



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

City Chambers
DUNDEE
DD1 3BY

15th October, 2024

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Joint Board which is to be held remotely on Wednesday, 23rd October, 2024 at 10.00 am.

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

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday 21st October, 2024.

Yours faithfully

DAVE BERRY
Acting Chief Officer

AGENDA

1 APOLOGIES

2 DECLARATION OF INTEREST

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

3 MEMBERSHIP OF DUNDEE CITY INTEGRATION JOINT BOARD – REAPPOINTMENTS AND APPOINTMENT

(a) NHS TAYSIDE - REAPPOINTMENTS

The Integration Joint Board is asked to note that at the meeting of NHS Tayside Board held on 29th August, 2024 it was agreed that the undernoted members who were due for reappointment in October 2024 be given a further period of appointment as members of Dundee Integration Joint Board.

<u>Role</u>	<u>Member</u>
Nominated by Health Board	Bob Benson *
Nominated by Health Board	David Cheape *
Registered nurse	Susie Brown**
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson **
Registered medical practitioner not providing primary medical services	Dr Sanjay Pillai **

* Denotes Voting Member

** Denotes Non Voting Member

(b) NHS TAYSIDE – APPOINTMENT

The Integration Joint Board is asked to note that at the meeting of NHS Tayside Board held on 29th August, 2024 it was agreed that Colleen Carlton be appointed as a replacement Voting Member for Beth Hamilton.

(c) MEMBERSHIP - REAPPOINTMENTS

The Integration Joint Board is asked to agree to a further term of appointment to the Integration Joint Board for the undernoted membership:-

<u>Role</u>	<u>Member</u>
Staff Partnership Representative	Raymond Marshall **
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Jim McFarlane **
Third sector bodies	Christina Cooper **
Service users	Vacant **
Person providing unpaid care in the area of the local authority	Martyn Sloan **
Director of Public Health	Dr Emma Fletcher **
Clinical Director	Dr David Shaw **

** Denotes Non Voting Member

4 CHAIRPERSON AND VICE-CHAIRPERSON

(a) CHAIRPERSON

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

The Integration Joint Board is asked to note the position and that Councillor Ken Lynn has been nominated as Chairperson.

(b) VICE-CHAIRPERSON

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

The Integration Joint Board is asked to note the position and that Bob Benson has been nominated as Vice-Chairperson.

5 PERFORMANCE AND AUDIT COMMITTEE (PAC) APPOINTMENT OF MEMBERSHIP AND CHAIRPERSON

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

(a) MEMBERSHIP

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

The Integration Joint Board is asked to note the position and to consider the appointment of Councillor Tolland, Councillor McHugh, Bob Benson and David Cheape as Voting Members on the Performance and Audit Committee and Sanjay Pillai, Raymond Marshall and Martyn Sloan as members on the Performance and Audit Committee.

(b) CHAIRPERSON

The Committee will be chaired by a person not being the Chairperson of the Integration Joint Board and will be nominated by the Integration Joint Board. The Terms of Reference for the PAC specifies that the Chair of the PAC will be the Vice-Chairperson of the Integration Joint Board.

The Integration Joint Board is asked to note that the Vice-Chairperson of the Integration Joint Board, Bob Benson will serve as Chairperson of the Performance and Audit Committee.

6 MINUTE OF PREVIOUS MEETING

(a) The minute of previous meeting of the Integration Joint Board held on 21st August, 2024 is attached for approval. - **Page 1**

(b) ACTION TRACKER - **Page 9**

The Action Tracker (DIJB57-2024) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

7 PERFORMANCE AND AUDIT COMMITTEE

(a) DRAFT MINUTE OF PREVIOUS MEETING OF 25TH SEPTEMBER, 2024 - **Page 13**

(Copy attached for information and record purposes).

(b) CHAIR'S ASSURANCE REPORT - Page 21

(Report No DIJB58-2024 attached for information and record purposes).

8 DRAFT DUNDEE SUICIDE PREVENTION DELIVERY PLAN 2024-2026 - Page 23

(Report No DIJB56-2024 by the Chief Officer, copy attached – for decision).

9 FINANCIAL MONITORING POSITION AS AT AUGUST 2024 - Page 49

(Report No DIJB61-2024 by the Chief Finance Officer, copy attached – for noting).

10 FINANCIAL RECOVERY PLAN 2024/25 - Page 61

(Report No DIJB54-2024 by the Chief Finance Officer, copy attached – for decision).

11 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP DELIVERY PLAN, OCTOBER 2024 – MARCH 2026 - Page 67

(Report No DIJB53-2024 by the Chief Officer, copy attached – for decision).

12 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025 - Page 87

(Report No DIJB55-2024 by the Chief Officer, copy attached – for noting).

13 A CARING DUNDEE 2 – STATUTORY REVIEW - Page 91

(Report No DIJB52-2024 by the Chief Officer, copy attached – for decision).

14 AUDIT SCOTLAND REPORT ON INTEGRATION JOINT BOARDS FINANCE AND PERFORMANCE 2024 - Page 99

(Report No DIJB59-2024 by the Chief Finance Officer, copy attached – for decision).

15 MEETINGS OF THE INTEGRATION JOINT BOARD 2024 – ATTENDANCES - Page 161

A copy of the attendance return (DIJB60-2024) for meetings of the Integration Joint Board held to date over 2024 is attached for information.

16 IJB DEVELOPMENT SESSIONS

The IJB is asked to note that the following Development Sessions have been arranged:

Wednesday 30th October at 10.00am– Understanding Data – Meeting Room 1.1, Dundee House

Wednesday 6th November at 10.00am – Risk – Meeting Room 1.1, Dundee House

Wednesday 13th November at 10.00am– Primary Care – Committee Room 1, 14 City Square

Wednesday 27th November at **2.00pm** – Budget - Meeting Room 1.1, Dundee House

Tuesday 3rd December at 10.00am – Social Care Commissioning – Conference Room 1, Claverhouse office, Jack Martin Way

Wednesday 18th December at 10.00am– Budget – Conference Room 1, Claverhouse office, Jack Martin Way

17 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday 11th December, 2024 at 10.00am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED OCTOBER 2024)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Non Executive Member (Chair)	Bob Benson
Elected Member (Vice Chair)	Councillor Ken Lynn
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	David Cheape
Non Executive Member	Colleen Carlton
NON VOTING MEMBERS	
Chief Social Work Officer	Glyn Lloyd
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Suzie Brown
Registered medical practitioner (not providing primary medical services)	Dr Sanjay Pillai
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Vacant
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
Clinical Director	Dr David Shaw
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Andrew Thomson
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

(b) CONTACTS – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Nicky Connor
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Members' Support)	Lesley Blyth
Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright

Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Christine Jones
Dundee Health and Social Care Partnership	Kathryn Sharp
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Richard Smith
Regional Audit Manager – NHS	Barry Hudson
Audit Scotland (Audit Director)	Rachel Browne
HSCP (Interim Head of Health & Community Care)	Angie Smith
HSCP (Head of Health & Community Care)	Jenny Hill

ITEM No ...6(a).....



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 21st August, 2024.

Present:-

Members

Role

Bob BENSON (<i>Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Ken LYNN (<i>Vice Chair</i>)	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Beth HAMILTON	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Acting Chief Officer
Suzie BROWN	Registered Nurse
Christina COOPER	Third Sector Representative
Dr Emma FLETCHER	Director of Public Health
Liz GOSS	Service User residing in the area
Christine JONES	Acting Chief Finance Officer
Jim McFARLANE	Trade Union Representative
Raymmond MARSHALL	Staff Partnership Representative
Dr David SHAW	Clinical Director
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

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

Joyce BARCLAY	Health and Social Care Partnership
James COTTON	NHS Tayside
Linda GRAHAM	Health and Social Care Partnership
Chris HEBENTON	Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Vered HOPKINS	Health and Social Care Partnership
Shona HYMAN	Health and Social Care partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Julia MARTINEAU	Health and Social Care partnership
Sandra McLEOD	NHS Tayside
Claire PEARCE	NHS Tayside
Angie SMITH	Health and Social Care Partnership
Elaine WATSON	NHS Tayside
Lynsey WEBSTER	Health and Social Care Partnership

Bob BENSON, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Member

Role

Vicky Irons	Chief Officer
Glyn Lloyd	Chief Social Work Officer
Dr Sanjay Pillai	Registered Medical Practitioner (not providing primary medical services)
Martyn Sloan	Person providing unpaid care in the area of the local authority

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

(a) The minute of meeting of the Integration Joint Board held on 19th June, 2024 was submitted and approved.

(b) ACTION TRACKER

The Action Tracker DIJB44-2024 for meetings of the Integration Joint Board was submitted and noted.

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

(i) that in relation to the action about nominations for the Falls Group, an earlier timescale would be sought for identifying reps.

IV FINANCIAL MONITORING POSITION AS AT JUNE 2024

There was submitted Report No DIJB41-2024 by the Chief Finance Officer providing an update of the projected financial position for delegated health and social care services for 2024/2025.

The Integration Joint Board agreed:-

(i) to note the content of the report including the projected operational financial position for delegated services for the 2024/2025 financial year end as at 30th June 2024 as outlined in Appendices 1, 2, and 3 of the report;

(ii) to note the actions being taken by Officers and Senior Management to address the current projected financial overspend position, with a report on progress and implications to develop a formal Financial Recovery plan to be presented at next IJB meeting (as detailed in section 4.5 of the report); and

(iii) to instruct the Chief Finance Officer to request a copy of the financial Recovery Plan for Tayside GP Out of Hours service from Angus IJB (as detailed in section 4.5.4 of the report).

V 5 YEAR FINANCIAL OUTLOOK 2024/25-2028/29

There was submitted Report No DIJB32-2024 by the Chief Finance Officer providing a forecast of the medium to longer term financial challenges which were likely to impact on the IJB's future delegated budget and setting out the framework within which these challenges would be mitigated to enable the IJB's strategic priorities to be delivered within a balanced budget.

The Integration Joint Board agreed:-

(i) to note the potential financial challenges which may impact on the IJB's delegated budget over the medium to longer term as set out in sections 4.1.1 to 4.1.9 and Appendix 1 of the report; and

(ii) to approve the framework and range of principles under which the IJB would approach these challenges to ensure the IJB was able to deliver its strategic and commissioning priorities while delivering a balanced budget as set out in sections 4.1.10 and 4.1.11 of the report.

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

(iii) to note that the Chair would welcome a future Development Session on this subject.

VI DUNDEE IJB RESERVES INVESTMENT STRATEGY

There was submitted Report No DIJB45-2024 by the Chief Finance Officer providing an update to the Reserves Investment Strategy for Dundee Integration Joint Board to ensure the IJB was in a position to utilise all available resources it had to maximum effect to support the delivery of the strategic priorities set out within the Strategic and Commissioning Plan.

The Integration Joint Board agreed:-

- (i) to note the update regarding the IJB Reserves Investment Strategy as set out in the report; and
- (ii) to approve the proposed realignment of £2m from General Reserves to Transformation Funding Reserve, as set out in section 4.1.8 of the report.

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

- (iii) to note the importance of being able to invest in transformation as highlighted by the Chief Officer.

VII TRANSFORMATION FUNDING FOR COMMUNITY FACING PALLIATIVE CARE SERVICES

There was submitted Report No DIJB47-2024 by the Chief Officer outlining proposed developments in the Specialist Palliative Care Service and to seek transformational funding to further explore and create collaborations with all care providers, statutory and otherwise, to strengthen community facing care to support the patients and their families, safely and effectively in their own homes.

