is best in the family group but poorest out of the 3 Tayside Partnerships.
- Rate of readmissions all ages is overall 42% poorer than the 2015/16 baseline, has deteriorated over the last 4 quarters as well as every year since the baseline, is poorest in the family group and poorest out of the 3 Tayside Partnerships. Previous analytical reports identified that inconsistent coding was leading to some of this poor performance; further analysis is recommended to investigate data for the specialty with the highest readmissions rate when coding issues are excluded.
- 91% of the last 6 months of life was spent at home or in a community setting and this is higher than the 2015/16 baseline and although performance across Scotland is similar it is best out of the 8 family group partnership and is 2nd out of the 3 Tayside partnerships.
- Rate of hospital admissions due to a fall for aged 65+ is 27% higher than the 2015/16 baseline and is higher in every LCPP except for North East. The rate has increased over the last 3 quarters and is the second poorest of the 8 family group partnerships and out of the 3 Tayside partnerships. It is recommended that PAC receives an update report on ongoing activity to improve performance in this area.

- % care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2015/16 baseline and an investigation of this identified that these services were not provided directly by the partnership. Further analysis is recommended to investigate the reasons for the deterioration of performance against National Indicator 17.
- Rate of bed days lost to a standard delayed discharge for age 75+ is 52.7% less than the 2015/16 baseline.
- Rate of bed days lost to complex (code 9) delayed discharge for age 75+ is 42.9% less than the 2015/16 baseline, although performance has deteriorated over the last 4 quarters and 2 of the 8 LCPPs increased since 2015/16 (Lochee and West End).
- % of health and social care resource spent on hospital stays where the patient was admitted as an emergency was 5.8% less in 2020/21 than 2015/16

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	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. - Work with operational managers, through a recommencement of the Performance and Finance Group, to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this 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.

100.0 BACKGROUND PAPERS

- 10.1 None.

Dave Berry
Chief Finance Officer

DATE: 12 October 2021

Lynsey Webster
Senior Officer, Strategy and Performance

APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q1 2021-22 against baseline year 2015/16



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+ (Covid and Non Covid)	0.7%	4.4%	4.5%	-5.1%	2.4%	-0.4%	8.0%	4.3%	-8.3%
Emer Admissions rate per 100,000 18+ (Non Covid Only)									
Emer Bed Days rate per 100,000 18+ (Covid and Non Covid)	-23.4%	-20.2%	-28.3%	-28.3%	-15.5%	-18.2%	-21.4%	-26.5%	-24.1%
Emer Bed Days rate per 100,000 18+ (Non Covid Only)									
Readmissions rate per 1,000 Admissions All	41.6%	41.3%	53.3%	24.6%	31.1%	37.1%	42.9%	52.8%	51.4%
Hospital admissions due to falls rate per 1,000 65+	27%	34%	17%	18%	-11%	6%	38%	31%	64%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-52.7%	-61.9%	-54.7%	-56.2%	-42.1%	-67.3%	-50.9%	-65.1%	-13.1%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-42.5%	+109.6 %	-58.7%	-45.3%	-80.2%	-87.5%	-3.2%	+32.4%	-58.3%

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q1 2021-22 compared to Dundee



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+ (Covid and Non Covid)	12,026	14,364	16,542	13,008	11,917	13,045	10,710	8,346	10,103
Emer Admissions rate per 100,000 18+ (Non Covid Only)									
Emer Bed days rate per 100,000 18+ (Covid and Non Covid)	101,786	129,402	130,739	116,825	95,228	101,389	83,803	72,174	95,906
Emer Bed days rate per 100,000 18+ (Non Covid Only)									
Readmissions rate per 1,000 Admissions All*	158	147	190	143	145	159	174	158	149
Hospital admissions due to falls rate per 1,000 65+	31.7	35.7	32.2	35.3	18.4	26.6	32.0	36.2	33.2
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	249	232	295	242	274	161	293	238	272
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	169	344	216	242	151	52	157	287	17

Source: NHS Tayside data

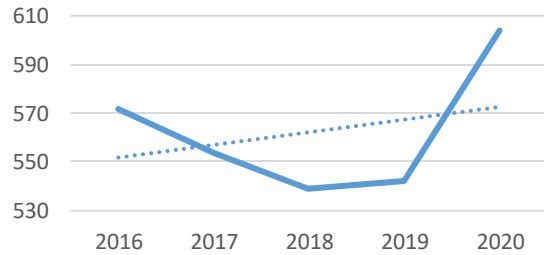
*covid admission reasons not available

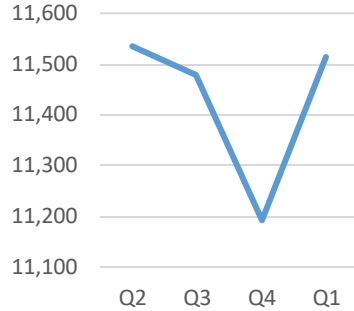
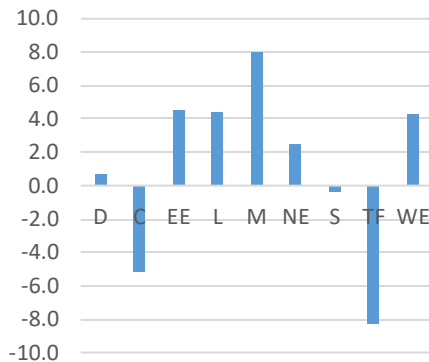
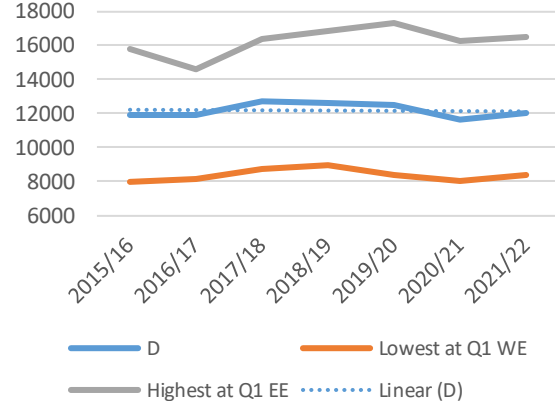
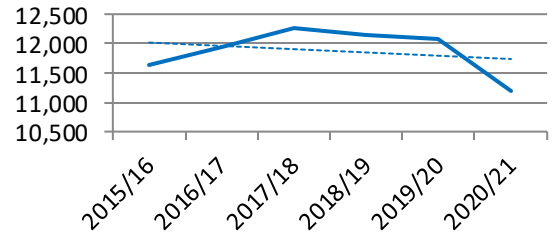
Key: Improved/Better Stayed the same Declined/Worse

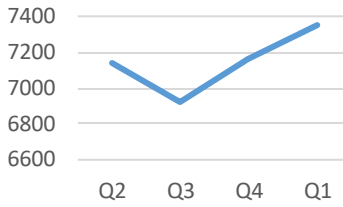
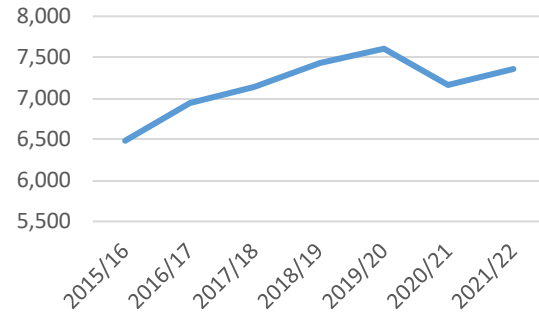
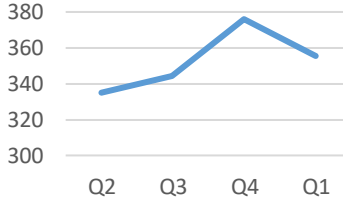
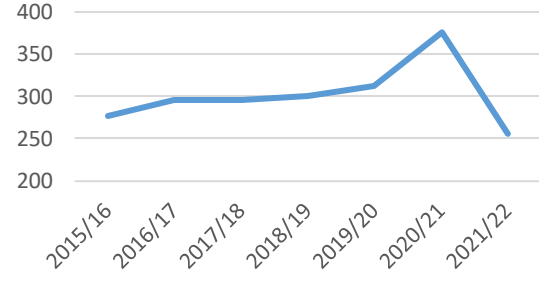
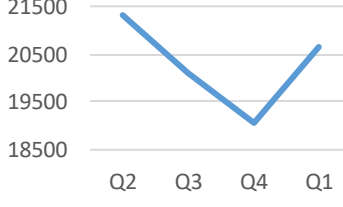
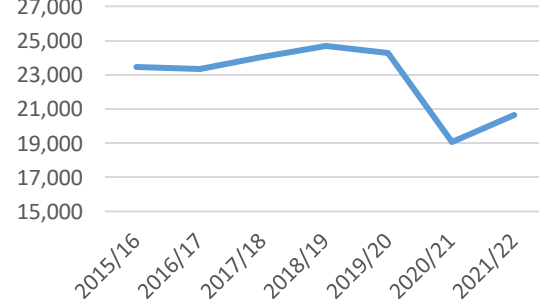
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q1 2021-22 compared to Dundee

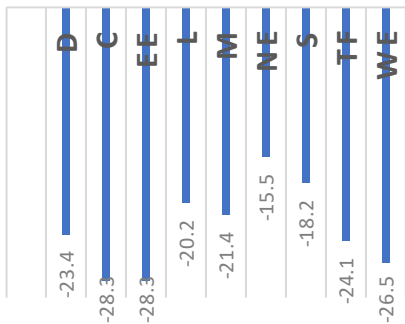
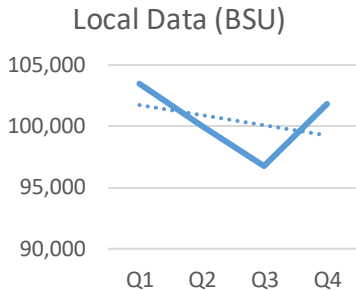
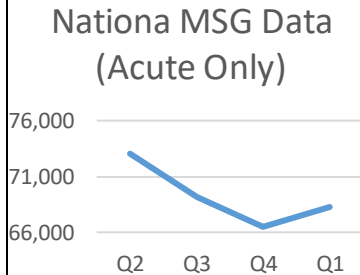
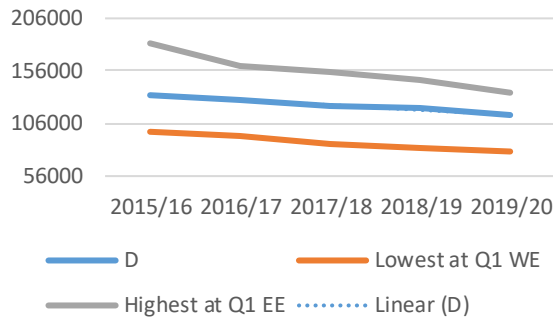
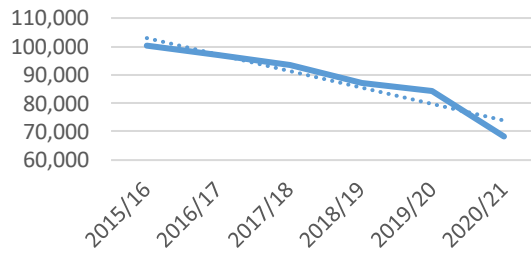
Dundee = D	East End = EE
Strathmartine = S	North East = NE
Coldside = C	West End = WE
Lochee = L	The Ferry = TF

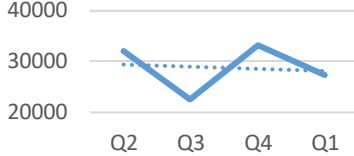
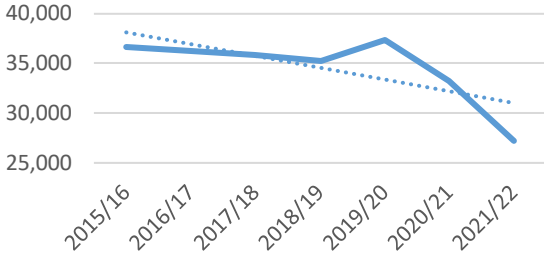
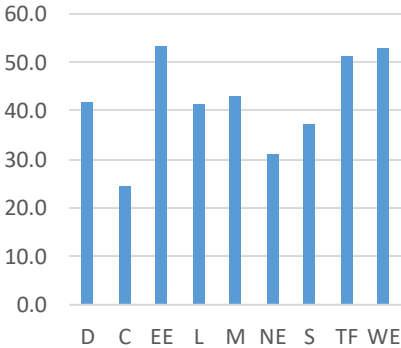
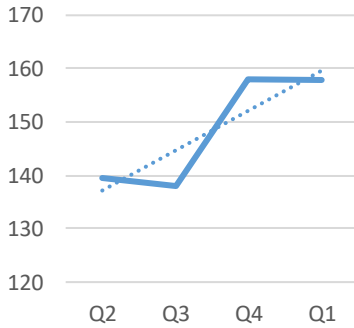
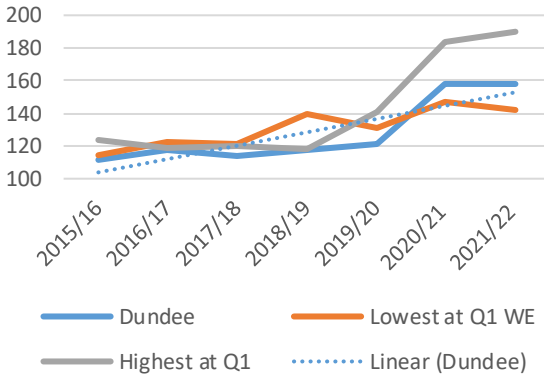
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well					2 nd (92%)	3 rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible					7 th (79%)	3 rd
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided					6 th (73%)	3 rd
5.% of adults receiving any care or support who rate it as excellent or good					8 th (75%)	3 rd
6.% of people with positive experience of care at their GP practice					4 th (79%)	2 nd