The Integration Joint Board agreed:-

- (i) to note the transformational nature of the proposed developments outlined in the report and the contribution to the strategic aims of continuous improvement of community facing palliative care services;
- (ii) to approve the release of £115,083 of funding from transformation reserves to support the proposal outlined in Section 3.1 of the report;
- (iii) to instruct the Chief Officer to provide a progress report prior to the end of the 18 month period to the IJB; and
- (iv) to instruct the Chief Officer to issue the direction as attached at Section 8 of the report to NHS Tayside.

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

- (v) to note that officers would explore making linkages across Tayside for joint learning etc.

VIII PSYCHOLOGICAL THERAPY SERVICES - ADHD

There was submitted Report No DIJB48-2024 by the Chief Officer providing a forecast of the medium to longer term financial challenges which were likely to impact on the IJB's future delegated budget and set out the framework within which these challenges would be mitigated to enable the IJB's strategic priorities to be delivered within a balanced budget.

The Integration Joint Board agreed:-

- (i) to note the contents of the report;

- (ii) to note the transformational nature of this proposal and its contribution to the strategic aims of the Neurodevelopmental Disorder Workstream within the Tayside Whole System Change Programme;
- (iii) to approve the release of funding from ring fenced IJB Transformation Reserves to the value of £508,204 (as detailed in Section 4.16 of the report); and
- (iv) to instruct the Chief Officer to note the direction as attached at Section 8 of the report.

IX REDESIGN OF MACKINNON CENTRE SERVICES

There was submitted Report No DIJB24-2024 by the Chief Officer seeking approval from the Integration Joint Board to revise the model of care provided at the MacKinnon Centre in order to respond to changing demands for services and increased complexity of needs.

The Integration Joint Board agreed:-

- (i) to note the alteration of the use of 10 Respite Beds at the Mackinnon Centre to deliver a flexible combination of Respite Care beds and Longer-Term Step-Down beds for those in complex situations;
- (ii) to cease providing a Skills Service at Mackinnon Centre to reflect low demand levels and alternative available supports; and
- (iii) to instruct the Chief Officer to issue the direction as set out in Section 8 of the report.

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

- (iv) to note that available accommodation would be used as a hub for clinics and pharmacy services for the local community.

X REDUCING HARM FROM DRUG AND ALCOHOL USE – UPDATE REPORT

There was submitted Report No DIJB39-2024 by the Independent Chair, Dundee Drug and Alcohol Partnership providing a summary overview of progress made during the first year of the Dundee Alcohol and Drug Partnership's Strategic Framework 2023/2028, and informing of priorities for the second year of delivery. It also sought approval of the annual return from the Dundee Alcohol and Drug Partnership to the Scottish Government.

The Integration Joint Board agreed:-

- (i) to note the content of the report and the progress toward implementation of the Dundee Alcohol and Drug Partnership's (ADP) delivery plan (section 4.2 of the report);
- (ii) to note the priority areas for year two of delivery (2024/2025) identified by the ADP and approved by the Chief Officers Group (section 4.3 of the report);
- (iii) to note that the ADP's Annual Report to the Scottish Government had already been approved by the group and submitted as a draft to the Scottish Government on the 28 June 2024, to meet the Scottish Government submission date guidelines (section 4.4 of the report); and
- (iv) to approve the draft ADP Annual Report (section 4.4 and appendix 1 of the report).

XI DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE

There was submitted Report No DIJB43-2024 by the Chief Officer providing an update on the implementation of the Dundee Primary Care Improvement Plan for 2023/2024 and sought approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2024/2025

The Integration Joint Board agreed:-

- (i) to note the progress in implementing the Dundee Primary Care Improvement Plan (PCIP) 2023/2024 (attached as Appendix 1 to the report) and the key achievements as described in Section 4 of the report;
- (ii) to approve the proposed actions for Dundee Health & Social Care Partnership for 2024/2025 as described in Appendix 1 and to note the proposed allocation of funding as detailed in Section 3 of the report;
- (iii) to note that aspects of the Plan which had been directed by the Scottish Government to be fully implemented continued to have ongoing gaps, for a range of reasons outlined;
- (iv) to instruct the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1;
- (v) to note the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund to the Dundee Primary Care Improvement Group as noted in Section 3.7 of the report; and
- (vi) to instruct the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Improvement Plan 2024/2025 to a future IJB.

XII DUNDEE INTEGRATION JOINT BOARD GENERAL PRACTICE STRATEGY UPDATE

There was submitted Report No DIJB40-2024 by the Chief Officer providing an update on the General Practice Strategy which was approved by the IJB on the 13th of December 2023. The Chief Officer was asked to give 6-monthly updates.

The Integration Joint Board agreed:-

- (i) to note the progress to date made in implementing the General Practice (GP) Strategy; and
- (ii) to instruct the Chief Officer to continue to update the IJB on 6-monthly basis.

XIII PROGRESS REPORT ON MENTAL HEALTH AND LEARNING DISABILITIES WHOLE SYSTEM CHANGE PROGRAMME

There was submitted Report No DIJB51-2024 by the Chief Officer providing a progress update in relation to the Mental Health and Learning Disability Whole System Change Programme.

The Integration Joint Board agreed:-

- (i) to note the content of the update report on the Mental Health and Learning Disability Whole System Change Programme;
- (ii) to note that the Chief Officer would continue to work with the NHS Tayside Executive Lead for Mental Health Services and the other Tayside IJB Chief Officers to ensure there was whole system leadership and continued delivery of the change programme at pace;
- (iii) to note that work would continue to deliver a financial framework to support the delivery of the Model of Care and to shift the balance of care from inpatient services to community based services; and

- (iv) to instruct the Chief Officer to develop a commissioning framework for mental health services by March 2025 to enable the IJB to commission an appropriate level of inpatient services for the local population from 2025/2026.

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

- (v) to note the Staff Side and Trade Union commitment to supporting service change as highlighted by Raymond Marshall; and
- (vi) that the Chief Officer would give consideration to Councillor McHugh's comments in relation to the term 'model of excellence' and whether alternative wording could be used in future.

XIV TAYSIDE INPATIENT LEARNING DISABILITY SERVICE

There was submitted Report No DIJB50-2024 by the Chief Officer advising of the operational decision taken by NHS Tayside's Executive Leadership Team to progress the move to a single site for Tayside Inpatient Learning Disability Services in line with the strategic direction previously agreed by the Tayside Integration Joint Boards.

The Integration Joint Board agreed:-

- (i) to note the content of the report on the Tayside Inpatient Learning Disability Service as attached as Appendix 1 to the report;
- (ii) to note and support the request to reaffirm the strategic direction agreed in 2018 with regards to a move to a single site model for Tayside Inpatient Learning Disability Services;
- (iii) to note the development of a comprehensive programme of work to progress the move to a single site by August 2025; and
- (iv) to note the intention to provide quarterly progress reports to the IJB and to instruct the Chief Officer to ensure these are provided accordingly.

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

- (v) to note the statement by all Trade Unions and Professional Organisations on behalf of Staff regarding move of LDAU Strathmartine to Murray Royal presented by Raymond Marshall asking that the IJB look at other options which all groups could sign up for; and
- (vi) to note that Councillor McHugh intimated her dissent from the foregoing decision at (ii) above.

XV DUNDEE INTEGRATION JOINT BOARD EQUALITY OUTCOMES – UPDATE

There was submitted Report No DIJB46-2024 by the Chief Officer informing of progress towards achieving Dundee Integration Joint Board Equality Outcomes.

The Integration Joint Board agreed:-

- (i) to note the progress that had been made during 2023/2024 to understand the health and social care needs, preferences and experiences of Transgender and Non-binary people and to learn more about the experiences of race discrimination across the health and social care workforce (sections 5.1 to 5.4 and 6.1 to 6.4 of the report);
- (ii) to note the opportunities for action that had been identified to further progress these areas of work during 2024/2025, including the need for active participation and

support from leaders across the health and social care sectors, such as IJB members (sections 5.5 to 5.6 and 6.5 to 6.6 of the report); and

- (iii) to instruct the Chief Officer to submit a full update against all of the IJB's Equality Outcomes via the statutory Equality Outcomes and Mainstreaming Update and Progress Report 2023/2025, no later than the end of April 2025.

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

- (iv) to note that although the IJB did not directly employ staff (other than the Chief Officer and Chief Finance Officer) there were a number of fora/settings where equalities issues could be discussed.

XVI ANNUAL PERFORMANCE REPORT 2023/2024

There was submitted Report No DIJB42-2024 by the Chief Officer submitting the three editions of the Dundee Integration Joint Board Annual Performance Report 2023/2024 for noting following their publication on 26th July, 2024.

The Integration Joint Board agreed:-

- (i) to note the content of the report and of the three editions of the Annual Performance Report 2023/2024, available via the hyperlinks in section 4.2.2 of the report and with printable version contained within appendices 1 to 3 of the report;
- (ii) to note that the Annual Performance Report 2023/2024 was published on 26th July, 2024 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Clerk and the Partnership's Senior Management Team (section 4.2.1 of the report); and
- (iii) to instruct the Chief Officer to update the Annual Performance Report with financial year 2023/2024 data for all National Health and Wellbeing indicators as soon as data is made available by Public Health Scotland (section 4.2.6 of the report).

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

- (iv) that the report would be placed on the next Performance and Audit Committee agenda to allow further discussion, if required.

XVII MEETINGS OF THE INTEGRATION JOINT BOARD 2024 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB49-2024 for meetings of the Integration Joint Board held to date over 2024.

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

XVIII IJB DEVELOPMENT SESSIONS

The IJB noted that the following Development Sessions had been arranged:

18th September 2024 – Strategic Planning – Committee Room 1, 14 City Square
 30th October 2024 – Understanding Data – venue TBC
 13th November 2024 – Primary Care – Committee Room 1, 14 City Square
 3rd December 2024 – Social Care Commissioning – venue TBC
 18th December 2024 – Budget – venue TBC

XIX DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday 23rd October, 2024 at 10.00am.

Bob BENSON, Chairperson

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 21ST AUGUST 2024

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that a progress report in relation to Priority 2 would be submitted to the IJB later in the year.	Chief Officer	October 2023 June 2024	Complete	Report developed through the Tayside Executive Group and reported to the IJB in August 2024.
2	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would co-ordinate a range of options for IJB members to visit mental health services	Chief Officer	June 2023 June 2024	Recommended replacement action	Following requests at the IJB development session held in September 2024 for a wider programme of service visits, it is proposed that this action is replaced with a wider action to develop a programme of service visits for IJB members, alongside the Chief Officer, as part of the 2025 IJB development programme.
3	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would discuss with the Director of Public Health the possibility of arranging a specific development session for IJB members	Chief Officer	June 2023 June 2024 October 2024	Complete	Dates for development sessions to the end of 2024 have now been issued to IJB members. This programme will include a session focused on data (30 October 2024).
4	21/06/23	VIII	ANNUAL COMPLAINTS PERFORMANCE	that, on the suggestion of the Chair, some investigation be made into carrying out benchmarking against other HSCPs and/or family groups	Lead Officer (Strategic Planning and Business Support)	December 2023 June 2024 December 2024	In Progress	Complaints Officer reviewing available complaints performance information however limited availability of consistent, published information gathered to date. Work ongoing to identify further options for benchmarking.

5	23/08/23	V	ANNUAL PERFORMANCE REPORT 2022/23	that consideration would be given to arranging a briefing session for IJB members on understanding the data presented.	Chief Finance Officer	March 2024 June 2024 October 2024	Complete	Dates for development sessions to the end of 2024 have now been issued to IJB members. This programme will include a session focused on data (30 October 2024).
6	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that the developed measures would be brought back to the IJB in the next quarter.	Senior Manager, Service Development and Primary Care	December 2024	Ongoing	Our delivery plan is finalised with priority actions and outcomes underpinned by the national outcomes framework shown in action 12. Measures, and evaluation of services are priority action therefore a workstream will commence in March with service stakeholders to co-design these. We will provide information on the agreed measures relating to outcomes in the next reporting period.
7	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that in relation to the mapping event for children and young people services, consideration would be given to providing feedback from the event to a future IJB meeting.	Head of Health and Community Care Services	December 2024	Ongoing	Work is underway and progressing well. We will provide an overview of progress in the next reporting period.
8	21/02/24	VII	FALLS SERVICE	that in relation to having older people and carers involved in the Falls Group, it had been agreed that this would be a positive addition to the work of the group and Matthew Kendall was following up on identifying reps.	Allied Health Professions Lead	December 2024	Complete	Operational falls leads is seeking nominations through engagement work.
9	27/03/24	IV	DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2024/2025	that the Acting Chief Officer would consider with the Management Team the possibility of bringing a report to a future IJB meeting on social care commissioning.	Acting Chief Officer	June 2024	Complete	Development session focused on social care commissioning will be provided to the IJB in December 2024. Date and invitation have been issued.

10	17/04/24	VI	TAYSIDE PRIMARY CARE STRATEGY – UPDATE	that Shona Hyman would link with colleagues about developing a more simplified version of the Plan on a Page.	Senior Manager, Service Development and Primary Care	TBC	Abandoned	This was request but is not to be progressed at this stage, given that work has now been incorporated into the development of the wider NHS Tayside Strategy.
11	17/04/24	VI	TAYSIDE PRIMARY CARE STRATEGY – UPDATE	that arrangements would be made to bring a report to a future meeting on the dentistry position	Senior Manager, Service Development and Primary Care	October 2024	Complete	This is to be contained within the forthcoming IJB development session on primary care. Date and invitation have been issued.
12	19/06/24	III(b)	ACTION TRACKER	that the Chair and Vice Chair would consider the Action Tracker to identify if the timescales were realistic	Chair & Vice Chair		Recommendation to IJB	As per discussion at September PAC, it is recommended to the IJB that a 1-year limit should be placed on completion of actions, with the expectation that officers will ensure actions are completed within this period. Any actions that remain outstanding after this period must be re-assessed for relevance and may then be proposed to be abandoned.
13	19/06/24	IV(a)	PERFORMANCE AND AUDIT COMMITTEE MINUTE	that a discussion would take place with Audit colleagues about whether the unapproved PAC minute should be submitted to the IJB and a recommendation brought back.	Chief Officer	October 2024	In Progress	Discussion to be arranged
14	19/06/24	X	ENGAGE DUNDEE – COST OF LIVING CRISIS SURVEY RESULTS	that consideration would be given to making this the focus of a future Development Session.	Chief Officer	December 2024	Complete	To be incorporated within existing schedule or for 2025 programme.
15	19/06/24	XII	ANNUAL REPORT OF THE DHSCP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2023-2024	that a premises update report on DDARS would be brought to a future IJB meeting.	Chief Officer	December 2024	In progress	The property strategy is under review and will incorporate DDARS as a key priority.

16	19/06/24	XIII	ANNUAL COMPLAINTS AND FEEDBACK REPORT	that consideration be given to arranging a presentation from Care Opinion on how they operate.	Lead Officer (Strategic Planning and Business Support)	December 2024	Complete	This will be addressed via IJB development session programme during 2025.
17	21/08/24	V	5 YEAR FINANCIAL OUTLOOK 2024/25-2028/29	that, at the request of the Chair, consideration be given to having a development session on this subject	Chief Officer	October 2024	Complete	Two development sessions focused on finance scheduled for late 2024 and 3 further sessions to be scheduled for first quarter of 2025. This will include budget setting for 2025/26 and 5 year financial outlook.
18	21/08/24	XVI	ANNUAL PERFORMANCE REPORT 2023/2024	that the report would be placed on the agenda for the next Performance and Audit Committee for a fuller discussion.	Chief Officer	September 2024	Complete	On agenda.



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 25th September, 2024.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chair)	Nominated by Dundee City Council (Elected Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Acting Chief Officer
Barry HUDSON	For Chief Internal Auditor
Christine JONES	Acting Chief Finance Officer
Glyn LLOYD	Chief Social Work Officer

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

Linda GRAHAM	Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Lynne MORMAN	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of Vicky Irons, Jocelyn Lyall, Sanjay Pillai and Martyn Sloan.

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 22nd May, 2024 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC29-2024, for meetings of the Performance and Audit Committee for noting and updating accordingly.

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

Following questions and answers the Committee further agreed:-

- (i) to note that in relation to action no 1 (briefing notes) the Acting Chief Officer would speak to the Clerk to get the issue concluded before the next meeting;
- (ii) to note that, in relation to a suggestion from David Cheape, consideration would be given to setting a target date for all actions to be completed; and
- (iii) to note that Councillor McHugh would follow up out with the meeting with a query she had in relation to action no 5 (disparity in delayed discharge performance).

IV ANNUAL PERFORMANCE REPORT 2023/24

There was submitted Report No PAC24-2024 by the Chief Officer submitting the three editions of the Dundee Integration Joint Board Annual Performance Report 2023/2024 for noting following their publication on 26th July, 2024 and approval by the Integration Joint Board on 21st August, 2024.

The Committee agreed:-

- (i) to note the content of the report and of the three editions of the Annual Performance Report 2023/2024, available via the hyperlinks in section 4.2.2 of the report and with printable versions contained within appendices 1 to 3 of the report;
- (ii) to note that the Annual Performance Report 2023/2024 was published on 26th July, 2024 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Clerk and the Partnership's Senior Management Team (section 4.2.1 of the report); and
- (iii) to note that the Integration Joint Board approved the Annual Performance Report on 21st August, 2024 and instructed the Chief Officer to update the report with financial year 2023/2024 data for all National Health and Wellbeing indicators as soon as data was made available by Public Health Scotland (section 4.2.6 of the report).

Following questions and answered the Committee further agreed:-

- (iv) to note that an amendment was required in relation to the years stated on page 23;
- (v) to note that, in relation to a query about staffing capacity, a report on the updated Workforce Plan would be submitted to the next Integration Joint Board meeting; and
- (vi) to note that consideration would be given to the length of future agendas/reports in response to comments made by members.

V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 4

There was submitted Report No PAC27-2024 by the Chief Finance Officer providing an update on 2023/2024 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data was also provided in relation to Social Care – Demand for Care at Home services.

The Committee agreed:-

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

- (iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3 of the report); and
- (iv) to note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2 of the report.

Following questions and answers the Committee further agreed:-

- (v) to note that changes in some of the data was as a result of work undertaken with the Scottish Government to rationalise data recording and also the introduction of a test of change;
- (vi) to note that the national indicator - % staff who say they would recommend their workplace as a good place to work – was never followed through by the Scottish Government and consideration would be given to either removing this or creating a proxy indicator for each of the employers.

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

There was submitted Report No PAC32-2024 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

This aligned to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person-centred

The report provided evidence of the following Best Value Characteristics:

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

The Committee agreed:-

- (i) to provide their view on the level of assurance the report provided and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to 31st May 2024;
- (ii) to note that the Lead Officer for Dundee HSCP, Dr David Shaw suggested that the level of assurance provided was:

Reasonable; due to the following factors:

- There was evidence of a sound system of governance throughout the HSCP.
- The identification of risk and subsequent management of risk was articulated well throughout services.
- There was ongoing scope for improvement across a range of services, in relation to the governance processes, although this was inextricably linked to the ongoing difficulties with recruitment and retention of staff.

- There was evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

Following questions and answers the Committee agreed to accord with the level of assurance as indicated above.

VII QUARTERLY FEEDBACK REPORT – 1ST QUARTER 2024/2025

There was submitted Report No PAC31-2024 by the Chief Finance Officer summarising feedback received for the Health and Social Care Partnership (HSCP) in the first quarter of 2024/2025. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure, and the Dundee City Integration Joint Board Complaint Handling Procedure. Compliments received were also reported.

The Committee agreed:-

- (i) to note the complaints handling performance for health and social work complaints set out within the report;
- (ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting;
- (iii) to note the recording of Planned Service Improvements following complaints that were upheld or partially upheld; and
- (iv) to note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

VIII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC33-2024 by the Chief Finance Officer providing an update in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the Strategic Risk Register Update report; and
- (ii) to note the extract from the Strategic Risk register attached at Appendix 1 to the report.

IX MENTAL HEALTH SERVICES INDICATORS – 2023/24 QUARTER 4

There was submitted Report No PAC26-2024 by the Chief Finance Officer reporting a suite of measurement relating to the activity of mental health services for scrutiny and assurance.

The Committee agreed:-

- (i) to note the content of the report, including current performance against the suite of mental health service indicators (section 6 and appendix 1 of the report); and
- (ii) to note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7 of the report).

Following questions and answers the Committee further agreed:-

- (iii) to note that when referrals were rejected is usually indicated that the person was already in receipt of care and treatment;
- (iv) to note that it was still not clear on what was driving demand but that work was taking place with Public Health at an early stage on modelling; and
- (v) to consider if data could be gathered in relation to whether parents/carers, of children who were on the Child Protection register, were offered mental health support, if they engaged and what impact the support had.

X DRUG AND ALCOHOL SERVICES INDICATORS – 2023/24 QUARTER 4

There was submitted Report No PAC23-2024 by the Chief Finance Officer providing an update on the performance of Drug and Alcohol Services.

The Committee agreed:-

- (i) to note the data presented in the report, including the improvements in key indicators relating to access to drug treatment services during 2023/2024 (section 6 and appendix 1 of the report); and
- (ii) to note the range of ongoing improvement activity being progressed across drug and alcohol services (section 7 of the report).

Following questions and answers the Committee further agreed:-

- (iii) to note that, in response to a query from Councillor McHugh, that Lynsey would check the data to establish whether the number of unplanned discharges where the service user disengaged increased by 38% related to drug and alcohol services; and
- (iv) that consideration would be given to providing data on alcohol related deaths in future reports;
- (v) to note that the reduction in total spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS and Dundee Drug Treatment Service (DDT)) was due to a change in the pharmacy systems that provide the data as there was no longer rolling data available.

XI UNSCHEDULED CARE

There was submitted Report No PAC28-2024 by the Chief Finance Officer providing an update on Unscheduled Care Services and Discharge Management performance in Dundee.

The Committee agreed:-

- (i) to note the current position in relation to complex and standard delays as outlined in sections 5-8 of the report; and
- (ii) to note the improvement actions planned to respond to areas of pressure as outlined in section 9 of the report.

Following questions and answers the Committee further agreed:-

- (iii) to note that information on average duration of delay had been included in the report and Lynne Morman would appreciate any feedback from members.

XII HEALTH AND CARE EXPERIENCE SURVEY 2023-24 ANALYSIS

There was submitted Report No PAC25-2024 by the Chief Finance Officer providing an update on the responses from the 2023/2024 Health and Care Experience Survey, which was used to provide measurement for National Health and Wellbeing Indicators 1 to 9.