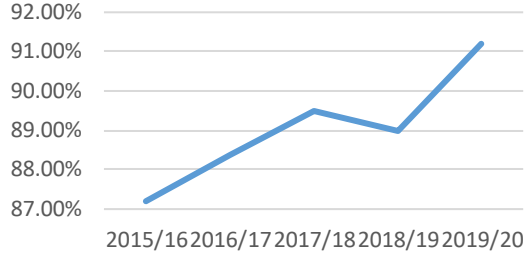
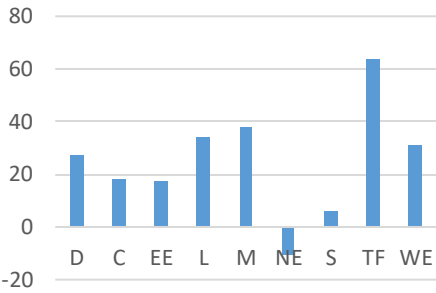
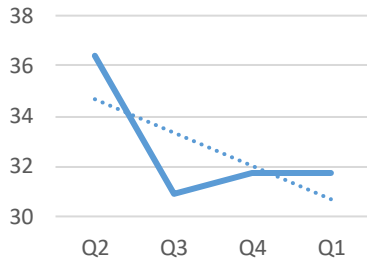
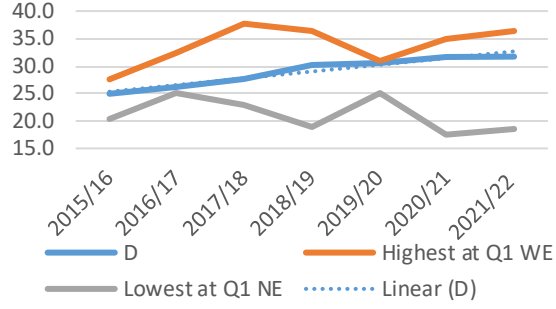
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7.% of adults supportedat home who agree that their services and support had an impact on improving or maintaining their quality of life					7 th (77%)	3rd																		
8.% of carers who feel supported to continue in their caring role					6 th (35%)	3rd																		
9.% of adults supportedat home who agreed they felt safe					6 th (82%)	3rd																		
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally																					
11. Premature mortality rate per 100,000 persons	6% less in 20/21 than 15/16 (improved)	Not Available	<table><caption>Premature Mortality Rate per 100,000 persons (2016-2020)</caption><thead><tr><th>Year</th><th>Rate (Solid Line)</th><th>Rate (Dotted Line)</th></tr></thead><tbody><tr><td>2016</td><td>572</td><td>552</td></tr><tr><td>2017</td><td>555</td><td>558</td></tr><tr><td>2018</td><td>540</td><td>562</td></tr><tr><td>2019</td><td>542</td><td>568</td></tr><tr><td>2020</td><td>605</td><td>572</td></tr></tbody></table>	Year	Rate (Solid Line)	Rate (Dotted Line)	2016	572	552	2017	555	558	2018	540	562	2019	542	568	2020	605	572	29th	7th	3rd
Year	Rate (Solid Line)	Rate (Dotted Line)																						
2016	572	552																						
2017	555	558																						
2018	540	562																						
2019	542	568																						
2020	605	572																						

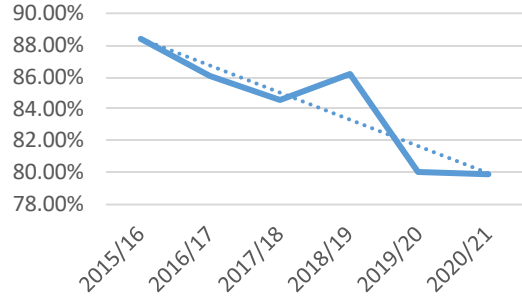
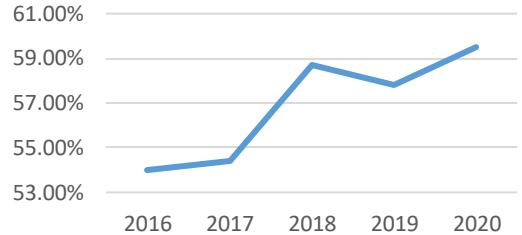
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																																																																																											
12. Emer Admissions rate per 100,000 18+	1% less in 2021/22 than 2015/16 (improved) (source: MSG)	MSG National Data  <table><caption>MSG National Data</caption><thead><tr><th>Quarter</th><th>Rate</th></tr></thead><tbody><tr><td>Q2</td><td>11,550</td></tr><tr><td>Q3</td><td>11,480</td></tr><tr><td>Q4</td><td>11,190</td></tr><tr><td>Q1</td><td>11,520</td></tr></tbody></table>	Quarter	Rate	Q2	11,550	Q3	11,480	Q4	11,190	Q1	11,520	Local Data (BSU)  <table><caption>Local Data (BSU)</caption><thead><tr><th>Region</th><th>Rate</th></tr></thead><tbody><tr><td>D</td><td>0.8</td></tr><tr><td>C</td><td>-5.2</td></tr><tr><td>EE</td><td>4.5</td></tr><tr><td>L</td><td>4.5</td></tr><tr><td>M</td><td>8.0</td></tr><tr><td>NE</td><td>2.5</td></tr><tr><td>S</td><td>-0.5</td></tr><tr><td>TE</td><td>-8.5</td></tr><tr><td>WE</td><td>4.2</td></tr></tbody></table> Local Data (BSU) line chart showing trends from 2015/16 to 2021/22.  <table><caption>Local Data (BSU) Trends</caption><thead><tr><th>Year</th><th>D</th><th>Highest at Q1 EE</th><th>Lowest at Q1 WE</th><th>Linear (D)</th></tr></thead><tbody><tr><td>2015/16</td><td>12,200</td><td>15,800</td><td>8,000</td><td>12,200</td></tr><tr><td>2016/17</td><td>12,100</td><td>14,500</td><td>8,200</td><td>12,100</td></tr><tr><td>2017/18</td><td>12,800</td><td>16,500</td><td>8,800</td><td>12,800</td></tr><tr><td>2018/19</td><td>12,700</td><td>17,000</td><td>9,000</td><td>12,700</td></tr><tr><td>2019/20</td><td>12,600</td><td>17,500</td><td>8,500</td><td>12,600</td></tr><tr><td>2020/21</td><td>11,800</td><td>16,500</td><td>8,000</td><td>11,800</td></tr><tr><td>2021/22</td><td>12,100</td><td>16,800</td><td>8,500</td><td>12,100</td></tr></tbody></table> National MSG Data  <table><caption>National MSG Data</caption><thead><tr><th>Year</th><th>D</th><th>Linear (D)</th></tr></thead><tbody><tr><td>2015/16</td><td>11,700</td><td>12,000</td></tr><tr><td>2016/17</td><td>12,000</td><td>12,000</td></tr><tr><td>2017/18</td><td>12,300</td><td>12,000</td></tr><tr><td>2018/19</td><td>12,200</td><td>11,900</td></tr><tr><td>2019/20</td><td>12,100</td><td>11,800</td></tr><tr><td>2020/21</td><td>11,300</td><td>11,700</td></tr></tbody></table>	Region	Rate	D	0.8	C	-5.2	EE	4.5	L	4.5	M	8.0	NE	2.5	S	-0.5	TE	-8.5	WE	4.2	Year	D	Highest at Q1 EE	Lowest at Q1 WE	Linear (D)	2015/16	12,200	15,800	8,000	12,200	2016/17	12,100	14,500	8,200	12,100	2017/18	12,800	16,500	8,800	12,800	2018/19	12,700	17,000	9,000	12,700	2019/20	12,600	17,500	8,500	12,600	2020/21	11,800	16,500	8,000	11,800	2021/22	12,100	16,800	8,500	12,100	Year	D	Linear (D)	2015/16	11,700	12,000	2016/17	12,000	12,000	2017/18	12,300	12,000	2018/19	12,200	11,900	2019/20	12,100	11,800	2020/21	11,300	11,700	20th	2 nd	3rd
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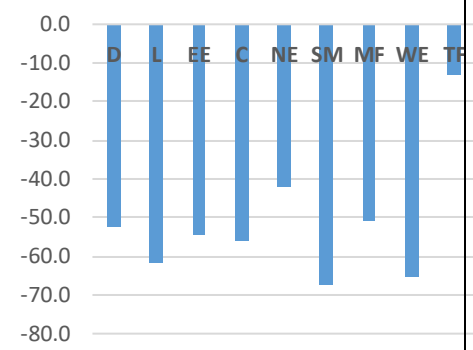
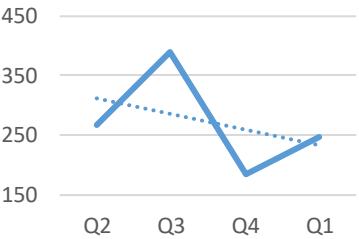
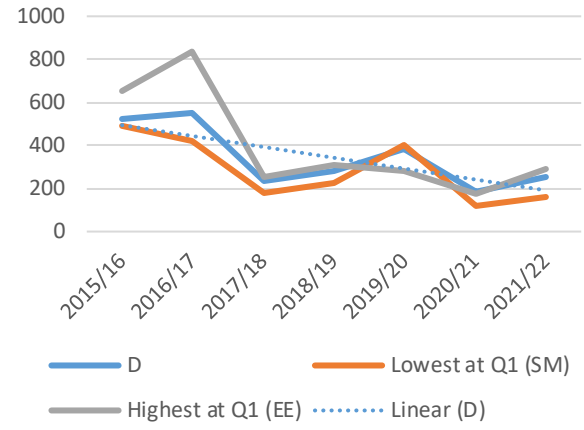
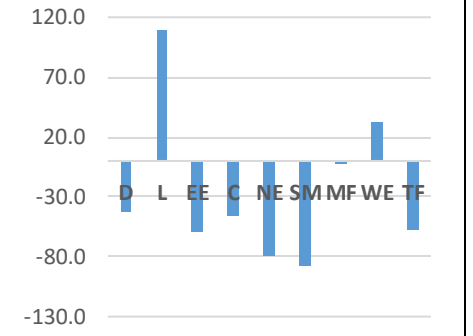
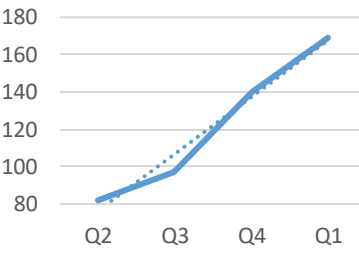
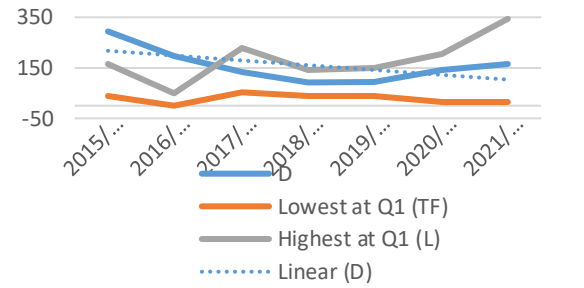
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions Numbers from A&E (MSG)	868 more attendances in 2021/22 than 2015/16				NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	79 higher in 2021/22 than 2015/16				Not Avail	Not Avail
Accident & Emergency Attendances (MSG)	2770 fewer in 2021/22 than 2015/16				Not Avail	Not Avail

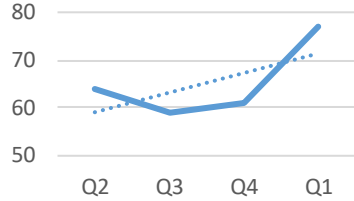
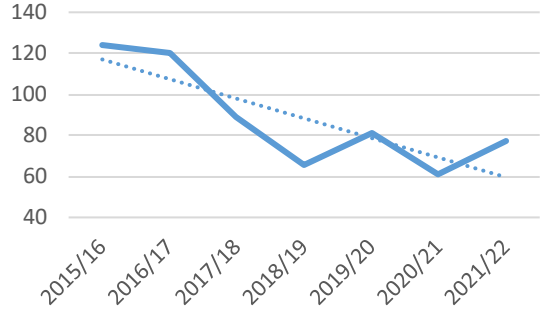
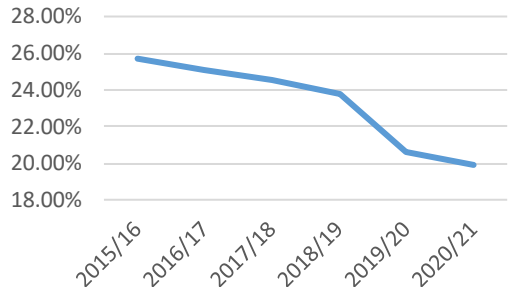
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
13. Emer Bed days rate per 100,000 18+	Local Data (BSU)  32% less acute bed days in 2021/22 than 2015/16 (improved) (source: MSG) 26% less mental health bed days in 2021/22 than 2015/16 (improved) (source: MSG)	Local Data (BSU)  National MSG Data (Acute Only) 	Local Data (BSU)  National MSG Data (Acute Only) 	13th	1st	3rd

		National MSG Data (Mental Health Specialties) 	National MSG Data (Mental Health Specialties) 			
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
14. Readmissions rate per 1,000 Admissions All Ages	 41.6% more in 2021/22 than 2015/16 (deterioration). Variation ranges from 24.6% in Coldside to 53.3% in East End		 Dundee Lowest at Q1 WE Highest at Q1 Linear (Dundee)	28 th	8 th	3 rd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
15. % of last 6 months of life spent at home or in a community setting	Up by 2.8% between 2015/16 and 2021/21 (improvement)	Not Available	 2015/16 2016/17 2017/18 2018/19 2019/20	11th	1st	2nd
16. Hospital admissions due to falls rate per 1,000 65+	 27% more in 2021/22 than 2015/16 (deterioration). Improvement in only 1 LCPP, North East with 11% improvement, Greatest increase (deterioration) was in The Ferry with 64% increase (deterioration).	 Q2 Q3 Q4 Q1	 2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 D Highest at Q1 WE Lowest at Q1 NE Linear (D)	32 nd	8th	3 rd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst														
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	10% less in 2020/21 than 2015/16 (deterioration)	Not Available	 <table><thead><tr><th>Year</th><th>Percentage</th></tr></thead><tbody><tr><td>2015/16</td><td>88.5%</td></tr><tr><td>2016/17</td><td>86.0%</td></tr><tr><td>2017/18</td><td>84.5%</td></tr><tr><td>2018/19</td><td>86.5%</td></tr><tr><td>2019/20</td><td>80.0%</td></tr><tr><td>2020/21</td><td>80.0%</td></tr></tbody></table>	Year	Percentage	2015/16	88.5%	2016/17	86.0%	2017/18	84.5%	2018/19	86.5%	2019/20	80.0%	2020/21	80.0%	29th	8th	3rd
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2019/20	80.0%																			
2020/21	80.0%																			
18. % adults with intensive care needs receiving care at home	5.5% more in 2020 than 2016 (improvement) (note calendar year)	Not Available	 <table><thead><tr><th>Year</th><th>Percentage</th></tr></thead><tbody><tr><td>2016</td><td>54.0%</td></tr><tr><td>2017</td><td>54.5%</td></tr><tr><td>2018</td><td>58.5%</td></tr><tr><td>2019</td><td>57.5%</td></tr><tr><td>2020</td><td>59.5%</td></tr></tbody></table>	Year	Percentage	2016	54.0%	2017	54.5%	2018	58.5%	2019	57.5%	2020	59.5%	22nd	7th	2nd		
Year	Percentage																			
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National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	 52.7% reduction (improvement) since 2015/16 with improvements across every LCPP			NA	NA	NA
19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)				NA	NA	NA

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	48 less in 2020/21 than 2015/16 (improvement)			12th	3rd	3rd
20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21 than 2015/16 (improvement)	Not Available		18th	3rd	3rd

APPENDIX 2 – DATA SOURCES USED FOR MEASURING PERFORMANCE

The Quarterly Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and Measuring Performance Under Integration (MPUI) indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see section 4.3). The Scottish Government and Public Health Scotland are working on the development of definitions and datasets to calculate these indicators nationally.