The Committee agreed:-

- (i) to note the content of the report, including the results of the 2023/2024 survey for Dundee Health and Social Care Partnership (appendix 1);
- (ii) to note the longitudinal changes to performance over the last three biennial surveys (section 5 of the report); and
- (iii) to note the performance of Dundee Health and Social Care Partnership against the Scottish average and eight Family Group Partnerships (section 6 of the report).

XIII CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2023-24

There was submitted Report No PAC22-2024 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, 2023 to 31st March, 2024.

The Committee agreed:-

- (i) to note the scale and scope of Care Inspectorate led inspections carried out in 2023/2024 during the reporting year (section 4.1 of the report);
- (ii) to note the contents of the report and the gradings awarded as detailed in the performance report (attached as Appendix 1 to the report) and highlighted in section 4.2 of the report; and
- (iii) to note the range of continuous improvement activities progressed during 2023/2024 as described in section 4.3 and Appendix 1 of the report.

Following questions and answers the Committee further agreed:-

- (iv) to note that an IJB briefing session on Social Care Commissioning had been arranged to take place on Tuesday 3rd December 2024 and a rep from the Care Inspectorate had been invited to present at the session.

XIV GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC30-2024 by the Chief Finance Officer providing an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed:-

- (i) to note the content of the report and the progress made in relation to the review of the Governance Action Plan; and
- (ii) to instruct the Chief Finance Officer to provide a full report on the progress against all actions within the revised Governance Action Plan no later than 20th November, 2024.

XV DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC34-2024 by the Chief Finance Officer providing an update on the 2023/2024 Internal Audit Plan and non-discretionary aspects of the 2024/2025 internal audit plan. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee IJB.

The Committee agreed to note the progress on the 2023/2024 internal audit plan and initial work on the 2024/2025 plan.

Following questions and answers the Committee further agreed:-

- (i) to note that Internal Audit were looking at ways of making the summaries on partner organisations' report more succinct.

XVI INTERNAL AUDIT PLAN 2024/25

There was submitted Report No PAC35-2024 by the Chief Finance Officer seeking approval of the 2024/2025 Annual Internal Audit Plan for Dundee City Integration Joint Board (IJB) and the revised and updated Internal Audit Charter, and to agree the appointment of the Chief Internal Auditor for the financial year.

The Committee agreed:-

- (i) to the continuation of Fife, Tayside and Forth Valley Audit Internal Audit (FTF) as the IJB's lead internal auditors and therefore continuing the role of Chief Internal Auditor for 2024/2025;
- (ii) to approve the 2024/2025 Annual Internal Audit Plan as set out in Appendix 1 of the report; and
- (iii) to approve the revised and updated Internal Audit Charter set out in Appendix 2 of the report.

Following questions and answers the Committee further agreed:-

- (iv) to note that Barry Hudson would provide Councillor McHugh with information on the changes made to the Internal Audit Charter.

XVII ATTENDANCE LIST

There was submitted Agenda Note PAC36-2024 providing attendance returns for meetings of the Performance and Audit Committee held over 2024.

The Committee agreed to note the position as outlined.

XVIII DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would take place remotely on Wednesday, 20th November, 2024 at 10.00am.

Ken LYNN, Chairperson.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
23RD OCTOBER 2024

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB58-2024

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 25th September 2024.

Issues to highlight to the Board

- Detailed discussion on the Annual Performance Report 2023/24. While this is a Statutory Report, the information is aimed to be comprehensive summary of actions and progress being undertaken and presented in a public-friendly formats. Committee expressed thanks for the work undertaken in collating and presenting the information.
- The Health and Social Care Partnership's quarter 4 (2023/24) Performance Report was presented and scrutinised by the Committee, with key analytical messages highlighted. Performance information relating to social care assessment waits and care at home packages was also included in the report. As ever, Committee members had a range of questions for officers in terms of the information presented.
- The Clinical, Care and Professional Governance Assurance report was presented to the Committee with a range of questions posed by members. The Committee was given satisfactory responses to these questions. Improvements in risk trend within Dundee Drug and Alcohol Service particularly noted. The Committee was content with the Reasonable level of assurance of clinical and care governance arrangements in place that the report provided.
- The Health and Social Care Partnership's quarter 1 (2024/25) Feedback Report was presented and scrutinised by the Committee. The report highlighted a relatively low number of complaints and progress towards completing these received within timescales. The Committee noted ongoing progress made on the roll-out of Care Opinion as a feedback tool and planned training sessions for staff.
- The IJB's Strategic Risk Register Update report highlighted 6 risks with a High-Risk Category score (at 20 or 25). These are Staff Resource, Lack of Capital Investment in H&SC Integrated Community Facilities (including Primary Care), Unable to Maintain IJB Spend, National Care Service, Restrictions on Public Spending, and Primary Care Sustainability. Particularly noting Unable to Maintain IJB score has increased from 20 to 25 given the move to enter Financial Recovery.
- Mental Health Services Indicators 2023/24 Quarter 4 report highlighted the progress and challenges across the Mental Health services in terms of referral, waiting lists, caseloads and admissions. The report also highlighted progress through Tayside-wide Mental Health and Learning Disability Whole System Change Programme and local work to develop specific pathways and test of change projects.
- Drug and Alcohol Services Indicators 2023/24 Quarter 4 report highlighted the progress and trends. Particularly noting the service improvements and priorities to continue to address the high levels of drug and alcohol use in the City. Despite these achievements, Committee acknowledged that even 1 death from substance use was too high and continued progress was required to address the challenges.

- A report on Unscheduled Care noting strong performance on complex and standard discharge delays. Data and graphs have been enhanced with the aim of providing more relevant and timely information to Committee. Details of the Tayside-wide and specific Dundee involvement in whole-system working on unscheduled care pathways. Committee were pleased to note the significant improvements and ongoing actions.

- Health and Care Experience Survey 2023-24 Analysis covers a biennial national survey issued to a random sample of the population across the country. The report details how the findings are useful at Health and Social Care Partnership and GP Cluster levels, as well as comparing to National data and trends.

- Care Inspectorate Gradings Annual Report 2023/24 details the outcomes and findings of number of inspections undertaken by Care Inspectorate and published gradings on registered Care Homes for Adults / Older People and Other Adult Services. The report contents, grading and Inspection findings were noted by committee, with some concerns about some specific Requirements statements with confirmation that Health and Social Care staff continue to work services to support improvements.

- An update on the Governance Action Plan progress was provided with Officers now progressing the actions and a full progress report will be presented to next Committee meeting in November.

- The Committee tracked progress of the Internal Audit Plan, noting that most planned work was at green RAG status and the outstanding 2 reports should be presented at the next meeting. A summary of a number of relevant reports undertaken on behalf of Partner bodies was also included to provide Committee with assurance.

- The Annual Internal Audit Plan 2024/25 was presented for approval along with a recommendation to continue the appointment of FTF Internal Audit as lead internal auditor and Chief Internal Auditor, as well as an updated Internal Audit Charter with minor changes. In addition to the planned Annual Report and Internal Control Evaluation work, the Plan recommends undertaking a discretionary audit on Lead Partner Services with the potential to undertake this as a joint Tayside-wide report for all 3 IJB's.

- In closing, Ken Lynn confirmed this would be his last meeting as PAC Chair under the current rotation of IJB Chair / Vice-Chair and PAC Chair.

Ken Lynn
Chair

25 September 2024



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 OCTOBER 2024

REPORT ON: DRAFT DUNDEE SUICIDE PREVENTION DELIVERY PLAN 2024-2026

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB56-2024

1.0 PURPOSE OF REPORT

To update the Integration Joint Board on progress made in developing Dundee's Suicide Prevention Delivery Plan and seek endorsement of the draft plan prior to its submission to Dundee Chief Officers Group for approval.

2.0 RECOMMENDATIONS

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

- 2.1 Note recent developments in arrangements for the governance and leadership of suicide prevention activity in Dundee, aligned to Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 (section 4.2.1).
- 2.2 Note progress made to develop Dundee's Suicide Prevention Delivery Plan, including through stakeholder engagement (sections 4.2.2. to 4.2.4).
- 2.3 Note that the draft Suicide Prevention Delivery Plan will be submitted to Dundee Chief Officers Group for approval on 24 October 2024, after which implementation and monitoring of the plan will be led by Dundee's Adults at Risk and Children at Risk Committees (section 4.2.5).
- 2.4 Endorse the draft Suicide Prevention Delivery Plan contained within appendix 1 (section 4.2.5).

3.0 FINANCIAL IMPLICATIONS

- 3.1 Dundee Health and Social Care Partnership has allocated £26k to support Suicide Prevention activity during 2024/25. This will include the recurring payment to support the Tayside Multi-Agency Suicide Review arrangements (approx. £10k); the balance of funding will be allocated by the HSCP to support priorities within the delivery plan.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 On 13 August 2024, National Records of Scotland published their annual report on deaths by probably suicide in Scotland for 2023 ([Probable suicides 2023, Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/probable-suicides-2023-report)). During 2023, across Scotland, there were 792 probably suicide deaths (an increase of 30 (4%) on the previous year), with 30 of those deaths having taken place in Dundee (an increase of 1 on the previous year). Nationally, male suicide deaths increased by 34 to 590 deaths, while female suicide deaths decreased by 4 to 202 deaths; in Dundee there was an increase of 5 male suicide deaths and decrease of 4 female suicide deaths. The rate of suicide mortality in the most deprived areas of Scotland was 2.5 times as high as the least deprived areas in 2023;

this is higher than the deprivation gap of 1.8 times for all causes of death. In 2023, Dundee has the highest rate of suicide of all Scottish local authority areas.¹

- 4.1.2 Following the publication of 'Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032' ([Creating Hope Together](#)) in 2022, accountability for suicide prevention sits with Dundee's Chief Officers Group via the newly established Children at Risk and Adults at Risk Committees. Alongside partners from across the public, third and independent sectors, Dundee Health and Social Care Partnership has provided local leadership for multi-agency suicide prevention response in the city, including at the interface with wider mental health and wellbeing plans and services.
- 4.1.3 'Creating Hope Together' sets out the Scottish Government and COSLA's vision for suicide prevention over the next ten years; to reduce the number of suicide deaths in Scotland, whilst tackling the underlying inequalities that contribute to suicide. The aim is for any child, young person or adult who has thoughts of taking their own life, are who are affected by suicide, to get the help they need and feel a sense of hope. The strategy outlines a collaborative whole of Government and whole society approach across all sectors to support communities, so that they become safe, compassionate, inclusive and free of stigma. The national strategy aims to deliver on four key outcomes:
- Outcome 1 – The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic, and physical environment.
 - Outcome 2 – Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others need support.
 - Outcome 3 – Everyone affected by suicide is able to access high quality, compassionate, appropriate, and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.
 - Outcome 4 – Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local, and sectoral partners.

These outcomes are underpinned by four priority areas and seven guiding principles.

4.2 Dundee Suicide Prevention Delivery Plan

- 4.2.1 Following the publication of the new national strategy in 2022, local arrangements to support suicide prevention were also revised. Suicide prevention has now been fully integrated as part of the remit for the new Children at Risk and Adults at Risk Committees within the multi-agency protecting people structure. Through agreement between Dundee Health and Social Care Partnership a dedicated Suicide Prevention Co-ordinator post has been established within the multi-agency Protecting People Strategic Support Team (hosted by the Health and Social Care Partnership) to lead this area of work, supported by colleagues across the wider team structure. Alongside other duties, the Suicide Prevention Co-ordinator has a lead role in supporting the development, delivery and evaluation of local suicide prevention delivery plans, aligned to both the national strategy and relevant local strategic plans and policies.
- 4.2.2 Following appointment of the Suicide Prevention Co-ordinator in April 2024, the following actions have been undertaken to progress the development of the delivery plan:

¹ Data Interpretation Note: Numbers of suicide per year in Dundee are small in statistical terms and therefore will go up and down from year to year. The most reliable indication of trends in suicide rates are the 5 year cumulative rates. These show that Dundee continues to have high rates of suicide in comparison to other areas in Scotland, but that age standardised probable suicide rates have reduced slightly over the last 3 years. They have reduced to 22.1 for 2019-23 from a peak in 24.1 for 2016-20; although due to small numbers this does not reach statistical significance of a change in rate.