The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. Full details were provided to the PAC in February 2021 (Article V of the minute of the Dundee Performance and Audit Committee held on 3 February 2021 refers). The Scottish Government changed the methodology used to filter responses to reflect people who receive services from the Partnership and therefore it is not possible to longitudinally compare results for National Indicators 1-7 and 9.

The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. In November 2020 the Performance and Audit Committee agreed that targets should not be set for 2020/21 for these indicators, however that the indicators should continue to be monitored in quarterly performance reports submitted to the PAC (Article VI of the minute of the Dundee Performance and Audit Committee held on 24 November 2020 refers).

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling¹ monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. From quarter 1 2020/21 the NHS Tayside Business Unit has been providing breakdowns of covid and non covid admission reasons for emergency admissions and emergency bed days.

Data provided by NHS Tayside differs from data provided by Public Health Scotland (PHS); the main differences being that NHS Tayside uses 'board of treatment' and PHS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas PHS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as PHS data goes through a validation process). As PHS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time PHS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution.

¹ Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 1 shows the previous 12 months of data including the current quarter. Therefore, Quarter 1 data includes data from 1 July 2020 to 30 June 2021.

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ITEM No ...8.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 NOVEMBER 2021

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN
PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC27-2021

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Performance and Audit Committee with an update in relation to progress on the completion of the 2020/21 Internal Audit plan as well as work ongoing relating to the 2021/22 plan.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the continuing delivery of the audit plan and related reviews as outlined in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 The Performance and Audit Committee approved the Integration Joint Board's 2021/22 Annual Internal Audit Plan at its meeting of the 26 May 2021 (Article XI of the minute of the meeting refers).
- 4.2 As per Audit Scotland's recommendation and subsequent agreed action following the Dundee IJB External Audit Annual Report 2016/17, presented to the September 2017 Performance and Audit Committee (Article IV of the minute of meeting of this Committee of 12th September 2017 refers), progress of the Internal Audit Plan is now a standing item on Performance and Audit Committee agendas.
- 4.3 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1.
- Performance management (D05/21): Now issued in final. See separate agenda item
 - Audit Follow up (D06/21): Draft issued
 - Viability of External Providers (D05/22): Planning Commenced

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 is a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Regional Audit Manager and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

- 8.1 None.

Dave Berry
Chief Finance Officer

Date: 10/11/21

2020/21								
Ref	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-21	Audit Planning	Preparation of Annual Internal Audit Plan	September 2020	Complete	Complete	Complete	Complete	N/A
D02-20 & D02-21	Audit Management	Liaison with management and attendance at Performance and Audit Committee	N/A	Complete				N/A
D03-20 & D03-21	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment	August 2020	Complete	Complete	Complete	Complete	N/A
D04-21	Governance & Assurance	Ongoing support and advice on further development of governance and assurance structures, including issues identified as part of the annual report process and the self assessment against the MSG report and help in implementing an audit follow up process	N/A	Complete				N/A
D05-21	Performance management	Adequacy, accuracy, relevance, reliability, data quality, timeliness and interpretation of reporting against the priorities in the Strategic and Commissioning Plan and core integration indicators. Compliance with DL 2016 (05) - Guidance for Health and Social Care Integration Partnership Performance Reports and preparation for/ implementation of the anticipated new national guidance on the 'Joint Accountability Framework'. This work will link to Strategic Risk 10 as well as a number of operational risks	September 2021	Complete	Complete	Complete	Complete	Reasonable Assurance
D06-21	Audit Follow Up	Joint exercise between Internal Audit and management to review & update and consolidate actions arising from all sources of previous recommendations as well as reprioritising using a RAG status.	September 2021	Complete	Complete	Complete		

2021/22:								
Ref	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-22	Audit Planning	Agreeing audit universe and preparation of strategic plan	May 2021	Complete	Complete	Complete	Completed	N/A
D02-22	Audit Management	Liaison with management and attendance at Audit Committee	N/A	Ongoing				N/A
D03-22	Annual Internal Audit Report (2020/21)	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment	June 2021 (IJB)	Complete	Complete	Complete	Complete	N/A
D04-22	Governance & Assurance	Ongoing, independent review and advice of the Integration Scheme update and provide formal assurance on the final product.	N/A- Year end report	Ongoing				
D05-22	Viability of External Providers	Review the controls established to manage Strategic Risk HSCP00d1. A review of the IJB's approach to continually assess the viability of its contracted social care providers as essential partners in delivering health and social care services and the priorities set out in the IJB's Strategic and Commissioning Plan. The review will consider the steps taken to engage with providers around the IJB's strategic direction and how the IJB provides ongoing support to them, including the process invoked should there be concerns over financial or operational sustainability.	November 2021	Ongoing				
D06-22	Category 1 responders	Review the necessary arrangements in place to meet the requirements of the Act as well as alignment and coordination with partners	February 2022	Ongoing				



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 24 NOVEMBER 2021

REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC28-2021

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 The Governance Action Plan was presented and approved at the PAC meeting of the 25th March 2019 (Article VIII of the minute of the meeting refers) in response to a recommendation within Dundee Integration Joint Board's Annual Internal Audit Report 2017/18. This action plan enables the PAC to regularly monitor progress in implementing actions and understand the consequences of any non-achievement or slippage in strengthening its overall governance arrangements. The PAC remitted the Chief Finance Officer to present an update progress report to each PAC meeting.
- 4.2 The progress of the actions considered previously in the Governance Action Plan update, and not yet completed are noted in Appendix 1. Work is progressing to clear these outstanding actions. The completed actions previously reported to the Performance and Audit Committee have been removed from Appendix 1.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

- 6.1 This report has not been subject to a risk assessment as it relates to the development of an action plan in line with the findings of the Annual Internal Audit Report.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 03 November 2021

PAC - HSCP Governance Action Report – Appendix 1

November 2021

Rows are sorted by Progress. Completed Actions previously reported to the Performance & Audit Committee have been removed.

	Action Code & Title	Progress Bar	Due Date	Original Due Date	Latest Update
✓	PAC2-2021-1 HEALTH AND CARE EXPERIENCE SURVEY 2019/2020 ANALYSIS Review	100%	31-Mar-2022	31-Mar-2022	Findings of survey considered as part of strategic needs assessment and reported to the strategic planning group in October 2021
✓	PAC3-2021-1 Review Governance Action Plan for overarching themes and to establish works that needed to be undertaken and to outline realistic completion dates for those works	100%	31-Mar-2022	31-Mar-2022	The review has been completed and the Pentana Risk Management Software is now used to record, monitor and report on progress against revised completion dates.
✓	PAC5-2021 – 1 Overlapping audit and MSG recommendations actions be combined into a holistic action plan,	100%	31-Mar-2022	31-Mar-2022	Outstanding recommendations have been reviewed and consolidated. The Pentana Risk Management Software is now used to record, monitor and report on progress.
✓	PAC5-2021 – 3 the strategic financial risks in the IJB High-Level Risk Register should be updated	100%	31-Mar-2022	31-Mar-2022	Revised and reflected in the Annual Risk Register Report presented to the October IJB meeting
▶	PAC7-2019-1 Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	70%	31-Mar-2022	31-Mar-2022	Being considered as part of revision of integration scheme
⬮	PAC7-2019-5 Further develop the Integration Joint Board's local Code of Governance.	70%	30-Sep-2021	30-Sep-2021	The report to the IJB planned for Oct 2021 will now be presented to the December IJB meeting
▶	PAC 34-2019-3 Agree budget with partner organisations to ensure approval prior to the start of the year.	50%	31-Mar-2022	31-Mar-2022	Discussions held with Directors of Finance from Partner Bodies re budget process
▶	PAC 34-2019-4 Combine financial and	50%	31-Dec-2021	31-Dec-2021	Revised approach to quarterly performance reporting to be tested

PAC - HSCP Governance Action Report – Appendix 1

November 2021

	Action Code & Title	Progress Bar	Due Date	Original Due Date	Latest Update
	performance reporting to ensure that members have clear sight of the impact of variances against budget in terms of service performance.				in November 2021 – this will improve links between performance data, risk and financial data.
▶	PAC 36–2020–1 Status of savings proposals and transformation should be clearly and regularly reported to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered.	50%	31-Mar-2022	31-Mar-2022	Risk assessment of achievement of savings targets provided within financial monitoring reports to IJB
●	PAC20–2019–1 The Transformation Programme should be recorded in an overarching document	50%	31-Oct-2021	31-Aug-2021	Discussed at the HSCP finance meeting, that this needs to be pulled together as a priority – Covid response has caused disruption to development of the transformation programme. Need to assess longer term aspects of the Covid remobilisation plan as part of transformation.
▶	PAC7–2019–3 Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.	50%	31-Mar-2022	31-Mar-2022	Further direction from SG around development of LHSA being considered by CFO's and NHS Director of Finance
▶	PAC7–2019–4 Development of improved Hosted Services arrangements around risk and performance management for hosted services.	50%	31-Mar-2022	31-Mar-2022	Discussions with partner IJB's have been ongoing around hosted services. This is also included in the review of the integration scheme
▶	PAC8–2018–2 Develop a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the	50%	31-Mar-2022	31-Mar-2022	The key corporate support service arrangements will be reviewed and included in the integration scheme as part of its current review

PAC - HSCP Governance Action Report – Appendix 1

November 2021

	Action Code & Title	Progress Bar	Due Date	Original Due Date	Latest Update
	DH&SCP by DCC and NHST				
	PAC9-2018-1 Clinical and care governance across delegated services review of remits	50%	30-Sep-2021	30-Sep-2021	Hosted services are currently being considered through the Getting it right for everyone Group. All other aspects are complete
	PAC 36-2020-3 The Board and PAC are updated on progress in delivering against the risk maturity action plan.	40%	31-Mar-2022	31-Mar-2022	Risk management strategy approved by IJB and Risk Management development session held
	PAC20-2019-2 Summary reports on the progress of the Transformation Programme should be prepared and submitted to the PAC for its review. The Terms of Reference of the PAC should be updated to reflect the requirement for the TDG to report to it.	30%	31-Aug-2022	31-Aug-2022	The report planned to be presented to the Performance and Audit Committee in November 2021 will now be presented in February 2022
	PAC28-2020-1 The DHSCP management team should review attendance at groups based on agreed principles	30%	31-Mar-2022	31-Mar-2022	An initial review of group remits has streamlined attendance to avoid duplication of DHSCP Management team
	PAC7-2019-6 Further develop performance report information into a delivery plan framework	30%	31-Dec-2021	31-Dec-2021	Work has started on performance against 4 high level indicators in plan. Needs further development in line with any revisions to the SPG structure. Internal Audit review of Performance, to be presented to Nov 2021 PAC sets out new recommendations on this
	PAC7-2019-2 Provide the IJB with reporting on workforce issues	20%	31-Mar-2022	31-Mar-2022	Work underway to provide the IJB with information on an overall workforce plan
	PAC8-2018-1 Work to fully implement the actions in the Workforce and Organisational Development Strategy	20%	31-Mar-2022	31-Mar-2022	Review of Workforce and Organisational development strategy as companion document to the review of Strategic Plan.

PAC - HSCP Governance Action Report – Appendix 1

November 2021

	Action Code & Title	Progress Bar	Due Date	Original Due Date	Latest Update
	PAC 36-2020-2 A programme of development and training opportunities for Board members should be progressed.	10%	31-Mar-2022	31-Mar-2022	To be further developed over 2021/2022
	PAC28-2020-2 A governance mapping best practice guidance document is developed to ensure the operation of all groups conforms to the various principles detailed in the report.	0%	31-Mar-2022	31-Mar-2022	Review ongoing in line with increased capacity of Senior management team
	PAC28-2020-3 A review should be undertaken to update the strategic risk in relation to Increased Bureaucracy.	0%	31-Mar-2022	31-Mar-2022	Review ongoing in line with increased capacity of Senior management team
	PAC5-2021 - 2 Actions arising from the Transformation & Service Redesign internal audit report (2019) should continue to be monitored by being added to the Governance Action plan	0%	31-Mar-2022	31-Mar-2022	To be developed further

Action Status	
	Overdue
	Assigned
	Completed

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24th NOVEMBER, 2021

REPORT ON: PSYCHOLOGICAL THERAPIES WAITING TIMES

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC29-2021

1.0 PURPOSE OF REPORT

To update the Performance & Audit Committee on those specialities within the hosted Psychological Therapies Service that continue not to achieve Health Improvement, Efficiency, Access & Treatment (HEAT) targets, highlight contributory factors and the actions being taken to address the same. This is based on the previous report Psychological Therapies Waiting Times PAC33-2018, is inclusive of all Psychological Therapies Services that contribute to the adult 18 week referral to treatment target and excludes those that do not. For that reason, Psychotherapy Services have been added to this report.

2.0 RECOMMENDATIONS

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

- 2.1 *Notes the current position and reasons for certain specialities currently failing to meet HEAT targets as outlined in sections 4.3, 4.4, 4.5 and 4.7 of the report.*
- 2.2 *Notes the actions undertaken within the Psychological Therapies Service (PTS) to address the current waiting time challenges as outlined in sections 4.6 and Appendix 1 and 2.*
- 2.3 *Notes the intention to develop a Strategic Plan including the introduction of a pan-Tayside Strategic Commissioning Group as noted in section 4.7 of the report.*

3.0 FINANCIAL IMPLICATIONS

Improvements will be funded from a combination of existing resources and the additional Scottish Government Mental Health Recovery and Renewal Fund allocated to address the Psychological Therapies waiting times backlog.

4.0 MAIN TEXT

- 4.1 The current Psychological Therapies National standard is that 90 per cent of patients should commence treatment within 18 weeks from the point of referral. This standard applies to a broad range of psychological therapy approaches – spanning services designed for people with mild to moderate mental health needs to those experiencing severe and/or enduring mental health challenges who may require longer-term, high-intensity psychotherapeutic interventions.
- 4.2 The Psychological Therapies Service (PTS) comprises a number of specialities. Within the HEAT return report, all specialities are aggregated. This masks that a number of specialities continue not to meet the HEAT target. Table 1 outlines the position with waiting time target compliance in 2018 and how this compares to the current position in 2021. The Psychological Therapies services that do not contribute to the adult 18 week referral to treatment target are: Dundee PALMS, CAMHS, Dundee Women's Aid, cCBT, Clinical Health Psychology (ERP), NES, and Tayside Staff Wellbeing. Similarly the resource devoted to University Teaching and the Director and Deputy Director roles do not contribute. Finally, the Prison Healthcare, Neuropsychology Trauma Service, Learning Disability Inpatient Service and Perinatal Service have only recently been advertised and appointed to and remain in the developmental stage currently. Psychotherapy services, also hosted by Dundee HSCP, sit within the Psychological Therapies Clinical Care and Professional Governance framework, but are managed separately, are also included within this update. Psychotherapy services are organised into two teams – the Multidisciplinary Adult Psychotherapy Service (MAPS) and Veterans First Point Tayside (V1PT).

Table 1: Psychological Therapies Services Compliance with the Adult 18 Week Referral to Treatment Target (2018 and 2021).

YEAR	Services Achieving HEAT	Services Not Achieving HEAT
2018	Angus Adult Psychological Therapies Service (AAPT)S) Tayside Eating Disorder Service (TEDS) Addictions Psychology (AP) Learning Disability Psychology (LDP) Older People Services in Angus and Dundee (OP) Veterans First Point Tayside (V1PT)	Dundee Clinical Psychology to General Adult Psychiatry (DCP to GAP) Angus Clinical Psychology to General Adult Psychiatry (ACP to GAP) Perth Clinical Psychology to General Adult Psychiatry (PCP to GAP) Dundee Adult Psychological Therapies Service (DAPTS) Perth Adult Psychological Therapies Service (PAPTS) Clinical Health Psychology (Health) Older People Services in Perth and Kinross (OP) Clinical Neuropsychology (Neuro) Multidisciplinary Adult Psychotherapy Service (MAPS)
2021	Angus Adult Psychological Therapies Service (AAPT)S) Tayside Eating Disorder Service (TEDS) Addictions Psychology (AP) Learning Disability Psychology LDP) Clinical Health Psychology (Health) Veterans First Point Tayside (V1PT) Clinical Health Psychology (Health)	Dundee Clinical Psychology to General Adult Psychiatry (DCP to GAP) Angus Clinical Psychology to General Adult Psychiatry (ACP to GAP) Perth Clinical Psychology to General Adult Psychiatry (PCP to GAP) Dundee Adult Psychological Therapies Service (DAPTS) Perth Adult Psychological Therapies Service (PAPTS) Older People Services (OP) Clinical Neuropsychology (Neuro) Multidisciplinary Adult Psychotherapy Service (MAPS)

- 4.3 Table 1 illustrates that the position in relation to achieving/not achieving waiting time targets has been fairly static between 2018 and 2021, with the exception of Clinical Health Psychology, which is now achieving the standard. While there have been improvements and changes within services across that timeframe, the overall picture is indicative of increasing levels of demand, challenges with recruitment and retention of staff within highly specialist services and the impact of delivering various types of psychological intervention during a global pandemic.
- 4.4 The performance of services not currently meeting the waiting time target is shown below. 2021 information was taken from the Waiting Times Report produced at the latest Psychological Therapies Clinical Care and Professional Governance Committee meeting on 30th September 2021. Important in understanding this information is the total number of patients currently waiting for the services breaching HEAT.

Table 2: Performance of services not currently meeting the Adult 18 Week Referral to Treatment Target (2018 and 2021 data)

	DCPtoGAP		PCPtoGAP		ACPtoGAP		DAPTS		PAPTS		OP		Neuro		MAPS	
	2018	2021	2018	2021	2018	2021	2018	2021	2018	2021	2018	2021	2018	2021	2018	2021
Longest Wait (weeks)	59	138	55	50	76	26	27	83	24	24	53	22	59	76	N/A*	65
TOTAL waiting	130	212	73	102	86	23	555	416	545	281	47	88	361	110	N/A*	69
Total >18 weeks	78	194	40	72	22	4	97	76	84	9	5	2	233	22	N/A*	44

*Details of MAPS 2018 figures are not included, however this service was not achieving WTTs in 2018

- 4.5 Table 2 highlights that while all listed services continue to breach the waiting time target; there is an improved position for: Angus Clinical Psychology to General Adult Psychiatry (ACP to GAP), Perth Clinical Psychology to General Adult Psychiatry (PCP to GAP), Older People Services and Neuropsychology. Perth Clinical Psychology to General Adult Psychiatry (PCP to GAP) remains in a similar position as does the Multidisciplinary Adult Psychotherapy Service (MAPS). Dundee Adult Psychological Therapies Service (DAPTS) continues to have high numbers of patients waiting, and while there is a moderate reduction of people waiting over 18 weeks, the longest waits have extended by 56 weeks. The position for Dundee Clinical Psychology to General Adult Psychiatry (DCP to GAP) demonstrates continued and increasing challenges with demand and capacity.
- 4.6 In 2018, Scottish Government developed a work stream to improve access to psychological therapies across Scotland and asked Healthcare Improvement Scotland to work with NHS Health Boards and HSCPS where waiting times were consistently breaching. Tayside was identified as an area that required support. As a result, Psychological Therapies Services were required to submit Service Improvement Plans with a specific focus on the actions required to ensure timely access to psychological treatment. A key element of this work involved detailed workforce planning with the support of Iain Scrueider (Senior Data Analyst) from NHS National Services Division. Demand and capacity modelling, using the Demand, Capacity, Activity and Queue (DCAQ) methodology was undertaken to identify the required staffing capacity to meeting the waiting time standard for all new referrals as well as clearing the historical backlogs within services. Detailed information can be found within Appendix 1 and 2.
- 4.7 The Scottish Government Mental Health Recovery and Renewal Fund (March 2021) has made £120 million available for Health Boards and Integrated Joint Boards across Scotland. A proportion of these funds will be allocated to Psychological Therapy Services with the aim of aligning demand and capacity across psychological therapy specialisms and working towards achieving waiting time targets.
- 4.8 While specific challenges in achieving waiting time targets may vary from service to service across Psychological Therapies Services, clinical staff consistently work to their available capacity and sickness absences are generally low. The pan-service challenges include: increasing levels of demand (230% increase between 2006-2019*); delays in recruitment; unsuccessful recruitment to all existing vacancies advertised and the need to increase clinical staffing beyond funded capacity both to meet levels of demand going forward and address the existing queue. Moreover, the age and gender profile of the Psychological Therapies Services mean that maternity leave is an additional and continued aspect of workforce planning. The age profile within Psychotherapy Services means that planned retirement has been an on-going factor in workforce planning.

*Source: 'Living Life Well – A Lifelong Approach to Mental Health in Tayside' Strategy, February 2021, page 72)

- 4.9 The Living Life Well strategy, published in 2021, includes psychological therapies within the range of high quality mental health services that are being further developed. Key strategic areas include: the development of a specific strategic plan for psychological therapies across the lifespan to ensure parity of access to assessment and treatment (including those people with learning disabilities, neurodevelopment conditions, neurological conditions and acquired brain injury; modernising the provision of psychological treatment for common mental health

problems by establishing clinical pathways; investing in early interventions, such as developing new services in perinatal and infant mental health and early intervention in psychosis; fully integrating clinical psychology within inpatient services; further enhancing the use of computerised and telephony therapy and other alternative models of service delivery; expanding capacity for training the wider workforce in psychological approaches; engaging in wider organisational work on recruitment and retention of staff and further developing the workforce so less barriers exist between specialist parts of the service. A number of these work streams have commenced.

- 4.10 Mental Health and Wellbeing Strategic Plans for each locality have been developed, or are in the process of being, and approved. Integral to these plans is the continued development, enhancement and delivery of psychological therapy services which meet the needs of the local population. Moreover, to achieve local strategic priorities, for example in the Dundee Plan this includes: Reducing Health Inequalities; Prevention and Early Intervention; Getting The Right Support At The Right time and Focus on Recovery, there is a clear commitment to positively utilise the knowledge, skills and expertise of the psychological therapies workforce to contribute to the broader work streams across mental health services.
- 4.11 A Strategic Plan for Psychological Therapies will be developed and this will set out the priorities and ambitions, taking a whole-system approach, in the delivery of psychological therapies to the citizens of Tayside.
- 4.12 A Psychological Therapies Commissioning Group is being introduced and this will consider and process all of the identified need for psychological therapies within the strategic frameworks of Living Life Well and local Mental Health and Wellbeing Strategic Plans across Dundee, Angus and Perth and Kinross.

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	Patient safety. People with identified mental health needs are experiencing delays in accessing appropriate care and treatment. Within Clinical Neuropsychology, delays in diagnostic assessment may result in failure to treat patients appropriately at an early stage resulting in worse clinical outcomes.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16
Mitigating Actions (including timescales and resources)	The Psychological Therapies and Psychotherapy Services have implemented a number of improvement measures including ensuring that available clinical capacity is being fully utilised. Detailed work has been completed in relation to demand and capacity needs and additional financial modelling has been undertaken in response to the Scottish Government: Mental Health Recovery and Renewal Fund (March 2021).
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 moderate level of planned risk, the risk is deemed to be manageable.

7.0 CONSULTATIONS

The Interim Director of Psychology, Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 08 November 2021

Arlene Mitchell
Locality Manager

Dr Michelle Ramage
Lead Clinician in Psychotherapy

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**Enhanced Support : Scottish Government Request for
Local Improvement Plans**

Tayside Area Psychological Therapies Service

**Professor Kevin Power
Consultant Clinical Psychologist
Director of Psychology**

**Iain Schreuder
Senior Information Analyst
Public Health Scotland**

5th July 2021

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CONTENTS

1.0 BACKGROUND

- 1.1 Scope
- 1.2 Specialties
- 1.3 Staff
- 1.4 Annual Performance Rates
- 1.5 Psychological Therapies – 18 week access standard
- 1.6 Demand, Activity and Queue for Psychological Service
- 1.7 Waiting Times by Specialty – May 2020 and May 2021

2.0 CAPACITY MODEL ASSUMPTIONS

- 2.1 Average Number of Appointments to Discharge – November 2017 to December 2020 and Average Capacity
- 2.2 Staffing Complement for Entire Service
- 2.3 Patient Focused Staffing Complement
- 2.4 Additional Assumptions

3.0 TRAJECTORY MODELLING

- 3.1 Trajectory Towards Meeting the Psychological Therapies Waiting Times Standard by March 2023
- 3.2 Trajectory Towards Clearing the Historic Backlog on Waiting List by 31st March 2023
- 3.3 Anticipated Impact of the Transformation of Mental Health & Learning Disability Services in Tayside

4.0 DIRECTOR LEVEL PROFESSIONAL LEAD

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1.0 BACKGROUND

1.1 Scope

Tayside Area Psychological Therapies Service provides a full range of clinical psychology services and other psychological services to alleviate psychological distress and promote the psychological well-being of the people of Tayside. This includes not only mental health problems but also the application of psychological approaches to a range of health issues including health related behaviour change and the psychological factors relating to physical ill-health. In addition to direct individual (and group) psychological assessment and treatment, psychologists also have a major consultative role, provide teaching and supervision for others employed in psychological interventions, provide specialist advice and support to carers and support relevant research and service evaluation. The aim of all of these services is to reduce psychological distress and to enhance psychological and physical well being for patients, families and carers of Tayside.

The population of Tayside is approximately 416,090. Specialist psychological services are provided across the whole of Tayside in all ranges of community and hospital settings, in both acute and primary divisions and across all age groups. In addition, there is also a cross boundary, supra-regional Exceptional Aesthetic Service covering Tayside and Fife. The Service also provides input to the North of Scotland Forensic Service based at the Rohallion Clinic and to the North of Scotland Young Peoples Inpatient Unit.

1.2 Specialties

- Adult Mental Health (including care for severe and or enduring mental illness)
- Adult Psychological Therapies (including primary care)
- Learning Disabilities
- Older Adults
- Health Psychology (including pain clinic, blood borne virus and general physical health)
- Neuropsychology
- Forensic
- Eating Disorders
- Substance Misuse Service
- Child and Adolescent
- Computerised CBT
- Forensic Court Service
- Prisoner Healthcare
- Dundee Women's Aid
- Perinatal & Neonatal Psychological Therapies
- Tayside Staff Wellbeing Service

1.3 Staff

The service comprises a range of staff with the following professional skill mix:

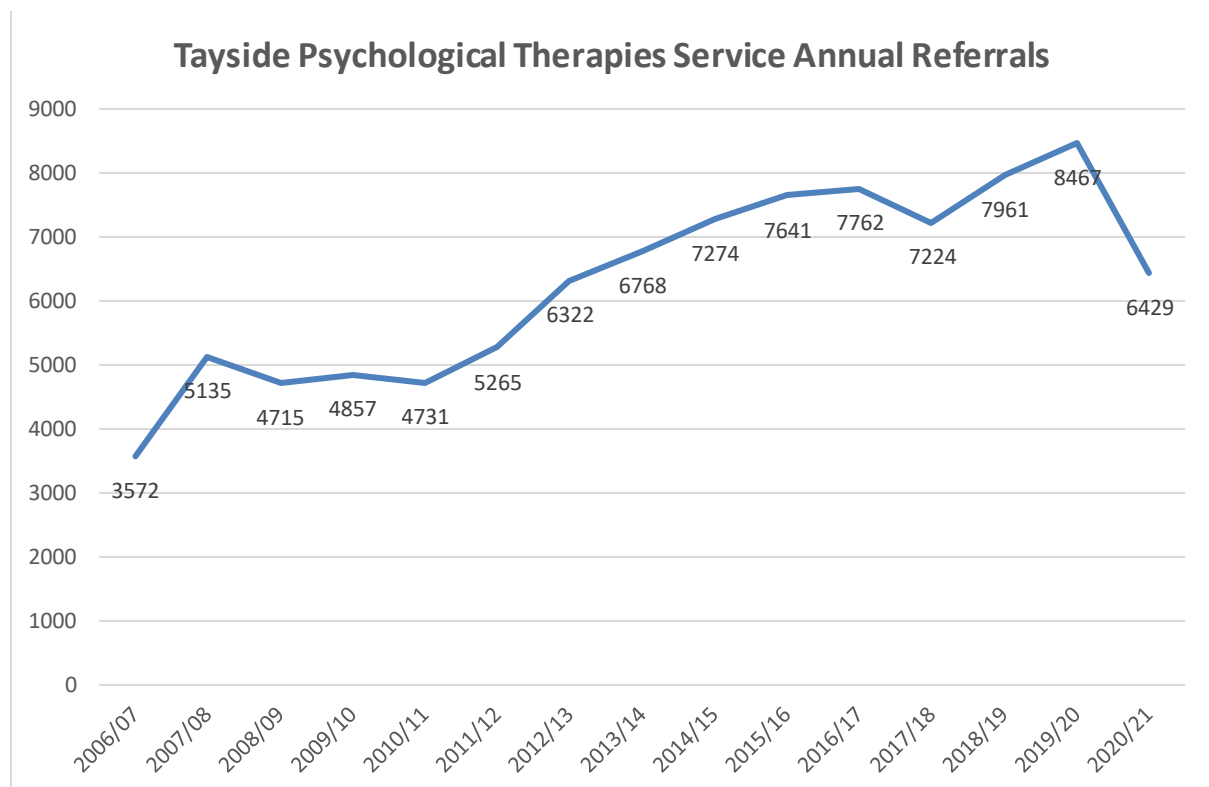
- 11 (10.6 wte) Consultant Clinical Psychologists, mainly Lead Clinicians/Heads of Specialty, plus
- 114 (81.66 wte) Clinical Psychologists (incl. Forensic & Neuropsychologist)
- 36 (31.55) Clinical Associates in Applied Psychology
- 7 (6.2 wte) Accredited Therapists
- 11 (10.2 wte) Assistant Psychologists

- 12 (12.0 wte) Doctoral Trainee Clinical Psychologists
- 4 (4.0 wte) Masters Trainee Psychological Therapists in Primary Care
- 1 (1.0 wte) Health Psychologists in Training
- 1 (0.3 wte) Local Area Development Tutor for applied psychology
- 25 (18.1 wte) Secretarial and support staff who come under the management and budgetary remit of this post

1.4 Annual Referral Rate

Figure 1 presents the annual referral rate by specialty for the years 2006/07 through to 2020/21. The trend has been a steady rise in referrals over this period with a drop in referrals noted for the period 2020/21 as a result of the Covid pandemic. The reduction in referrals for period 2020/21 represents a 24% fall in number of referrals in comparison to 2019/20.