- Collation and analysis of data gathered from the stakeholder engagement event which took place in January 2024, including a further meeting with facilitators to begin populating the plan.
 - Further engagement with key stakeholders including NHS Tayside Public Health, substance use services and various community organisations.
 - Liaised with regional and national suicide prevention groups to learn from best practice in other areas.
 - Involvement in Protecting People committee restructure development sessions to ensure inclusion of suicide prevention in wider plans.
 - Utilised SUPRESE suicide prevention self-evaluation tool to ensure actions are aligned to priority areas in line with international evidence and best practice.
- 4.2.3 The draft Dundee Suicide Prevention Delivery Plan 2024-2026, contained within appendix 1, sets out four priority aims and a series of supporting project actions. The delivery plan will be reviewed regularly, including to take account of emerging data and evidence. The aims have been informed by the four long term outcomes set out in Creating Hope Together, local stakeholder engagement process, and is aligned to the format of the other Protecting People delivery plans, incorporating actions relating to strategic leadership, strategic planning and improvement, and delivery of key processes. Many actions which contribute towards suicide prevention are sited within a range of other local plans and strategies. In implementing the Suicide Prevention Delivery Plan, links will be made to these plans and strategies via the Suicide Prevention Co-ordinator.
- 4.2.4 A project lead has been assigned to every action in the draft plan, who will be responsible for delivery of that action and reporting progress to the Suicide Prevention Steering Group. The Steering Group, chaired by the Suicide Prevention Co-ordinator, will bring together all project leads to ensure effective implementation and evaluation of the plan. It is proposed that the Steering Group is accountable to the Dundee Chief Officers Group via the Adults at Risk and Children at Risk committees and, as suicide prevention work progresses, it is foreseen that this will be further integrated into the new Protecting People structure, including through the developing working group structure.
- 4.2.5 The draft plan has been reviewed by both the Children at Risk and Adults at Risk Committees, which include significant representation from the Health and Social Care Partnership, and will be submitted to Dundee Chief Officers Group on 24 October 2024. As key partners within local Suicide Prevention planning and delivery arrangements, particularly at the interface with mental health and wellbeing strategic planning and commissioning, the IJB's endorsement of the draft plan is requested.
- 4.2.6 Whilst Dundee's Suicide Prevention Delivery Plan is being finalised work is continuing to actively address this issue within Dundee, and in partnership across Tayside. Current key areas of activity include:
- Expansion of suicide prevention training, including to volunteers and wider communities.
 - Enhancing support available to people bereaved by suicide.
 - Development of a peer support community, supported by Scottish Recovery Network's Creating Hope with Peer Support programme.
 - Targeted work at locations of concern.
 - Delivery of a suicide prevention campaign, including across Suicide Prevention Week (8-14 September 2024).
 - Work to improve support pathways, including for children and young people.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	Local suicide prevention plans and activity do not impact on reducing numbers of probable suicide deaths and / or on experiences of people impacted by suicide.
Risk Category	Operational
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (which is a Very High Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Suicide prevention has been integrated to the multi-agency protecting people strategic and governance structure. • Enhanced capacity has been established through the Suicide Prevention Co-ordinator role. • Suicide Prevention Delivery Plan in final stages of development, aligned to national strategy and informed by extensive engagement with local stakeholders, including communities. • Regular monitoring of plan implementation will be conducted through the protecting people committees.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Approval recommendation	Given the low level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 Members of the Children at Risk Committee, Adults at Risk Committee, the Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

DATE: 24 September 2024

Dave Berry
Acting Chief Officer

Robin Falconer
Suicide Prevention Co-ordinator

Sophie Gwyther
Lead Officer, Protecting People

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Creating Hope Together in Dundee Dundee's Suicide Prevention Delivery Plan 2024-2026

Approved by the Chief Officers Group on **DRAFT - TO BE APPROVED**

Our vision: Dundee is a city where every child, young person or adult who has thoughts of taking their own life, or is affected by suicide in other ways, can get the help they need and feel a sense of hope. Our communities, services and workplaces are safe, compassionate, inclusive, and free of stigma and everyone understands their role in helping to prevent suicide.

Introduction

This plan outlines the overarching local suicide prevention aims for Dundee for the next three years and a series of project actions which will support these. These have been informed by the four long term outcomes set out in [Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032](#) as follows:

- **Outcome 1:** The **environment** we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.
- **Outcome 2:** Our **communities** have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.
- **Outcome 3:** **Everyone** affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.
- **Outcome 4:** Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

To deliver on our local and national vision we must all work together to effect change across our society, services, communities and individual experiences.

Developing the plan

This plan has been developed using information and evidence gathered through:

- National suicide prevention self-evaluation checklist for best practice (SUPRESE)
- Creating Hope Together (National Suicide Prevention Strategy)
- Stakeholder engagement events
- Engagement with individual services
- Lived experience insight
- Dundee Community Health Advisory Forum (community voice from areas most affected by socioeconomic inequalities)



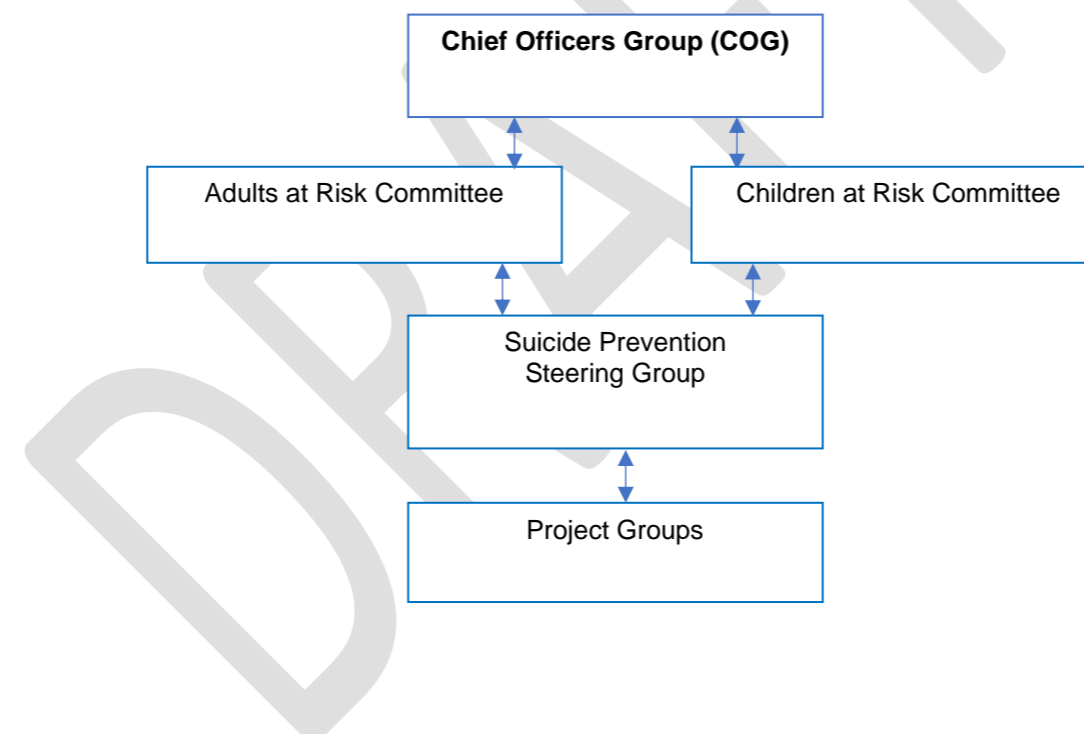
- Dundee Youth Council

The plan outlines key action areas where a co-ordinated multi-agency response is required and does not reflect the entirety of efforts to prevent suicide in the city. Many actions which contribute towards suicide prevention are sited within a range of other local plans and strategies. In implementing Dundee's Suicide Prevention Delivery Plan, links will be made to these plans and strategies via the Suicide Prevention Co-ordinator. The plan will also evolve as we continue to learn more about suicide through emerging data and evidence, including lived experience, community voice and evaluation of work undertaken.

Delivering the plan

A project lead has been assigned to every action in the plan and is responsible for delivery of that action and reporting progress to the Suicide Prevention Steering Group. The Steering Group, chaired by the Suicide Prevention Co-ordinator, will bring together all project leads to ensure effective implementation and evaluation of the plan.

The Steering Group is accountable to the Dundee Chief Officers Group via the Adults at Risk and Children at Risk committees as follows:



Key values

- **Collaboration** – we will focus on building positive working relationships as evidence shows that to be effective in preventing suicide we must work across systems, services and communities.
- **Equality & Fairness** – we will use both population-wide and targeted approaches to ensure that our actions benefit everyone, while taking into consideration specific issues affecting people on the grounds of their [protected characteristics](#) and wider social circumstances.
- **Continued learning and development** – we will review and adapt our action plan in line with emerging evidence, lived experience insight and learning from evaluation of work undertaken to ensure that it continues to meet local need.



Our plan

Aim	Actions	Evidence /Measures	Leads	Timescale	Notes
Broad Overview	How do we deliver this	How do we know it has been delivered and is effective		To be completed by	(Green, Amber, Red Tracking- blue completed)
<p>Aim 1 Our approach to suicide prevention is well co-ordinated and responsive to local need.</p>	<p>Action 1.1 Establish a multi-agency Suicide Prevention Steering Group to ensure a co-ordinated, evidence-informed and collaborative approach to suicide prevention planning and evaluation.</p> <p>Action 1.2 Embed actions relevant to suicide prevention across local strategies, plans and processes, including Protecting People, Community Planning, Education, Mental Health & Wellbeing and Primary Care.</p> <p>Action 1.3 Develop and implement a clear framework which outlines how lived experience and community voice will effectively influence suicide prevention planning and delivery.</p> <p>Action 1.4 Conduct a local Suicide Prevention Needs Assessment and Health Inequalities Impact Assessment (HIIA) and implement recommendations to ensure that all project actions are responsive to the needs of higher risk groups, including those who experience additional barriers to support.</p>	<p>Meeting minutes indicate that the Suicide Prevention Steering Group is meeting at least quarterly and using data/evidence to direct new and existing project actions.</p> <p>Clear links to suicide prevention or actions relevant to suicide prevention in identified plans/strategies.</p> <p>Framework established and implemented.</p> <p>Completed needs assessment and HIIA. Recommendations incorporated into action plan, including project actions focused on high-risk groups.</p>	<p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Suicide Prevention Co-ordinator, Protecting People Protecting People Lead Officers</p> <p>Authentic Voices Project Manager, DVVA Mental Health and Substance Use Engagement Manager</p> <p>Suicide Prevention Co-ordinator, Protecting People Lead Officer, Protecting People</p>	<p>September 2024</p> <p>April 2026</p> <p>January 2026</p> <p>December 2024</p>	