FIGURE 1 (1st April – 31st March)

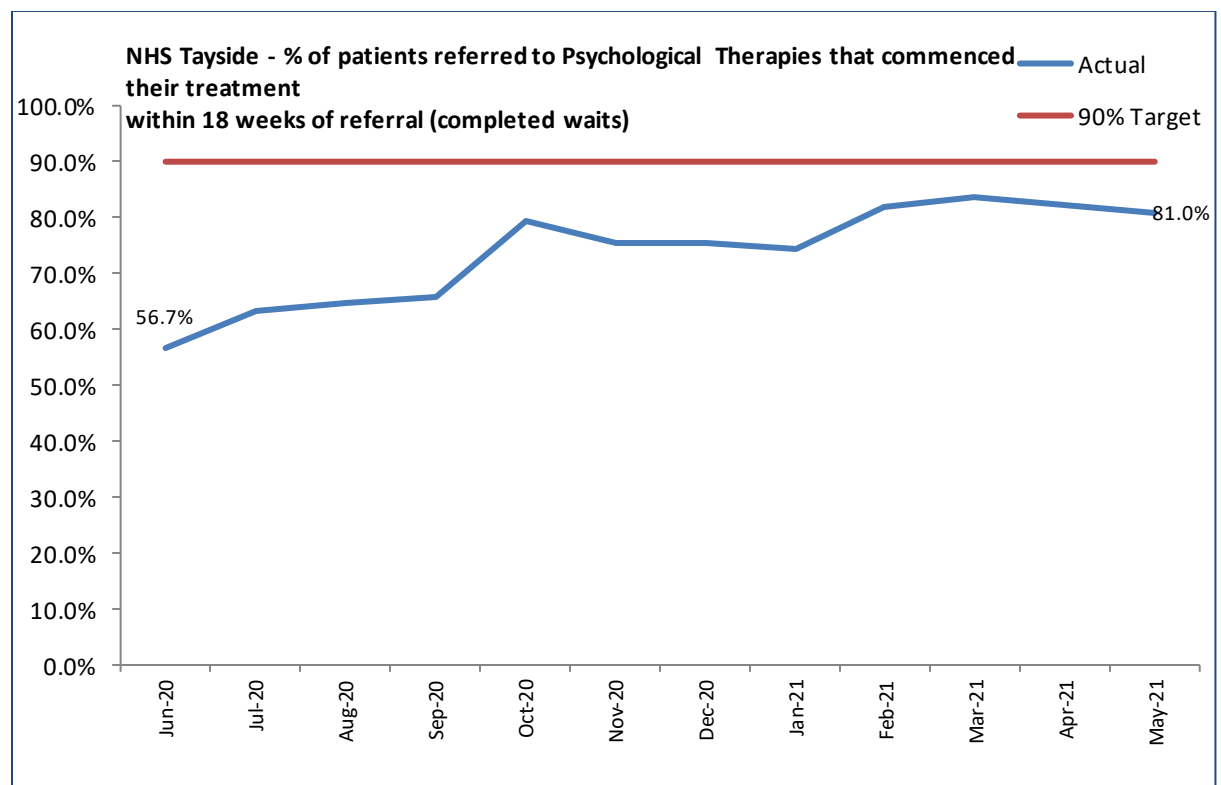


1.5 Psychological Therapies – 18 week access standard

Figure 2 presents a steady improvement in the percentage of patients who commenced treatment within 18 weeks for the period June 2020 up until May 2021. However, this is an amalgamation of all data for the entire service and does not illustrate performance in relation to demand, activity and queue.

FIGURE 2

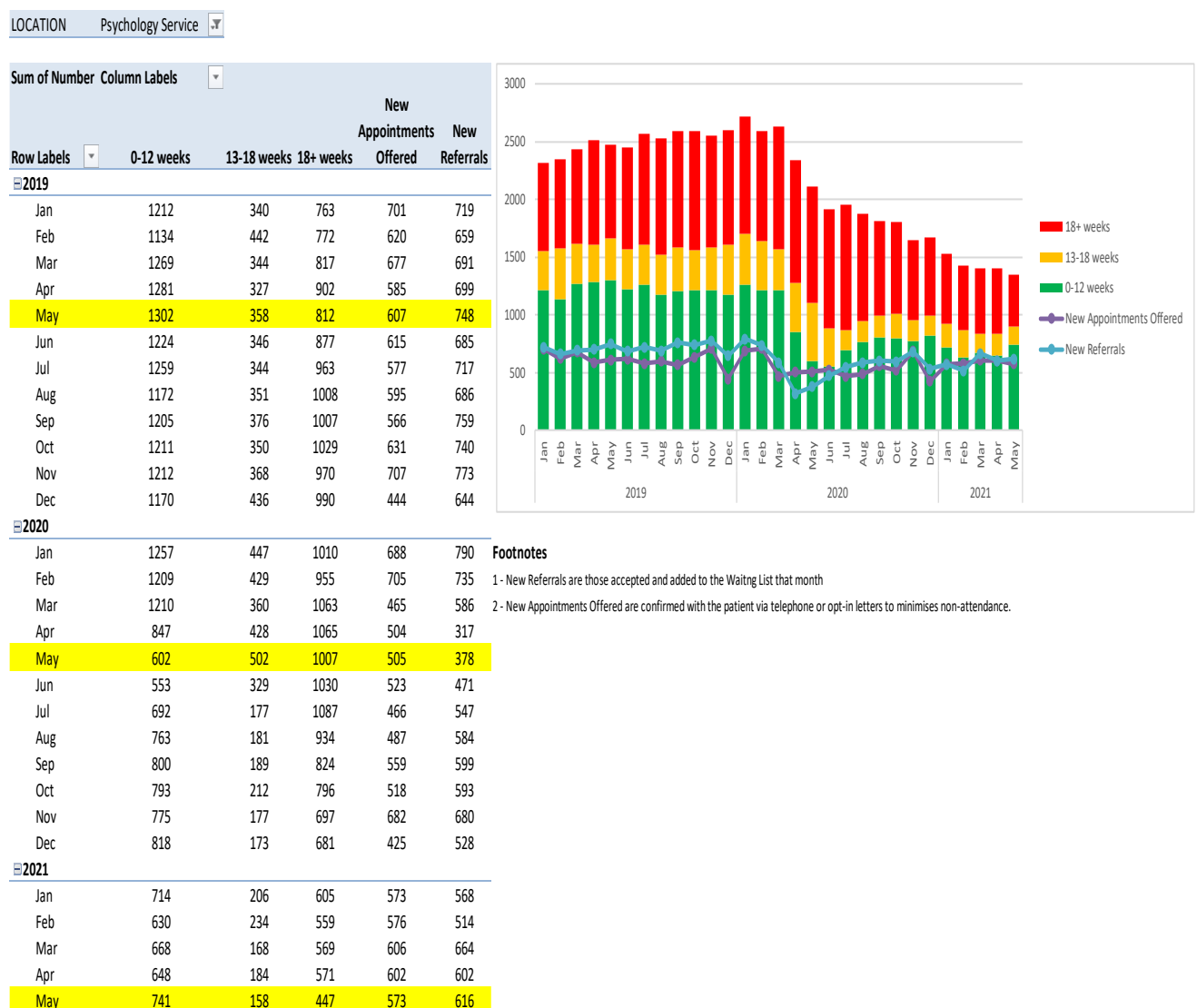
Psychological Therapies – 18 weeks access standard
The % of patients who commenced treatment within 18 weeks of referral



1.6 Demand, Activity and Queue for Psychology Service

Figure 3 illustrates the continued activity of the service with a slight dip in number of new appointments offered during the period March to October 2020. The reduction in the number of referrals over the period April 2020 to June 2020 is also noteworthy. In general from January 2021 there has been a small and steady increase in the number of new referrals and new appointments offered. Figure 3 also shows the overall reduction in numbers of patients waiting to be seen and the percentage of patients in each of the following categories: 0-12 weeks, 13-18 weeks and 18+ weeks.

Demand, Activity and Queue for Psychology Service



1.7 Waiting Times by Specialty – May 2020 and May 2021

Table 1 illustrates waiting times as at end of May 2020. At this time a total of 2111 patients were waiting to be seen with 1007 patients waiting beyond 18 weeks.

Service Name - Consultant Name or Staff Name	NHS Tayside Psychological Therapies Service								Month Ended	May-20						
	Number of Patients Waiting and Length of Wait (Weeks) - ie: column 6-12 means the number of patients waiting over 6 weeks and up to, but not in excess of, 12 weeks.											New Referrals Received	Patients Discharged (seen)	Patients Discharged (unseen)	Total No of new appointments offered	
LOCATION	0 - 6 weeks	6 - 12 weeks	12 - 15 weeks	15-18 weeks	18-22 weeks	22-26 weeks	26-52 weeks	over 52 weeks	Total Waiting (formula-driven)	Total over 18 weeks	Longest Wait (weeks)	Total for current month			Total for current month	
Dundee Adult Psychological Therapies Service	74	73	79	97	115	89	277	0	804	481	50	64	42	25	84	
Dundee CP to CMHT Alloway	6	11	6	10	7	9	26	10	85	52	73	7	6	11	11	
Dundee CP to CMHT Wedderburn	10	6	13	6	2	3	27	15	82	47	70	14	3	2	3	
Angus Adult Psychological Therapies Service	29	31	30	34	27	37	73	0	261	137	45	20	22	33	44	
Angus CP to CMHT	9	6	1	1	0	0	3	0	20	3	30	7	4	1	27	
Perth Adult Psychological Therapies Service	42	94	66	68	39	24	7	0	340	70	32	37	27	15	61	
Perth CMHT (North)	4	1	0	0	0	0	0	0	5	0	10	4	3	1	2	
Perth City CMHT	8	1	1	2	0	0	0	0	12	0	18	8	2	0	5	
Perth CMHT (South)	1	2	1	0	0	0	0	0	4	0	13	1	0	2	0	
Perth GAP Rehab	2	0	0	0	0	0	0	0	2	0	3	2	2	0	2	
Eating Disorder Service	4	0	0	0	0	0	0	0	4	0	6	1	2	1	1	
Addictions	1	7	3	0	0	0	0	0	11	0	14	0	3	0	1	
Clinical Health Psychology (including Bariatric & HIV)	16	22	1	1	0	1	0	0	41	1	26	14	8	3	32	
Clinical Health Psychology (Exceptional Aesthetic Referral Service)	1	9	2	9	9	4	1	0	35	14	35	4	0	0	0	
Clinical Health Psychology (Adult Weight Management)	1	0	3	1	1	2	26	2	36	31	53	1	3	9	12	
Learning Disabilities	6	13	10	7	10	8	32	0	86	50	47	3	1	1	21	
Neuropsychology	31	28	18	18	11	8	35	58	207	112	104	31	40	7	52	
Older People (Dundee)	9	2	2	1	1	0	0	0	15	1	19	4	10	0	0	
Older People (Angus)	10	8	4	5	7	0	0	0	34	7	20	6	8	2	9	
Older People ((Perth)	4	7	2	0	1	0	0	0	14	1	18	2	4	1	3	
Secure Care - Forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Forensic - Court	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Beating the Blues (including Silvercloud cCBT referrals)	13	0	0	0	0	0	0	0	13	0	4	148			135	
Survive & Thrive Project									0	0						
Total									2111	1007		378	190	114	505	

Table 2 illustrates waiting times as at end of May 2021. At this time a total of 1346 patients were waiting to be seen with 447 patients waiting beyond 18 weeks. In comparison to May 2020, of note are reductions in the number of patients waiting to be seen for Neuropsychology, Learning Disabilities, Adult Weight Management, Perth Adult Psychological Therapies, Angus Adult Psychological Therapies and Dundee Adult Psychological Therapies. However, there was a deterioration in waiting times for Perth City CMHT due to staff vacancies and Clinical Health Psychology Exceptional Aesthetic Service due to the cessation of surgery. Furthermore, Dundee Adult Psychological Therapies Service and Dundee CMHT Alloway and CMHT Wedderburn continue to have excessive waits due to staff shortages.