	<p>Action 1.5 Establish a Community of Practice for suicide prevention in Dundee, bringing together academic, lived experience and service stakeholders to facilitate shared learning and good practice.</p>	<p>There is an active Community of Practice in Dundee which is self-organising.</p>	<p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Mental Health and Substance Use Engagement Manager, DVVA + academic lead to be agreed.</p>	<p>June 2025</p>	
<p>Aim 2 Our communities are suicide safe spaces, free from stigma and where we all look out for each other and can talk openly about suicide.</p>	<p>Action 2.1 Continuously monitor public health surveillance data and implement prevention measures in response to public health concerns, including locations of concern, new methods of concern and potential suicide clusters.</p> <p>Action 2.2 In conjunction with Local Community Planning Partnerships (LCPPs), test a suicide safer communities initiative in two LCPP areas, and roll-out agreed model city-wide.</p> <p>Action 2.3 Roll out the Scottish Recovery Network's Creating Hope with Peer Support programme, building a peer support community to provide timely, appropriate and compassionate support to people at risk of suicide.</p> <p>Action 2.4 Deliver a programme of public awareness activities which includes an annual Suicide Prevention Week campaign and embed suicide prevention in other relevant campaigns throughout the year.</p>	<p>Response group convened within agreed timescale following identification of public health incident/event.</p> <p>Local protocols established.</p> <p>Active engagement from community groups, organisations and businesses in suicide prevention activity.</p> <p>Quality improvement cycle completed to generate data and learning for wider roll-out.</p> <p>Numbers completing peer training and local peer support network established.</p> <p>Number of activities delivered and reach. Evaluation of campaign effectiveness.</p>	<p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Suicide Prevention Co-ordinator, Local Community Planning Partnerships</p> <p>Mental Health and Substance Use Engagement Manager, DVVA</p> <p>Suicide Prevention Co-ordinator, Protecting People</p>	<p>June 2025</p> <p>Ongoing, in response to need. Steering group to review quarterly.</p> <p>December 2025</p> <p>City-wide roll-out to begin from April 2026</p> <p>Information event August 2024</p> <p>Recruitment event DATE TBC</p> <p>Recurring - annually</p>	



	<p>Action 2.5 Support the development of a Protecting People communications plan to ensure positive messages about support available are shared through a range of communication channels and engagement activities.</p>	<p>Communications plan developed and implemented.</p> <p>Agreed approach to public communication about all aspects of Suicide Prevention Delivery Plan.</p>	<p>Health Promotion Officer, NHS Tayside</p> <p>Protecting People Lead Officers</p> <p>Suicide Prevention Co-ordinator, Protecting People Communications Group</p>	<p>October 2026</p>	
<p>Aim 3 Organisations and community groups have increased capacity to provide initial support to people experiencing distress and suicidal thoughts.</p>	<p>Action 3.1 Establish a suicide prevention training forum to ensure a co-ordinated approach to training promotion, delivery and quality assurance in line with the NES Mental Health Improvement and Suicide Prevention Framework.</p> <p>Action 3.2 Implement the Third Sector Suicide Prevention pilot project to build an allied team of suicide prevention trainers within Third Sector organisations in Dundee.</p> <p>Action 3.3 Develop and deliver a programme of capacity-building training for volunteers and volunteer co-ordinators to extend suicide prevention training to local community settings.</p> <p>Action 3.4 Engage with key services to support the adoption of effective suicide support and safety planning protocols and scope opportunities to improve data collection processes around suicidal thoughts.</p>	<p>Consistently high training uptake and follow-up indicates learning has been implemented.</p> <p>Training leads working together to co-ordinate and promote training offer.</p> <p>Suicide prevention training alliance is established within a co-ordinated project. Pool of trainers recruited and training delivered.</p> <p>Suicide prevention training is embedded in organisations that recruit and support volunteers.</p> <p>Service engagement records/self-assessments completed. Protocols implemented and</p>	<p>Suicide Prevention Co-ordinator, Protecting People Learning Framework Oversight Group</p> <p>MHWP Primary Care Programme Manager DHSCP</p> <p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Suicide Prevention Co-ordinator, Protecting People</p>	<p>Training programme delivered throughout year</p> <p>Wider training network established January 2025</p> <p>Launch September 2024</p> <p>Review October 2025</p> <p>Volunteer training resources developed by October 2024</p> <p>Responsive to demand/need</p>	



		<p>follow-up feedback from staff.</p> <p>Digital workforce development package produced.</p> <p>Data improvement actions around suicidal ideation implemented.</p>	<p>Protecting People Data/Quality Assurance Group</p>		
<p>Aim 4 Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support which promotes wellbeing and recovery.</p>	<p>Action 4.1 Further develop and raise the profile of Hope Point as a key local support service for people experiencing distress and suicidal thoughts.</p> <p>Action 4.2 Map the support pathways for children, young people and adults with suicidal thoughts, implement improvement measures as necessary and ensure that these pathways are clearly communicated.</p> <p>Action 4.3 Further develop and promote resources and learning opportunities for parents, carers and families to encourage self-help and build confidence to discuss mental and emotional health and wellbeing, including suicidal thoughts.</p> <p>Action 4.4 Establish a mechanism for sharing learning between key partners and implementing recommendations from local, regional and national suicide prevention groups to improve support for children, young people and adults.</p>	<p>Service engagement records indicate routes into service from wider community settings.</p> <p>Support pathways mapped.</p> <p>Improvement actions identified.</p> <p>Agreed mechanism to communicate pathways to those who need to know.</p> <p>List of resources available and promoted locally.</p> <p>Feedback from evaluation focus groups.</p> <p>Improvement actions identified and incorporated into delivery plan.</p>	<p>Senior Service Manager, Hope Point</p> <p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Suicide Prevention Co-ordinator, Protecting People</p> <p>CAMHS MHEO Team</p> <p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Health Promotion Officer, NHS Tayside</p>	<p>July 2025</p> <p>Mapping completed by July 2025.</p> <p>July 2025</p> <p>February 2025</p>	

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Dundee Integration Joint Board Integrated Impact Assessment

There are 2 steps in this Integrated Impact Assessment process. **Step 1** is a pre-assessment screening tool which should be completed for every IJB report. **Step 2** is the Integrated Impact Assessment record to be completed when screening has indicated that IIA is required.

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Complete all boxes with an X or an answer or indicate not applicable(n/a).

Document Title	Draft Dundee Suicide Prevention Delivery Plan 2024-2026					
Type of document	Policy		Plan	X	Other- describe	
Date of this Pre-Integrated Impact Assessment Screening	24 th September 2024					
Date of last IIA (if this is an update)	N/A					
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
<p>This assessment relates to the Draft Dundee Suicide Prevention Delivery Plan which covers the period 2024-2026. The plan will contribute towards the prevention of suicide through the following priority aims:</p> <ul style="list-style-type: none"> • Our approach to suicide prevention is well co-ordinated and responsive to local need. • Our communities are suicide safe spaces, free from stigma and where we all look out for each other and can talk openly about suicide. • Organisations and community groups have increased capacity to provide initial support to people experiencing distress and suicidal thoughts. • Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support which promotes wellbeing and recovery. 						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Dave Berry, Acting Chief Officer, dave.berry@dundeecity.gov.uk						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Robin Falconer, Suicide Prevention Co-ordinator, robin.falconer@dundeecity.gov.uk						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
<p><u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</p>						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					X	
A major Strategy/Plan, Policy or Action Plan					X	
An area or partnership-wide Plan					X	

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A Plan/Programme/Strategy that sets the framework for future development consents		X
The setting up of a body such as a Commission or Working Group		X
An update to an existing Plan (when additional actions are described and planned)		X

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA</u> must be completed	Y	N
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn	X	
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.	X	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).	X	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	X	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	X	
Offenders and former offenders	X	
Effects of Climate Change or Resource Use		X
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.		X
Transport, Accessible transport provision; sustainable modes of transport.		X
Natural Environment		X
Air, land or water quality; biodiversity; open and green spaces.		X
Built Environment. Built heritage; housing.		X

**An IIA is required when YES is indicated at any question in the screening section above.
The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.**

From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	X	N	
--	---	---	---	--

In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)

Anticipated Date of IJB	23 rd October 2024	IJB Report Number	DIJB-2024
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Dundee Integration Joint Board Integrated Impact Assessment

Date IIA completed	
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Complete STEP 2 only if pre-screening indicates that IIA is needed.

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

The draft Suicide Prevention Delivery Plan is likely to have wide-reaching, universal positive impacts for the Dundee population, while simultaneously targeting actions to address the increased suicide risk in specific population groups. However, the data surrounding suicide, including suicidal ideation and behaviours, is complex, particularly as individuals will often have co-occurring risk factors and there are differences in suicide risk both between and within specific population groups. While research has identified specific groups for which there is a heightened risk, in many cases, our understanding of which approaches/interventions are effective for specific groups is less developed and requires further analysis. It is also important to note that many of the positive impacts will result from improvements in wider strategic planning and services/support for people within higher risk population groups. Where possible, we will attempt to map these links and identify further areas for development, following an iterative process.

At the stage of developing the plan, it has not been possible to comprehensively assess the implications for all population groups, however, there is a commitment in the plan to undertake further local engagement and assessment throughout the initial implementation period, including with communities and people with lived experience, to inform the detail of each action. This will help to inform the next iteration of the delivery plan at the end of the current plan period.

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
January 2024	Stakeholder Engagement Event to gather views from a wide range of stakeholders on local suicide prevention priorities. Feedback themes were used to inform the first draft of the delivery plan.	People with lived experience Volunteers Wide range of local services from various sectors	Interim Suicide Prevention Lead
January 2024	Facilitated engagement with the Community Health Advisory Forum to gather views from representatives of communities in the SIMD 20% most deprived areas.	Communities – representatives from areas of socioeconomic disadvantage	Suicide Prevention Co-ordinator
May-July 2024	Substance Use Services meeting, Recovery Services/Building Bridges meeting and meeting with Resolve and Evolve recovery drop-in members to ensure the plan addresses any specific needs of those affected by substance use.	Substance use services workforce People with lived experience of substance use	Suicide Prevention Co-ordinator
July 2024	Dundee Youth Council meeting to gather initial perspectives from young people. There is ongoing engagement with young people/professionals working with young	Youth Councillors	Suicide Prevention Co-ordinator

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Dundee Integration Joint Board Integrated Impact Assessment

	people to determine the detail of individual projects contained within the plan.		
July 2024	Draft plan provided to Mental Health and Wellbeing Strategic Planning Group members for review and feedback to ensure it reflected wider mental health and wellbeing strategic planning priorities.	Mental Health and Wellbeing Strategic Planning Group members (DHSCP, Third Sector, Public Health, Communities etc.)	Suicide Prevention Co-ordinator
August 2024	Draft plan presented to Children and Adults at Risk Committees as strategic oversight groups for suicide prevention in Dundee.	Protecting People committee members.	Suicide Prevention Co-ordinator
October 2024	Draft plan presented to the Protecting People Oversight Group.	Protecting People Oversight Group members.	Suicide Prevention Co-ordinator

STEP 2- Impact Assessment Record (continued)

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment and potential mitigations
Positive	X	People of all ages can experience suicidal thoughts and behaviours. The mean age of individuals who died by suicide in Tayside during the period 2018-22 was 43. Most individuals were within the 40-49 age bracket, closely followed by the 20-29 and 50-59 age bracket. Moreover, suicide was the leading cause of death in young people aged 5-24 in Scotland during the period 2011-2020. Actions contained within the draft Suicide Prevention Delivery Plan apply across the lifespan, hence the anticipated positive impact on people of all ages. Work will be undertaken to focus specifically on the needs of children and young people. Further engagement work will be undertaken during project implementation to determine whether targeted action is required to address the needs of other specific age groups.
No Impact		
Negative		
Not Known		