Service Name - Consultant Name or Staff Name	NHS Tayside Psychological Therapies Service								Month Ended	May-21						
	Number of Patients Waiting and Length of Wait (Weeks) - ie: column 6-12 means the number of patients waiting over 6 weeks and up to, but not in excess of, 12 weeks.											New Referrals Received	Patients Discharged (seen)	Patients Discharged (unseen)	Total No of new appointments offered	
LOCATION	0 - 6 weeks	6 - 12 weeks	12 - 15 weeks	15-18 weeks	18-22 weeks	22-26 weeks	26-52 weeks	over 52 weeks	Total Waiting (formula-driven)	Total over 18 weeks	Longest Wait (weeks)	Total for current month			Total for current month	
Dundee Adult Psychological Therapies Service	123	84	32	28	44	22	49	40	422	155	103	82	36	1	103	
Dundee CP to CMHT Alloway	2	2	1	0	3	2	17	60	87	82	125	2	5	0	0	
Dundee CP to CMHT Wedderburn	6	0	3	1	2	4	32	68	116	106	122	0	0	0	0	
Angus Adult Psychological Therapies Service	54	4	1	0	1	1	1	0	62	3	32	49	45	3	54	
Angus CP to CMHT	11	5	1	2	1	1	0	0	21	2	26	6	0	0	7	
Perth Adult Psychological Therapies Service	111	91	44	5	0	0	0	0	251	0	17	96	49	15	62	
Perth CMHT (North)	2	0	0	0	0	5	0	0	7	5	26	2	0	0	0	
Perth City CMHT	10	14	7	10	11	5	0	0	57	16	31	7	2	0	4	
Perth CMHT (South)	1	1	0	1	0	1	0	0	4	1	22	1	2	0	1	
Perth GAP Rehab	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Eating Disorder Service	15	0	0	0	0	0	0	0	15	0	6	21	7	2	11	
Addictions	4	0	0	0	0	0	0	0	4	0	10	6	3	0	3	
Clinical Health Psychology (including Bariatric & HIV)	28	7	1	0	0	0	0	0	36	0	12	22	10	0	13	
Clinical Health Psychology (Exceptional Aesthetic Referrals)	2	0	0	0	0	0	14	29	45	43	87	1	0	0	1	
Clinical Health Psychology (Adult Weight Management)	0	0	0	0	0	0	0	0	0	0	0	0	2	0	3	
Learning Disabilities	21	9	3	3	3	1	3	0	43	7	33	17	6	1	20	
Neuropsychology	34	19	4	5	2	1	6	4	75	13	62	47	61	4	40	
Older People (Dundee)	8	7	0	0	0	0	0	0	15	0	11	10	11	1	7	
Older People (Angus)	17	6	1	0	2	0	3	1	30	6	56	16	9	0	5	
Older People ((Perth)	15	7	4	0	0	2	6	0	34	8	41	9	7	0	5	
Secure Care - Forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Forensic - Court	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Beating the Blues (including Silvercloud cCBT referrals)	5	0	0	0	0	0	0	0	5	0	4	232			227	
IESO Referrals (wait calculated from date of referral into APTs until date triaged for IESO treatment)	6	10	1	0	0	0	0	0	17	0	13	11			8	
Survive & Thrive Project	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total									1346	447		637	255	27	574	

2. CAPACITY MODEL ASSUMPTIONS

2.1 Average Number of Appointments to Discharge - November 2017 to December 2020 and Average Capacity

- For the period Nov 17 to Dec 20 the mean and median appointments offered and the mean and median appointments attended were calculated for those patients discharged by specialty.
- Table 3 illustrates this data. The means and medians are calculated excluding patients who attended 2 or less appointments in order not to artificially lower the mean/medians due to lack of engagement.
- The average number of appointments per patient offered to discharge across the entire service is 10.
- Average capacity for a 1.0wte member of staff is 6 clinical sessions per week with 3 appointments per session based on a 42 week working year.

TABLE 3

Tayside Psychology Service Number of Appointments to Discharge November 2017 to December 2020

Specialty/Locality	Number of Referrals	Appointments Offered		Appointments Attended	
		Mean	Median	Mean	Median
Adult Psychological Therapies	4991	9.6	8	7.8	6
Clinical Neuropsychology	250	8.1	6	6.9	5
Clinical Psychology	1636	7.9	6	6.5	4
Clinical Psychology - CAMHS*	522	12.7	9	10.6	7
Clinical Psychology - Health	893	8.2	7	6.3	5
Clinical Psychology - Older People					
Psychology Service	510	8.9	6	8.1	6
Dundee Community Mental Health					
East Team	88	12.6	8	8.8	5
Dundee Community Mental Health					
West Team	23	16.6	16.5	13.0	12
General Psychiatry - Perth City CMHT	53	9.9	8	7.5	6
Learning Disability	244	13.6	5.5	11.2	5
Survive and Thrive*	5	6.2	4	3.8	2
Tayside Adult Autism Consultancy					
Team	11	7.1	5	4.6	4
Tayside Eating Disorder Service	89	19.7	14	15.1	10
Tayside Substance Misuse - Dundee	8	8.4	7	8.4	7
Tayside Substance Misuse Angus					
(AIDARS)	2	5.5	5.5	4.0	4
Tayside Substance Misuse Service	7	7.7	6	4.9	5
Psychological Therapies Service	8805	9.3	7	7.6	6

- Data is for Discharged Patients only (includes Active Monitoring)
- Contains Discharged Patients offered more than 2 appointments to avoid artificially lowering mean/median due to lack of engagement
- Tayside moved to using TrakCare as the main Patient Administration System for the Psychology Service in July 2017. Data prior to November 2017 is considered unreliable or unavailable for this analysis

* These Specialties are excluded from the calculations as they do not contribute to the Psychological Therapies Service Referral to Treatment Standard

2.2 Staffing Complement for Entire Service

The staffing complement for the service is illustrated in Table 4

TABLE 4

TAYSIDE PSYCHOLOGICAL THERAPIES SERVICE – STAFFING COMPLEMENT 23 June 2021

Specialty	Wte Establishment	Vacancy Factor	Maternity Leave
Angus Psychological Therapies Service	12.9	3.3	0
Angus CMHT	2.8	1.4	0
Dundee Psychological Therapies Service	15.6	2.6	0.4
Dundee PALMS	3.7	3.0	0.4
Dundee CP to GAP	5.1	2.1	0.8
Perth Psychological Therapies Service	10.05	0.6	1.7
Perth CMHT / Rehab	2.5	1.6	0
Adult In-Patient Services	4.0	4.0	0
CAMHS	23.0	0	1.3
Forensic Secure Care	6.0	0	1.0
Health Psychology	13.1	3.0	2.0
Learning Disability Service	10.1	0.6	0
Learning Disability Service – In Patient MH	2.5	2.5	0
Neuropsychology	8.3	0	0.4
Neuropsychology – Trauma Service	2.1	1.5	0
Older Peoples Service	9.16	1.0	2.0
Tayside Eating Disorders	1.5	0	0
Tayside Substance Misuse Service	4.4	0	0
Dundee Women's Aid	0.8	0	0
University Teaching	0.4	0	0
Prison Healthcare	1.0	1.0	0
Forensic Court	0.7	0	0
cCBT	0.3	0	0
NES (LADT,PTTC, Trauma)	0.9	0.6	0
Perinatal, Maternity & Neonatal PTS	2.6	1.3	0
Tayside Staff Wellbeing Service	1.3	0	0
Director of Psychology	1.0	0	0
Deputy Director of Psychology	0.2	0.1	0
Total	146.01	30.2	10.0

A number of the above specialties do not contribute to the adult 18 week referral to treatment target. These include: Dundee PALMS, CAMHS, Dundee Women's Aid, cCBT, NES, and Tayside Staff Wellbeing. Similarly the resource devoted to University Teaching and the Director and Deputy Director roles do not contribute. Finally, the Prison Healthcare, Neuropsychology, Trauma Service, Learning Disability Inpatient Service and Perinatal Service have only recently been advertised/appointed to and these services have yet to be established. These latter services have been removed from the current capacity modelling exercise as illustrated in Table 5.

2.3 Patient Focused Staffing Complement

Table 5 illustrates the patient focused staffing complement as at 23rd June 2021. Of note are the 17.2wte vacancies and 8.3wte maternity leave.

PATIENT FOCUSED STAFFING COMPLEMENT as at 23 June 2021				
Specialty	Wte Establishment	Vacancy Factor	Maternity Leave	Staff in Post
Angus Psychological Therapies Service	12.9	3.3		9.6
Angus CMHT	2.8	1.4		1.4
Dundee Psychological Therapies Service	15.6	2.6	0.4	12.6
Dundee CP to GAP	5.1	2.1	0.8	2.2
Perth Psychological Therapies Service	10.05	0.6	1.7	7.75
Perth CMHT / Rehab	2.5	1.6	0	0.9
Forensic Secure Care	6	0	1	5
Health Psychology	13.1	3	2	8.1
Learning Disability Service	10.1	0.6		9.5
Neuropsychology	8.3	0	0.4	7.9
Older Peoples Service	9.16	1	2	6.16
Tayside Eating Disorders	1.5	0		1.5
Tayside Substance Misuse Service	4.4	0		4.4
Prison Healthcare	1	1		0
Forensic Court	0.7	0		0.7
Total	103.21	17.2	8.3	77.71
Footnotes				
1 - Excludes existing services that do not take patients from Psychological Therapies Waiting List relating to the Referral to Treatment Standard.				
2 - Excludes new established services, staff awaiting to be appointed. To be incorporated once services are fully established.				

2.4 Additional Assumptions

- Trajectory modelling is based on the assumption that all 17.2wte vacancies will be appointed to. Of these, 2.0wte will be filled in August 2021 and the remaining 15.2wte filled in December 2021.
- The model can be amended to reflect delays in the appointment process, however this will affect either the time to achieve the referral to treatment target or the number of additional staff required to achieve target deadline of March 2023.
- It is also assumed that the current rate of maternity leave of 8.3wte will continue at approximately the same level.
- In addition, it is assumed that there will be a 10% increase in referral rate based on 2019 monthly returns. This figure is based on the historic annual increase in referral rate of approximately 5% plus a 5% increase as a result of the pandemic. **This 5% increase for the effects of the pandemic risks being a conservative under-estimate and should the Government be accepting a higher predicted increase than this, we would wish to adjust our model accordingly.**

- The most recent trend in referrals in the period from April 2021 to July 2021 is upward beyond the pre-COVID baseline at a rate of increase between 35%-62%. Should this prove to be consistent over coming months, the above trajectories will certainly need to be adjusted.
- It is also assumed that the majority of staff to be appointed will target the longest waiters.
- The most recent data available detailing service position of May 2021 has been used as the start point for these trajectories.

3. TRAJECTORY MODELLING

3.1 Trajectory Towards Meeting the Psychological Therapies Waiting Times Standard by 31st March 2023

Table 6 illustrates that with the appointment to all existing vacancies an additional 7.0wte Applied Psychology staff will be required.

It is assumed that these 7.0wte will be in post and patient focused by December 2021. This model predicts that 964 patient will be on the waiting list as at March 2023, with 65 waiting over 18 weeks.

Indicative costs: 7.0wte Band 8a Applied Psychologists (including on costs) = £480,409 (20/21 AfC rates)

2.0wte Band 3 Secretarial/Support Staff (including on costs) = £87,243 (20/21 AfC rates)

Service/Specialty Name

Tayside Psychology Service



		May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
New Appointments Offered 2019		573	615	577	595	566	631	707	444	701	620	677	585	607	615	577	595	566	631	707	444	701	620	677
Projected Capacity			682	640	660	628	700	784	493	778	688	751	649	673	682	640	660	628	700	784	493	778	688	751
Projected Lost Capacity			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Groups			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vacancies filled - Currently Advertised	2		0	0	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Vacancies filled - To be Advertised	15.2		0	0	0	0	0	0	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
Additional WTE Posts Required	7		0	0	0	0	0	0	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44
Total New Patients Seen			682	640	672	640	712	796	644	929	839	902	800	824	833	791	811	779	851	935	644	929	839	902
New Referrals Received 2019		616	685	717	686	759	740	773	644	719	659	691	699	748	685	717	686	759	740	773	644	719	659	691
Percentage Expected Rejection	0.0%		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patients added to WL			685	717	686	759	740	773	644	719	659	691	699	748	685	717	686	759	740	773	644	719	659	691
Anticipated %age increase Phase 1	10.0%				69	76	74	77	64	72	66	69	70	75	69									
Anticipated %age increase Phase 2	10.0%															72	69	76	74	77	64	72	66	69
Percentage Drop-out Pre-Treatment	0.0%		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total for Treatment			685	717	755	835	814	850	708	791	725	760	769	823	754	789	755	835	814	850	708	791	725	760
Queue (up to 18 weeks)		899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899
Queue (over 18 weeks)		447	450	527	609	804	906	960	1025	887	773	631	600	599	519	517	460	516	479	394	459	321	207	65
Total Queue		1346	1349	1426	1508	1703	1805	1859	1924	1786	1672	1530	1499	1498	1418	1416	1359	1415	1378	1293	1358	1220	1106	964

SERVICE IN BALANCE

-3 -77 -83 -195 -102 -54 -65 138 114 142 31 2 80 2 56 -56 37 85 -65 138 114 142

3.2 Trajectory Towards Clearing the Historic Backlog on the Waiting List by 31st March 2023

Table 7 illustrates with the appointment to all existing vacancies an additional 17.0wte Applied Psychology staff will be required. It is assumed that these 17.0wte will be in post and patient focused by December 2021. This model predicts that there will be no patients waiting to be seen as at 23rd December 2023. In effect, there will be a small amount of excess capacity amounting to the equivalent of 44 patient treatments.

Indicative costs: 17.0wte Band 8a Applied Psychologists (including on costs) = £1,167,679 (20/21 AfC rates)
5.0wte Band 3 Secretarial/Support Staff (including on costs) = £145,405 (20/21 AfC rates)

Service/Specialty Name

Tayside Psychology Service

Public Health Scotland

publichealthscotland.scot

@P_H_S_Official

@publichealthscotland

		May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
New Appointments Offered 2019		573	615	577	595	566	631	707	444	701	620	677	585	607	615	577	595	566	631	707	444	701	620	677
Projected Capacity			682	640	660	628	700	784	493	778	688	751	649	673	682	640	660	628	700	784	493	778	688	751
Projected Lost Capacity			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Groups			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vacancies filled - Currently Advertised	2		0	0	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Vacancies filled - To be Advertised	15.2		0	0	0	0	0	0	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
Additional WTE Posts Required	17		0	0	0	0	0	0	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107
Total New Patients Seen			682	640	672	640	712	796	707	992	902	965	863	887	896	854	874	842	914	998	707	992	902	965
New Referrals Received 2019		616	685	717	686	759	740	773	644	719	659	691	699	748	685	717	686	759	740	773	644	719	659	691
Percentage Expected Rejection	0.0%		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patients added to WL			685	717	686	759	740	773	644	719	659	691	699	748	685	717	686	759	740	773	644	719	659	691
Anticipated %age increase Phase 1	10.0%				69	76	74	77	64	72	66	69	70	75	69									
Anticipated %age increase Phase 2	10.0%															72	69	76	74	77	64	72	66	69
Percentage Drop-out Pre-Treatment	0.0%		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total for Treatment			685	717	755	835	814	850	708	791	725	760	769	823	754	789	755	835	814	850	708	791	725	760
Queue (up to 18 weeks)		899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	792	785	685	537	539	338	161	-44
Queue (over 18 weeks)		447	450	527	609	804	906	960	962	761	584	379	285	221	78	13	0	0	0	0	0	0	0	0
Total Queue		1346	1349	1426	1508	1703	1805	1859	1861	1660	1483	1278	1184	1120	977	912	792	785	685	537	539	338	161	-44
SERVICE IN BALANCE			-3	-77	-83	-195	-102	-54	-2	201	177	205	94	65	143	65	119	7	100	148	-2	201	177	205

For both of the above models additional staff requirement is based on wte permanent posts. Recruiting to temporary/fixed-term posts will not guarantee staff retention for the entirety of the required timescale.

3.3 Anticipated Impact of the Transformation of Mental Health & Learning Disability Services in Tayside

NHS Tayside & the three HSCPs have committed to a significant improvement agenda as set out in documents such as “Listen, Learn, Change” and the recently published 5 year mental health strategy for Tayside “Living Life Well” which supplements the three local HSCP strategies. The clinical transformation of wider mental health and learning disability services is going to be highly dependent on the availability of timely psychological interventions: be that high intensity interventions delivered by psychological therapy staff, the supervision of other staff delivering lower intensity interventions or through leadership of key clinical workstreams and pathways. Where the core interventions being offered are psychological in nature, it is right that service users can expect these to be subject to the same 18 week referral to treatment targets as the services outlined above.

There are two key priority areas for development where wider services do not currently report specifically through psychological therapies: services for people with Emotionally Unstable Personality Disorder (EUPD) and services for people experiencing Neurodevelopmental Disorder. Those with EUPD are largely seen in CMHT settings and those with Neurodevelopmental Disorders seen either in CMHT settings or by the Tayside Adult Autism Conditions Team (TAACT). These clinical presentations are a major contributing factor to existing waiting times for psychology within CMHT settings and the TAACT team currently has 353 people waiting with a longest wait of 139 weeks; most of whom require an active psychological component to their care.

The National recognised shortage of Consultant Psychiatrists and more local challenges where some services are almost entirely dependent on Locum staff, requires that services start to deliver care and treatment in very different ways.

The other priority area that merits highlighting is the drive towards the provision of gendered services as part of the Government strategy for trauma informed care. Work undertaken locally within The Aspen Project (funded initially with Tampon Tax Funding) has demonstrated that there is a population of women with significant need for high intensity psychological interventions that are unable to access these through psychological therapies services delivered through conventional out-patient models. This hidden group is therefore not captured within the referral rates outlined above.

To be able to address the above three key issues and avoid a situation where any improvements in waiting times are ‘cancelled’ by the better recognised needs of these three key groups, the following further investment is required. This is supplementary to staff already deployed within existing teams to these clinical areas.

EUPD:	2.3 wte Band 8a	3.0 wte Band 8b	1.0 wte Band 8d	1.0 Band 3
Neurodev	2.5 wte Band 8a		1.0 wte Band 8c	0.5 Band 3
Gendered Services	5.0 wte Band 8a			0.6 Band 3
Indicative Costs (including On costs)	£673,132	£254,757	£221,678	£62,582

Total Additional Cost £1,212,149

4.0 DIRECTOR LEVEL PROFESSIONAL LEAD

A Director of Psychology Professional Lead currently exists for all the aforementioned posts. This post is held by Professor Kevin Power. A separate Multidisciplinary Adult Psychotherapy Service also exists with Dr Michelle Ramage as Clinical Lead. These two services co-exist and are hosted within the Dundee Health and Social Care Partnership. The two services share clinical governance processes within the framework of the Psychological Therapies Clinical Care and Professional Governance Group.

The Director of Psychology postholder is retiring as of 31st October 2021. As part of a range of priority work streams to continue transforming Mental Health Services in Tayside, further strategic planning is programmed which will revisit existing leadership arrangements.

For the purposes of this document, it is recognised that there needs to be an increase in the senior leadership capacity within psychological therapies in Tayside. The increased staff represented in this document equates to a 19% increase in qualified staff numbers with only two posts highlighted (Section 3.3) as having clinical and leadership components.

It is envisaged that the Director requires to be supported by 1.0 wte Band 8d Deputy Director post (currently 0.2 wte) at an **additional** cost of £95,604.

Professor Kevin Power
Consultant Clinical Psychologist
Director of Psychology

Iain Schreuder
Senior Information Analyst
Public Health Scotland

5th July 2021

Service Delivery Plan

for

Psychotherapy Services

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1.0 DEFINING THE MAPS SERVICE DELIVERY PLAN

1.1 Introduction

The purpose of this Service Delivery Plan is to review the staffing requirements of the Multidisciplinary Adult Psychotherapy Service (hereafter referred to as 'the MAPS') in the context of longer-term demand and capacity information; waiting time target challenges; the impact of the pandemic on service delivery and details of additional capacity requirements in response to the Scottish Government: Mental Health Recovery and Renewal Fund (March 2021).

2.0 ORGANISATION OF PSYCHOTHERAPY SERVICES

Psychotherapy Services are hosted within the Dundee Health & Social Care Partnership and provide services across the three HSCPs and NHS Tayside. Psychotherapy Services are organised into two services – the Multidisciplinary Adult Psychotherapy Service (MAPS) and Veterans First Point Tayside (V1PT). This document will focus specifically on MAPS as Veterans First Point Tayside is currently (and has historically) been able to offer consistent accessibility to users of the service and achieve waiting time targets.

3.0 SUMMARY OF MAPS

3.1 The clinical service

MAPS is a multidisciplinary psychotherapy service comprised of consultant psychiatrists in psychotherapy (also referred to as medical psychotherapists), clinical and counselling psychologists and adult psychotherapists who possess core qualifications in other mental health professions (mental health nursing and mental health social work) in addition to accreditation in a number of different therapeutic approaches.

MAPS was specifically created to provide a range of evidence-based psychotherapies to people experiencing complex, severe and/or enduring mental health problems. That is, sitting alongside Tier 3 services. The service offers consultation, assessment and/or psychotherapy treatment which is generally longer term – with patients routinely receiving 40 treatment sessions on average. MAPS is currently organised into three clinical pathways as outlined below and accepts referrals from the Community Mental Health Teams (also at level 3) and Adult Psychological Therapy Services (at level 2).

Pathway 1: Severe and/or enduring depressive disorder;

Pathway 2: Anxiety disorders;

Pathway 3: Trauma-related disorders.

3.2 The role of teaching and training for medical staff

In addition to the clinical role of the service, MAPS has responsibility for contributing to junior doctor and higher trainee education in psychotherapy. One team member is the Local Tutor for psychotherapy education with the Royal College of Psychiatrists and leads the local co-ordination of psychotherapy placements, teaching and clinical supervision with the support of a part-time (locum) medical psychotherapist.

Working across the Tayside region (Angus, Dundee and Perth), the team currently employs 9.2 WTE clinical staff – see Figure 1 and Table 1.

Figure 1: Multidisciplinary Adult Psychotherapy Service

Hosted within the Dundee Health and Social Care Partnership – managed by Arlene Mitchell (Locality Manager) and clinically-led by Linda Graham (Consultant Clinical Psychologist and Clinical Lead, DHSCP).

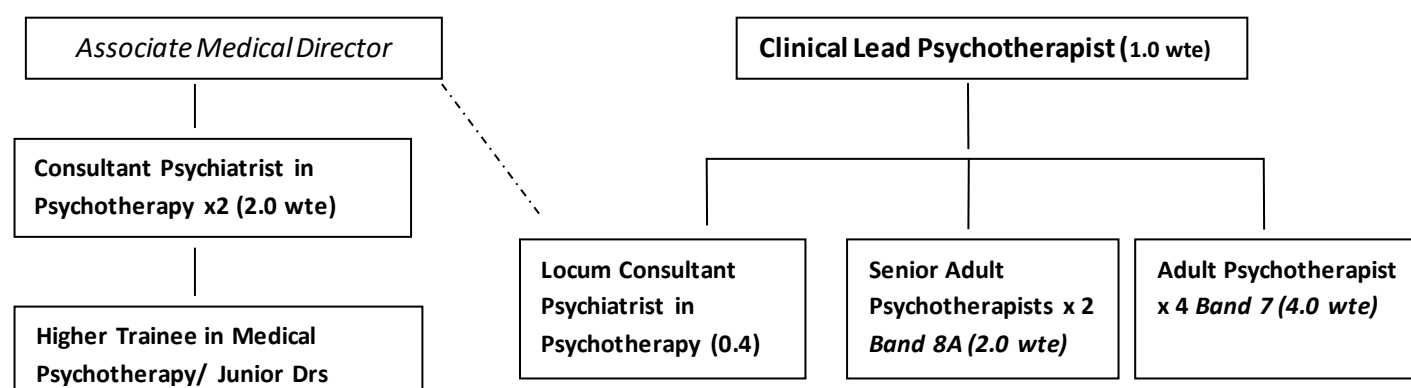


Table 1: Current Staff Team

PROFESSIONAL TITLE	WTE/WORK BASE	FURTHER DETAILS
Clinical Lead Psychotherapist	(1.0; 0.4 clinical) Dundee	Clinical and leadership roles for MAPS and V1PT
Consultant Psychiatrist in Psychotherapy	(0.4; 0.2 clinical), Dundee	Retired from NHST in July 2019 – now offering 0.4 wte sessions per week. 0.2 clinical; 0.2 medical teaching, training and supervision (Psychodynamic)
Consultant Psychiatrist in Psychotherapy	(1.0; 0.4 clinical) Perth, Dundee	Responsible for Higher/Core training in medical psychotherapy (CBT). 0.4 wte sessions for clinical work
Consultant Psychiatrist in Psychotherapy	(1.0) Perth	Retires in August 2021. Does not take patients from the MAPS waiting list for demand and capacity purposes.
Senior Adult Psychotherapist	(1.0) Perth	Therapy provision MAPS
Senior Adult Psychotherapist/Clinical Psychologist	(1.0) Perth	Therapy provision MAPS
Adult Psychotherapist	(0.4) Dundee	Therapy provision MAPS
Adult Psychotherapist/Counselling Psychologist	(1.0) Perth	Therapy provision MAPS
Adult Psychotherapist	(1.0) Perth	Supports medical training via the Balint Group; therapy provision MAPS
Adult Psychotherapist	(1.0) Angus and Dundee	From Nov 2020, reduced to 35 hours per week. Therapy provision MAPS

Number of Clinicians – 8.8 WTE

Available clinical sessions – 6.4 WTE

4.0 RELEVANT BACKGROUND INFORMATION.

4.1 Developing a Multidisciplinary Team

The MAPS service was developed to support the needs of citizens across Tayside with chronic and complex mental health conditions. An attempt to find a similar service within Scotland was unsuccessful, largely as MAPS was designed from its inception to be evidence-based and responsive to local needs. Each area in Scotland has different means of providing psychological therapies or psychotherapy. These are not usually based in a single Psychotherapy Department. Psychotherapy Departments across Scotland are commonly Psychodynamic Psychotherapy departments. Other modalities are often scattered between services.

Since the Service's inception in 2006, MAPS has operated within a multidisciplinary framework. The team was configured on the basis of matching psychotherapeutic modality to each of the clinical pathways for which it had an evidence-base. Thus qualification and expertise in one or more of the evidence-based psychotherapies was required. Examples of psychotherapies offered include: Cognitive Behavioural Psychotherapy (CBT); Psychodynamic Psychotherapy and various Integrative psychotherapies such as Eye Movement Desensitisation and Reprocessing (EMDR); Cognitive Analytic Therapy (CAT); Cognitive Behavioural Analysis System of Psychotherapy (CBASP); Dialectical Behaviour Therapy (DBT), Interpersonal Psychotherapy (IPT) and Schema-Focused Psychotherapy (SFP).

MAPS staffing was originally (broadly) based on Royal College of Psychiatrists guidelines on the number of medical psychotherapists per 100,000 population. At the time, the population size was approximately 390,000; therefore 3.9 wte medical psychotherapists were initially planned. Given the national challenges (then and now) in recruiting "medical support staff" which would usually be provided at a ratio of 2-1 consultant time (7.8), senior non-medical psychotherapist posts were created instead.

In summary, from available information the initial MAPS team was comprised of: 3.0 wte consultant psychiatrists in psychotherapy and 4.0 wte senior adult psychotherapists.

As a new service in Tayside, the available clinical capacity this workforce model offered was not based on demand in practice.

Since then, further modifications in staffing have been based on service demand information. This will be revisited later in the document.

4.2 Benchmarking

Benchmarking has been described as "the process of comparing one's business processes and performance metrics to industry bests or best practices from other industries." Dimensions typically measured are quality, time and cost. Despite the absence of an equivalent psychotherapy service in Scotland, there is a body of research that has been utilised to inform the process of establishing realistic caseload sizes and expectations of the percentage of time a psychotherapist might be reasonably expected to spend in direct clinical care. For example, during a benchmarking exercise within MAPS in 2014, the clinicians involved reached the following conclusions:

Contractual issues – varying contractual issues for medical and non medical psychotherapists need to be accommodated but "ideally departmental or service guidance would apply to all employees".

Non medical psychotherapists – Their working week should be taken up by 60-65% direct clinical care. This would translate in an average of 18-20 hours or 18-20 one hour therapy sessions per week.

Medical psychotherapists – Under the Consultant Contract, a ratio of 7.5 direct clinical sessions and 2.5 sessions for supporting professional activities is suggested. "A range of activities are incorporated within direct clinical care sessions

- but if 30 hours are currently spent on direct clinical care, an average of 18-20 hours of the working week (60-66%) should be spent with patients”.

Within clinical practice, it is possible that some sessions may last 90 minutes, for example, when undertaking trauma processing. However, for the purposes of benchmarking, it is reasonable to assume that a typical psychotherapy session will last 60 minutes.

5.0 DRIVERS

5.1 Waiting Time Targets

In 2018, Scottish Government developed a work-stream to improve access to psychological therapies across Scotland and asked Healthcare Improvement Scotland to work with NHS Health Board and HSCPS where waiting times were consistently breaching. Tayside was identified as an area that required support. As a result, MAPS was required to submit an Improvement Plan with a specific focus on the steps required to ensure people living in Tayside would be able to access psychological treatment, irrespective of the model or service, within the 18 WTT. The Improvement Plan is available for review and contains a broad range of service development/improvement work we have undertaken over the past 18 months.

5.2 Improving Accessibility

In 2015, the MAPS leadership team were directed by senior colleagues at that time to improve accessibility to the service. This work included developing a referral pathway through the different services delivering psychological therapies, illustrated in Appendix 1.

This resulted in a significant increase in referrals (see Table 2) and given the longer-term nature of the interventions delivered by MAPS, saw waiting times peak to an 18 months wait by December 2017, with 147 patients waiting. Following strategic and financial planning which enabled investment to recruit early into posts that we knew would become vacant; the service reduced waiting times to 6 months by December 2018, with 48 patients waiting.

Unfortunately, the challenges of COVID-19 means that throughput of patients has been slower and clinicians have been required to support patients for a longer period given the impact of the pandemic on patients' mental health and wellbeing. For example, from 1st April 2020 to end of August 2020, 26 patients were allocated into treatment compared to 49 for the same period last year. Moreover, 40 patients were discharged over this period in 2019 compared to only 13 in 2020. As a result, waiting times have reached 1 year again. Further information is available in Tables 7 and 8.

5.3 DCAQ (Demand, Capacity, Activity, Queue) Modelling

As part of the range of service improvement work undertaken, the MAPS Clinical Lead worked with Iain Scrueeder (Senior Data Analyst) from NHS National Services Division with the aim of understanding the typical patient journey through MAPS and how this could inform future workforce planning. The data sample consisted of 9,238 appointments for 365 referrals and 310 patients recorded within TrakCare from 03/07/2017 to 31/10/2019. Analysis of the data highlighted that the majority of patients (64%) require an average of 40 appointments. We agreed to use this as working average – assuming some people need more, some less in keeping with person-centred care.

5.3a Demand and Capacity

Table 2 illustrates referrals to the service, those accepted for assessment, and those who went on to be allocated into treatment over the last 5 years.

For the purposes of realistic demand and capacity modelling, I have not included referral information for 2020 and 2021 here as the impact of the pandemic would skew average numbers downwards. This information and discussion is set out under Section 6.

Table 2: Total numbers of Referrals, Assessments and Treatment Episodes Commenced (per annum 2015 – 2019)

Year	Referrals Made	Assessments Undertaken	Treatment Commenced
2015	347	261	165
2016	286	215	129
2017	209	156	92
2018	180	117	74
2019	191	115	93
TOTAL	1213	864	553

Table 3 sets out the total number of referrals, assessments undertaken and treatment episodes commenced over a 5 year period, allowing annual averages to be given.

Table 3: Average Numbers of Referrals, Assessments and Treatment Episodes Commenced (per annum 2015 – 2019)

	Total Number	Average Number per Year
Referrals	1213	242
Assessment	864	173
Treatment	553	111

Within each year, there are 44 available weeks for clinical work (deducting annual leave and mandatory CPD). Based on average levels of demand, Table 4 indicates the clinical capacity (total clinical hours per annum) the service requires to manage this average level of demand.

Table 4: Capacity Projections

Clinical Task	Description	Clinical hours Required
Enquiry/Referral Management	2 clinicians x 3 hours x 52 weeks per year	312
Assessment/Consultation	4 hours x 173 assessments	692
Treatment Sessions	1 hour x 44 weeks x 111 patients	4884
Discharge/Onward Treatment Planning	2 hours x 111 patients	222
TOTAL	6110 clinical hours required	

Assuming the service had no waiting list (Queue), the total clinical capacity required to process referrals, support patients to be assessed for suitability to derive benefit from psychotherapy, and then receive an average of 40 treatment sessions per annum is = **6110** clinical hours per year.

With the existing wte clinician time of **6.4** (assuming **880** available clinical hours per year) we have = **5,632** available clinical hours per year.

The short fall is **478** clinical hours which translates into **0.5 wte clinical hours** (a 0.5 wte clinician).

5.3b Activity

Table 5 describes the actual number of clinical sessions offered to patients over the last 12 months.

Table 5: Actual Clinical Activity In The Past 12 Months

Profession	Number of clinical sessions offered
Medical Psychotherapy	884 (0.6 wte)
Non-medical Psychotherapy	4699 (5.8 wte)
Junior Doctors/Core Trainees/Higher Trainee	564 (Approx 1.8 wte)
TOTAL	6147

This data highlights that team members are consistently working to achieve agreed standards of direct clinical care. In other words, clinical productivity is high within the service and clinicians cannot be reasonably expected to take on additional clinical work over and above what they are offering currently.

5.3c Queue

With a current 'Queue' of 78 patients, this will require **an additional 3276 clinical hours** (3120 for treatment and 156 for discharge/onward treatment planning). **3.7 additional wte** clinical posts would be required to address this queue.

Looking at the existing waiting list in more detail, the numbers of patients who are currently breaching the WTT is 57. This would require an **additional 2.8 wte** clinical posts to address this queue.

A more detailed overview is provided in Table 6.

Table 6: Understanding The Queue: Duration of Wait and Staff Requirement To Address This

Waiting Time	0-3 months	3-6 months	6-9 months	9-12 months	Over 12 months	TOTAL
Total number of patients waiting	17	18	20	23	0	78
Clinical hours required (wt)	0.7 wte	0.8 wte	1 wte	1.2 wte		3.7 wte clinicians

6.0 The impact of COVID-19

Table 7 highlights the total numbers of referrals, assessments offered and treatment episodes commenced in 2020 and the first 5 months of 2021 during the pandemic.

Table 7: Total Numbers of Referrals, Assessments Offered and Treatment Episodes Commenced Against the Averages calculated over the previous 5 years.

Year	Referrals Made	Assessments Undertaken	Treatment Commenced
2020	123	88	80
2021 (to end May)	41	35	38

Table 8 highlights the total numbers of referrals, assessments offered and treatment episodes commenced in 2020 and the first 5 months of 2021 against the averages calculated over the previous 5 years.

Table 8: Numbers of Referrals, Assessments and Treatment Episodes Commenced During the Pandemic (2020 and first half of 2021) compared to the previous annual averages.

Activity	2020 Total	2021 (5 Month Total)	Previous Annual Average
Referrals	123	41	242
Assessment	88	35	173
Treatment	80	38	111

This data highlights that number of referrals reduced by almost 50% during the 17 month period during the pandemic. Equally, assessments offered dropped by 50% in 2020 and are on a similar trajectory for 2021 although it is difficult to predict when referral rates will start to increase again and we are expecting this. Treatment episodes commenced have reduced by 12% in 2020 and are on a similar trajectory for 2021.

Clinical activity data remains consistent and reflects that through-put has inevitably been slower during a particularly stressful period. This can be attributed to a number of factors: the adverse impact of the pandemic on patient mental health and the need for additional support; the various transitions to/from face-to-face to remote forms of therapy (NEAR ME and telephone) and the impacts on psychotherapy progress for some patients.

7.0 ADDITIONAL CAPACITY

To meet levels of demand going forward and to ensure those waiting for access to psychotherapy will be seen without an extended wait, we require an additional 0.5 wte (for routine demand) and 3.7 wte to address the queue.

This makes a total of **4.2 wte additional clinical time.**

The service will aim to backfill the Medical Psychotherapy vacancy that will arise in August 2021 but it is not clear at this stage if recruitment will be successful for a highly specialised role.

This reduces the requirement to **3.2 wte additional clinical time**.

Advertising for 3 wte full time posts would maximise the likelihood of successful recruitment. To further increase the likelihood of successful recruitment and to maintain the skill and experience mix within the team, recruiting x2 wte Band 8a clinician posts and x1 wte Band 7 clinician posts would be optimal.

Table 9 sets out the additional staffing requirements and associated costs.

Table 9: Additional Staffing Requirements and Costs

Role	X1 WTE	X 2 WTE
Medical Psychotherapist	Required and already in budget	NA
Band 8a Clinician	NA	£138,036
Band 7a Clinician	£58,975	NA
TOTAL COST	£197,011	

Dr Michelle Ramage
Clinical Lead in Psychotherapy

APPENDIX 1: REFERRALS FOR SPECIALIST PSYCHOLOGICAL ASSESSMENT / INTERVENTION

This document provides operational guidance for Community Mental Health Service staff seeking access to specialist psychological assessment/intervention for their patients.

- The patient is ready to undertake psychological assessment and treatment and able to benefit at the time of referral. (All referrals are subject to the NHS Tayside 12 week waiting time guarantee.)
 - The receiving service is aware of the case and has confirmed that it is appropriate to refer.
- The patient's immediate needs have been met, and, if appropriate, pharmacological treatment has been initiated and reviewed.
- The patient is aware that the referral is for psychological assessment, and what to expect, including that assessment will not always result in an offer of ongoing psychological therapy.

Which service?

Is there a need for ongoing CMHS care?			
NO	YES		
	Is the patient stable, and crises/admissions not expected		
	YES	NO	
Mild to moderate psychological disorder. No previous psychological treatment or previous good response to time limited psychological therapies	Severe, chronic and/or complex psychological disorder Limited response to previous structured psychotherapies.	Chronic psychological disorder Difficulties likely to respond to structured psychological interventions, delivered by trained staff under supervision.	Chronic, severe, complex psychological disorder. Individual presents risk to self or others. Requires highly specialist assessment and formulation to Support ongoing multidisciplinary intervention.
Discuss* potential referral with the Adult Psychological Therapy Team	Discuss* potential referral with the Multidisciplinary Adult Psychotherapy Service	Discuss with Team Leader referral for psychological interventions delivered by CMHT staff	Discuss potential referral with the Clinical Psychologist in GAP
Typical cases for APTS - Mild to moderate psychological disorder - includes	Typical cases for MAPS - Complex PTSD, chronic depressive disorders, chronic and	Typical cases for psychological interventions - psychosis where family involvement	Typical cases for CP to GAP – complex PTSD where patient may present in crisis, personality or

Specialist assessment and intervention is also available through the Clinical Health Psychological Therapies Service, Tayside Eating Disorders Service, Clinical Neuropsychology Service and Substance Misuse Services. See CPI website on Staffnet for details.

All services encourage discussion of cases if the appropriate psychological service is unclear.

**Follow locally agreed processes for case discussion with MAPS/ APTT – e.g., letters held in draft sent to receiving team for agreement; emailed request for review of MIDIS notes; face-face or telephone discussion with link worker.*

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 NOVEMBER 2021

REPORT ON: CLINICAL, CARE AND PROFESSIONAL GOVERNANCE (CCPG)

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC32-2021

1.0 PURPOSE OF REPORT

To provide an update to the Performance & Audit Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

2.0 RECOMMENDATIONS

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

- 2.1 Note that this is an exception report for the Dundee HSCP Clinical, Care and Professional Governance.
- 2.2 Agree the proposal to amend the reporting format to reflect that adopted by NHS Tayside Care Governance Committee as detailed in 4.1.
- 2.3 Note that the authors are recommending that this report provides moderate assurance.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 REPORT SUMMARY

4.1 Situation

Dundee Health and Social Care Partnership (DHSCP) currently provide assurance reports to both the Care Governance Committee (CGC) of NHS Tayside and to the PAC for Dundee Health and Social Care Partnership. Following a review of the information to be provided to the CGC, it was agreed that the three Health and Social Care Partnership's in Tayside would provide a short update or exception report to alternative meetings. This report should include:

- New emerging risks.
- Key risks that are becoming increasingly significant in terms of likelihood or severity.
- Main concerns or issues.

To maintain consistency of reporting arrangements, it is proposed that this alternating format also be adopted for the PAC reports regarding Clinical, Care and Professional Governance (CCPG). This report reflects the work of the CCPG Group up to September 2021.

4.2 Background

The role of the Dundee HSCP CCPG Group is to provide assurance to the Dundee Integration Joint Board (through the PAC), NHS Tayside Board (through the CGC) and Dundee City Council, that there are effective and embedded systems for CCPG in all services within DHSCP.

DHSCP Service Risks are considered within the CCPG every two months and are presented via the DHSCP Analysis Report provided by the Governance Team. This report lists all risks and current risk level, it lists any new risks added to the register since the last meeting and details actions required to ensure risk management is up to date. Pending risks are also listed.

Each Primary Governance Group (PGG) within the DHSCP will review risks for their service area on a monthly basis. The PGG has operational responsibility for managing the risks.

4.3 Assessment

4.3.1 New or Emerging Risks

There are 36 services risks recorded on Datix at the time of the data extraction. Of these, 26 are current service risks. There were 3 new current risks added to Datix since the last report. The service recently completed Significant Adverse Event Review (SAER) which will have influenced their assessment with regards to risk.

- 1050 Psychiatry of Old Age – Older People Services (Dundee) – Workforce – rated Yellow (Category 2) – Medium
Registered Mental Health Nurse (RMN) ward posts have had to be re-advertised. Each ward now has x 2 Community Nurses (CN's) which will allow for senior support on night shift.
- 1052 Psychiatry of Old Age – Older People Services (Dundee) – Pathways of Care/Complex Needs Patients - rated Amber (Category 2) High
Learning themes being developed around community pathways between disciplines and transitions, and a review of the changing demographics of the patient population.
- 1060 Psychiatry of Old Age – Older People Services (Dundee) – Ligature Risk - rated Yellow (Category 2) – Medium
Ongoing risk due to new works being considered for building as part of the rolling improvements being made through out Tayside

4.3.2 Key Risks that are Becoming Increasingly Significant in Terms of Likelihood or Severity

There remain 4 risks currently graded as Very High (Red). These were previously reported to the committee with 3 of these risks sitting within the Dundee Drug and Alcohol Services. The service continues to have staffing capacity concerns, with ongoing recruitment in place. A workforce plan will be signed of this month and presented to the Alcohol & Drug Project (ADP) for information. The service will be supported by the national MAT Implementation Support Team (MIST) with regards to the implementation of the Medication Assisted Treatment (MAT) standards. A proposal to support the development of a pathway which will include increased primary care input was presented to the ADP on the 14th October and agreed in principle. While the suitability of the building at Constitution House has been under review for some time, both with regards to age and environment, the deterioration of the fabric has recently been reviewed by NHS Tayside Health and Safety staff and a report presented to estates. The impact of the structural defects is further impacting on clinical capacity.

4.3.3 Main Concerns or Issues

The lack of capacity in community social care services continues to impact on patient flow across all hospital sites and community responses.

The grading/banding of community nursing continues to be reviewed. It is noted that the impact of the pandemic and the general tiredness of the staff in the service, is delaying the delivery of the transforming District Nursing programme.

4.3.4 Quality/Patient Care

The risk described above have the greatest impact on quality/patient care within DHSCP

4.4 Level of Assurance

Taking into account the current CCPG arrangements and the information provided, the authors of the report propose that this report provides moderate assurance.

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 providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
Risk Category	Governance
Inherent Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Mitigating Actions (including timescales and resources)	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group. 'Getting It Right' Group established to support development of reporting framework for HSCP.
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None

David Shaw
Clinical Director

DATE: 07.11.2021

Diane McCulloch
Chief Social Work Officer/Head of Health and Community Care

Matthew Kendall
Lead AHP

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PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES – JANUARY 2021 TO DECEMBER 2021

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)

<u>Organisation</u>	<u>Member</u>					
		3/2	24/3 [^]	26/5	29/9	24/11
NHS Tayside (Non Executive Member)	Trudy McLeay **	✓		✓	✓	
Dundee City Council (Elected Member)	Helen Wright *	✓		✓	✓	
Dundee City Council (Elected Member)	Lynne Short *			✓	✓	
Dundee City Council (Elected Member)	Roisin Smith *	✓				
NHS Tayside (Non Executive Member)	Donald McPherson *	✓		✓	✓	
Chief Officer	Vicky Irons	✓		✓	✓	
Chief Finance Officer	Dave Berry	✓		✓	✓	
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	James Cotton	A		A	A	
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓		✓	✓	
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A		✓	A	
Carers' Representative	Martyn Sloan	✓		✓	✓	
Chief Internal Auditor ***	Tony Gaskin	✓		✓	✓	
Audit Scotland ****	Anne Marie Machan	✓		✓	✓	

✓ Attended

A Submitted apologies

A/S Submitted apologies and was substituted

☐ No longer a member and has been replaced / was not a member at the time

* Denotes Voting Members

** Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation. At meeting of the Integration Joint Board held on 27th October, 2020, Trudy McLeay was appointed as Chair (the Chair of the Committee cannot also be the Chair of the Integration Joint Board).

*** The Chief Internal Auditor is a member of the Committee and is not a member of the Integration Joint Board.

**** Audit Scotland are not formal members of the Committee and are invited to attend at least one meeting of the Committee a year.

(Note: First meeting of the Committee was held on 17th January, 2017).

(Note: Membership are all members of the Integration Joint Board (only exceptions are Chief Internal Auditor and Audit Scotland)).

[^] This meeting did not take place.

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