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Disability		Explanation, assessment and potential mitigations
Positive	X	Research suggests that disabled people are more likely to experience suicidal thoughts and die by suicide than people without disabilities. However, the relationship is complex and is affected by co-existing risk factors. For example, the 2021 Census for England and Wales indicated that in men aged 40-50 specifically, the highest rates of suicide were in disabled people. Wider research also indicates that individuals with neurodivergent conditions, such as Autism and ADHD, are at higher risk of suicide compared to those without these conditions. Therefore, while it can be assumed that the actions contained in the draft Suicide Prevention Delivery Plan will have positive impacts on the whole population, further local engagement is required to determine appropriate targeted work in relation to disability, including neurodivergent conditions.
No Impact		
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive	X	Research indicates that LGBTQ+ people experience poorer mental health than the heterosexual/cisgender population. Suicidal thoughts and behaviours can affect individuals who have undergone gender reassignment. A survey by LGBT Youth Scotland indicated that 50% of respondents had experienced suicidal thoughts/behaviours and the percentage of trans respondents who had reported suicidal thoughts/behaviours/self-harm was almost twice as high as cisgender respondents. While it is anticipated that population-wide actions contained in the draft Suicide Prevention Delivery Plan will have positive impacts on individuals who have undergone gender reassignment, further local engagement with relevant lived experience groups will be undertaken to understand specific needs and identify areas for targeted intervention.
No Impact		
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		Evidence indicates that women are particularly vulnerable to suicidal ideation and behaviour during the perinatal period (during pregnancy and in the first year after birth). However, there is insufficient data/evidence at this stage to conclude that the actions contained in the draft Suicide Prevention Delivery Plan will have a direct impact in relation to pregnancy/maternity. Further local engagement and research is required to determine whether targeted actions are required to address suicide risk in this population group.
No Impact		
Negative		
Not Known	X	
Religion & Belief		Explanation, assessment and potential mitigations
Positive		Religious and cultural differences in attitudes towards suicide are widely acknowledged, such as suicide being forbidden and stigmatised in some cultures which may prevent people seeking support. At this stage, there is insufficient evidence at a local level to determine the likely impact of the draft Suicide Prevention Delivery Plan on people of differing religious/belief systems. Further engagement with local faith-based/cultural organisations will be undertaken so that actions can be adapted accordingly.
No Impact		
Negative		
Not Known	X	
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		Evidence suggests that some races may be affected more than others by suicidal ideation and behaviours. While research commissioned by the National Suicide Prevention Leadership Group found no association between ethnicity and suicide, qualitative data indicates that people's experiences of racism can lead to the development of suicidal ideation and attempts. Wider research suggests that suicide rates are higher among the White and Mixed ethnicity groups, however, the relationship is complex and varies within ethnicity groups based on other risk factors. Further local engagement and research will be undertaken to consider the needs of specific ethnicity groups. However, the draft Suicide Prevention Delivery
No Impact		
Negative		
Not Known	X	

Dundee Integration Joint Board Integrated Impact Assessment

		plan does not seek to directly address wider issues of racism and discrimination. With this considered, there is insufficient data to determine the impact in relation to race and ethnicity at this stage.
Sexual Orientation		Explanation, assessment and potential mitigations
Positive	X	Individuals of any sexual orientation can experience suicidal thoughts, hence it is anticipated that there will be positive impacts from population-wide suicide prevention activity. However, research indicates that lesbian, gay and bisexual people are at higher risk of suicidal thoughts and behaviours than heterosexual people. This is not an inherent risk due an individual's sexual orientation but an effect of factors such as stigma and discrimination. The draft Suicide Prevention Delivery Plan does not directly address this but, through further local engagement with LGBTQ+ groups and research, the actions contained in the plan will be considered in the context of these wider issues and tailored accordingly.
No Impact		
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.		

STEP 2- Impact Assessment Record (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)	X			
North East (Whitfield, Fintry & Mill O'Mains)	X			
Lochee (Lochee Beechwood, Charleston & Menzieshill)	X			
Coldside (Hilltown, Fairmuir & Coldside)	X			
East End (Mid Craigie, Linlathen & Douglas)	X			
Maryfield (Stobswell & City Centre)	X			
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End	X			
The Ferry	X			
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				

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Dundee Integration Joint Board Integrated Impact Assessment

Tayside Multi-agency Suicide Review Group data indicates that the rate of suicide is over three times as high in the 20% most deprived areas compared to the 20% least deprived. Relatedly, 37% of Dundee's population reside within the 20% most deprived areas, highlighting the need to focus efforts to reduce the burden in these areas.

Furthermore, a range of indicators of low socioeconomic position, which are more prevalent in areas of deprivation, have been linked to an increased risk of suicide including powerlessness, social exclusion, poor mental health, unhealthy lifestyles, stigma and disrespect and more adverse experiences.

Public health evidence shows that reducing health inequalities requires both universal and targeted approach. This ensures that suicide risk in the wider population is addressed while applying a proportionately more intense response on population groups that are at higher risk of suicide. Consequently, positive impacts are anticipated in areas of deprivation and other areas in Dundee.

In carrying out actions contained within the draft Suicide Prevention Delivery Plan, links will be made with existing Local Community Planning Partnership initiatives and processes addressing place-based fairness issues, taking into consideration the unique needs in each area. There are also several actions which have a direct focus on building community capacity, hence the anticipated positive fairness impacts in these areas.

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- *consider the impact on households with people with the following circumstances*

. Mark X in all relevant boxes. X must be placed in at least one box

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive		Evidence indicates that suicidal ideation and behaviour is more common in care experienced children and young people than in those without care experience. The reasons are multiple and complex and can partly be attributable to the greater concentration of population-wide risk factors existing among care experienced children and young people, such as trauma, loneliness/isolation, substance use and pre-existing mental health conditions. There are heightened vulnerabilities during times of transitions, such as between homes/placements, between child and adult services and upon leaving care towards greater independence. At this stage, there is insufficient information to determine the impact of the draft Suicide Prevention Delivery Plan on care experienced children and young people but further local engagement/research will be undertaken to determine appropriate targeted actions.
No Impact		
Negative		
Not Known	X	
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive	X	A Carers UK survey of over 1700 Scottish unpaid carers indicated that carers may be particularly vulnerable to suicidal ideation, as 36% of respondents said they had thoughts related to self-harm or suicide. While the draft Suicide Prevention Delivery Plan does not directly address wider support needs for carers. A targeted approach to training and bereavement support is likely to have several positive impacts in terms of professionals who support carers being more knowledgeable/skilled to support carers experiencing suicidal ideation and ensuring support for carers who may have lost someone due to suicide. An approach to training carers in suicide prevention skills is also likely to be beneficial where the person they are caring for has thoughts of suicide. This will be explored further during implementation of the plan.
No Impact		
Negative		
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive	X	All actions contained within the delivery plan will take into consideration the needs of children, young people and their families, and there are specific actions which focus on improving support pathways, including for children and young people, as well as support for parents to have supportive conversations about suicide with their children.
No Impact		
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive	X	As above, all actions contained within the delivery plan will take into consideration the needs of children, young people and their families, and there are specific actions which focus on improving support pathways, including for children and young people, as well as support for parents to have supportive conversations about suicide with their children.
No Impact		
Negative		
Not Known		
Retirement Pensioner (s)		
Positive	X	Although the proportion of overall suicides in Tayside is lower in groups of retirement age compared to most other age groups, there is evidence that transitions to retirement may present specific vulnerabilities in relation to suicidal ideation. However, there appears to be an immediate protective effect of retirement, with one
No Impact		
Negative		
Not Known		

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Dundee Integration Joint Board Integrated Impact Assessment

		study reporting an increased risk of suicidal ideation and behaviours only at 5 years or more after retirement. This is coupled with the likelihood that older people will be more at risk of social isolation due to loss of spouses/friends and increased frailty preventing participation in social activities. The draft Suicide Prevention Delivery Plan actions are inclusive of the retirement pensioner population so positive impacts are anticipated. However, targeted interventions for this group are not currently a feature of the plan.
Serious & Enduring Mental Health Conditions		
Positive	X	Mental health problems increase risk of suicide. Tayside Multi-Agency Suicide Review Group data indicates that in the 2018-22 period 57% of people who died by suicide had contact with secondary care Mental Health or Substance Use Services in their lifetime and 40% had been prescribed anti-depressant medication at the time of death. It is anticipated that for those with serious and enduring mental health conditions that place them at higher risk of suicide, the actions contained within the draft Suicide Prevention Delivery Plan will have a positive impact. However, there are no actions contained within the plan that focus exclusively on people with serious and enduring mental health conditions.
No Impact		
Negative		
Not Known		
Homeless (risks of Homelessness)		
Positive		NRS data indicate that in 2022 probable suicide accounted for 8% of deaths among people experiencing homelessness in Scotland and research indicates that homelessness is associated with an increased risk of suicide. Moreover, there is an increased risk of suicide the longer someone has experienced homelessness. The increased risk is influenced by a range of factors, including the reasons leading to homelessness and experiences of homelessness itself, such as entrapment, stigma and lack of social support. Specific factors associated with suicidal ideation and behaviours among homeless individuals include physical illnesses, violent behaviours, mental health and substance use disorders and history of physical abuse and post-traumatic stress disorders. There is also evidence that homeless children and adolescents are at higher risk of dying by suicide than homeless adults. The draft Suicide Prevention Delivery Plan does not currently contain actions targeted towards the homeless population but will be considered throughout implementation of the plan.
No Impact		
Negative		
Not Known	X	
Drug and/or Alcohol issues		
Positive	X	It is anticipated that there will be indirect positive impacts on people affected by drug and/or alcohol issues due to the overlapping risk factors with suicidality. Moreover alcohol and substance use with alcohol and/or substance use noted in 51% of suicides in the 2018-22 period (Tayside Multi-agency Suicide Review Group data). Consideration will be given to targeting specific actions towards people affected by alcohol and/or substance use. Engagement with substance use services to date has not indicated the need for tailored interventions, other than ensuring suicide prevention training is available for staff in these settings.
No Impact		
Negative		
Not Known		
Offenders and Former Offenders		
Positive		Research suggests that those with a history of criminal offences have an increased suicide risk compared to the general population. Individuals who commit serious crime or offences, particularly sexual offences, are at a particularly high risk of suicide. Young offenders and those in the early stages of custody are also particularly vulnerable to suicide. However, the available local data does not enable conclusions to be drawn regarding the likely impact of the draft Suicide Prevention Delivery Plan on this population group. It is likely that more targeted actions will be required to reach this population group, particularly as population-wide actions are less likely to reach those who are in prison, for example.
No Impact		
Negative		
Not Known	X	

STEP 2- Impact Assessment Record (continued)

Mark X in all relevant boxes. X must be placed in at least one box

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Dundee Integration Joint Board Integrated Impact Assessment

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.

Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive		
No Impact	X	
Negative		
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		
No Impact	X	
Negative		
Not Known		
Earnings & employment -including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive		
No Impact	X	
Negative		
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive		
No Impact	X	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive	X	The delivery plan contains actions which explicitly focus on improving population mental health through improvements in the quality of support and support pathways for people experiencing suicidal thoughts/behaviours and those at risk of suicide more broadly. All actions in the plan will take into consideration the needs of children and young people.
No Impact		
Negative		
Not Known		
Life expectancy		
Positive	X	The actions contained within the delivery plan contribute towards the prevention of suicide and the longer-term reduction of suicide rates. There is an anticipated, albeit small, positive impact on life expectancy as a result.
No Impact		
Negative		
Not Known		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		
No Impact	X	
Negative		
Not Known		
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		
No Impact	X	

Dundee Integration Joint Board Integrated Impact Assessment

Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Transport (including accessible transport provision and sustainable modes of transport)		
Positive	<input type="checkbox"/>	
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
NOW COMPLETE THE CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2		

Step 2- Impact Assessment Record(continued)

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	<input type="checkbox"/>	
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Resource Use		
Energy Efficiency and Consumption		
Positive	<input type="checkbox"/>	
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive	<input type="checkbox"/>	
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sustainable Procurement		
Positive	<input type="checkbox"/>	
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive	<input type="checkbox"/>	
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Built Environment - Housing and Built Heritage		
Positive	<input type="checkbox"/>	
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

STEP 2- Impact Assessment Record (continued)

There is a requirement to assess plans that are likely to have significant environmental effects. **Strategic Environmental Assessment** provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

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Dundee Integration Joint Board Integrated Impact Assessment

Strategic Environmental Assessment				
Statement 1				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Use the SEA flowchart to determine whether this plan or proposal requires SEA.
<p>If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)</p> <p>Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)</p> <p>Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.</p>				

As Corporate Risk is addressed and recorded in IJB reports and it is not reported on this record. (See IJB report.)

End of Impact Assessment Record.

The completed 'Step 1-Essential Information and Pre- Impact Assessment Screening Tool' part of this document **must be sent to IJB** pre-agenda meetings with draft IJB reports.

When Step 1 indicates that Step 2 (IIA) is required both Step 1 and Step 2 completed pages must be must accompany draft IJB Reports to IJB Pre-Agenda stage and at should be included with IJB papers. IIA records should accompany IJB papers will be published with relevant IJB Report. Any changes or additions agreed at IJB should be made before final publication.

Additional Information and advice about impact assessment can be found at

<https://www.gov.scot/publications/local-development-planning-regulations-guidance-consultation-part-d-interim-impact-assessments/pages/3/>

The IJB IIA record has been developed from the DCC IIA, guidance which contains more detailed information about each of the sections in the DCC IIA can be accessed here:

https://www.dundee.gov.uk/sites/default/files/publications/20220131_ia_guidance_2022_v1.1.pdf

This form was last updated in February 2024.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
23 OCTOBER 2024

REPORT ON: FINANCIAL MONITORING POSITION AS AT AUGUST 2024

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB61-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial position for delegated health and social care services for 2024/25.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report including the projected operational financial position for delegated services for the 2024/25 financial year end as at 31st August 2024 as outlined in Appendices 1, 2, and 3 of this report.

2.2 Note the ongoing actions being taken by Officers and Senior Management to address the current projected financial overspend position through the development of a Financial Recovery Plan, as detailed in 4.5.

2.3 Note the deterioration in Risk profile assessment (as detailed in section 6.0) due to the worsening financial position.

3.0 FINANCIAL IMPLICATIONS

3.1 The financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2025 shows a projected operational overspend of £9,005k (£6,197k projected overspend detailed in previous report DIJB41-2024 Article IV of the minute of meeting held on 21st August 2024) – of which £4,000k was anticipated as part of the 2024/25 financial plan however the additional £5,005k is as a result of unplanned and unanticipated cost pressures.

3.2 This overspend exceeds the parameters of the IJB's approved 2024/25 financial plan, whereby up to £4m of IJB reserves has been identified to support the IJB's financial position at the year end. The content of this report highlights key reasons for the projected variance and ongoing actions by Officers and Senior Management to address these and improve the position.

3.3 The IJB currently holds a further £4,789k in General Reserves, which can be utilised to fund the unplanned and unanticipated projected overspend, however this would still leave a shortfall of £216k. While work is ongoing to address the extent of the overspend through the Financial Plan, the potential implication of this overspend would result in Integration Scheme Risk Sharing arrangement being triggered with Dundee City Council and NHS Tayside being requested to fund any residual shortfall.

3.4 In addition, it should be recognised that if the majority of Reserves are utilised in 2024/25, this will significantly impact on financial planning flexibility in future years.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB's final budget for delegated services was approved at the meeting of the IJB held on the 27th March 2024 (Article IV of the minute of the meeting of 27 March refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2024/25 financial year. An updated assessment of the status of the savings plan is set out in Appendix 4 of this report.

4.2 Projected Outturn Position – Key Areas

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

4.3 Operational Health and Community Care Services Delegated to Dundee IJB

- 4.3.1 The financial position for services delegated to the IJB details an operational overspend of £4,036k for the financial year.
- 4.3.2 Older People Services contribute a significant portion of this, with a projected overspend of £4,092k. The majority of this is due to Care at Home demands and costs of care packages. It should be noted that as a result of managing this increased Care at Home demand, there are significant and sustained benefits for patients and service users as well as the whole-system health and social care pathways through reduced hospital delayed discharges and reduced social care unmet need in the community. During recent months, Dundee has continued to be amongst the best performing Integration Authority in Scotland for Delayed Discharge performance. Work is ongoing to achieve a balanced position between meeting the whole-system demands and ongoing financial sustainability.
- 4.3.3 Learning Disabilities services contribute a further £1,151k overspend to the position, predominantly linked to staffing budgets.
- 4.3.4 Community Nurse Services / AHP / Other Adult Services are showing a projected overspend of £425k, partially linked to planned over-recruitment in Community Nursing Teams to help alleviate demand and staffing pressures, which is also anticipated to reduce reliance of bank staff to fill gaps.
- 4.3.5 Lead Partner Services managed by Dundee includes overspends within Specialist Palliative Care Services of £400k and Psychological Therapies of £250k. Both are linked mainly to staffing costs and budget holders continue to review options to resolve these positions.
- 4.3.6 Other Contractors includes GP Prescribing, General Medical Services and Family Health Services and is currently projecting a combined overspend of £655k. A significant portion of this is linked to the costs of operating the 2C GP Practices. Work is ongoing with service leads to address this.
- 4.3.7 Key drivers of underspends across various services continue to be staffing vacancies, with ongoing challenges of recruitment and retention of staff. This is similar across a number of Medical, Nursing, Allied Health Professionals (AHPs), Social Care, Social Work and other staffing groups and across various bands / grades and skill-mixes. Recruitment activity continues to take place throughout the service areas to ensure patient demand and clinical risk is managed as best as possible. This ongoing recruitment and retention challenge was recognised during the 2024/25 budget setting process with non-recurring slippages / vacancy factor savings targets implemented to reflect the reality of the current position.

- 4.3.8 In addition to the specific service variances already highlighted, key drivers of overspends are mainly as a result of reliance on bank, agency or locum staff (with premium cost implications) to fill vacancies or cover due to staff sickness where patient acuity and / or safe-staffing levels necessitate the use of these additional staff. In addition, under recovery of income for chargeable social care services is also creating a cost pressure across various service budgets.
- 4.3.9 Following recent national decisions regarding 24/25 Pay Award, the projected spend has been updated to incorporate anticipated implications. Agreement was reached via COSLA to implement the 24/25 pay offer to Council employed staff (either £1292 per year or 3.6%, whichever is lower). The 24/25 Financial Plan included an assumed 3% pay award cost with no additional funding; through the negotiation process, additional national funding is now anticipated to offset the additional cost above 3.2%, with 0.2% now incorporated as an additional cost pressure. This additional cost equates to around £130k. In terms of NHS staff, the Agenda for Change offer has been agreed at 5.5% and we continue to assume sufficient national funding will be received to offset the additional cost. An offer of 10.5% uplift has been made to Consultants and we also continue to assume this will be fully funded.
- 4.3.10 Supplementary spend during the first 5 months of 2024/25 totals £3,210k. This includes £723k on additional part-time hours and overtime, £699k on agency, and £1,788k on bank nursing / sessional staffing. Absence rates for NHS employed staff within HSCP have averaged at 7.21% during the first 5 months of 24/25. The working days lost for DCC employed staff within the HSCP to August 2024 was 11.49%.
- 4.3.11 GP and Other Family Health Services Prescribing continues to be monitored on a local and Tayside-wide basis due to the scale and complexity of the budget. The Prescribing financial plan for Dundee for 2024/25 indicated a projected cost pressure of £1,052k as a result of anticipated volume and pricing growth, and funding was identified and set aside as part of the 2024/25 financial plan to manage this gap. The latest projections are based on 3 months actual data to June 24 and show an anticipated projected overspend of £308k compared to plan, with fluctuations in pricing and volume of prescriptions continuing to show an element of volatility. (It is normal for data to be received 2 months in arrears to allow for national review and verification).

4.4 Tayside-wide Delegated Services

- 4.4.1 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the Lead IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of these adjustments to Dundee being an increased cost implication of £314k which mainly relates to a significantly higher spend within GP Out of Hours Medical Service led by Angus IJB. The Out of Hours overspend is as a direct result of changes to the patient pathway now embedded in the service model following Covid-19 pandemic and subsequent recovery. Work continues within the service to develop a financial recovery plan and future sustainable service delivery model.
- 4.4.2 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Currently, there is no budget delegated to the IJBs for 2024/25. Due to the IJB's having strategic planning responsibility for the services, there is a requirement to show a delegated budget and spend position in the IJB's annual accounts. Given the unusual governance position around In-Patient Mental Health Services whereby there is a separation between strategic planning and operational delivery of the service, ongoing discussions are taking place to agree financial risk sharing arrangements amongst the 3 IJB's and NHS Tayside for the current financial year.

4.5 Actions to resolve Projected Financial Gap

4.5.1 The current financial position has been discussed at Senior and Extended Management Meetings, with actions being progressed to ensure both a robust understanding of financial drivers as well as implementing actions to improve the projected financial position. These actions are detailed in the separate report – Financial Recovery Plan 2024/25 (DIJBxx-2024), but include -

- Efficiencies in Care at Home spend to better manage and prioritise demand
- Enhanced process to maximise income recovery rates for chargeable social care services
- Specific plans from overspending services, with the aim of returning these to within budget where safe to do so
- Enhanced controls of 'discretionary' spend and supplementary staffing to minimise any non-essential or non-critical expenditure
- Continue progress to delivery current year savings plans and transformation plans to deliver a sustainable annual financial position

4.5.2 Strategic Prioritisation and endeavouring to protect front-line services that provide support to Dundee's most vulnerable continues to be aim, but this needs to be managed within the available financial resources.

4.6 Reserves Position

4.6.1 The IJB's reserves position was reduced at the year ended 31st March 2024 as a result of the operational overspend of £3,744k during 2023/24. This resulted in the IJB having total committed reserves of £11,024k and uncommitted reserves of £6,789k at the start of 2024/25 financial year. Following the IJB's approval to enhance Transformation Funding (report DIJB45-2024 Article VI of the minute of meeting held on 21st August 2024), the Reserves breakdown has been restated. The current reserves position is noted in Table 1 below:

Table 1

Reserve Purpose	Closing Reserves @ 31/3/24 (restated)
	£k
Mental Health	1,036
Primary Care	1,859
Drug & Alcohol	559
Strategic Developments	3,756
Revenue Budget Support	4,000
Service Specific	1,452
Other Staffing	362
Total committed	13,024
General	4,789
TOTAL RESERVES	17,813

4.6.2 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances have been taken into consideration for these funds by the Scottish Government when releasing further in-year funding.

4.6.3 The IJB's Reserves Policy seeks to retain Reserves of 2% of budget (approximately £6.4m) however it is recognised that this is particularly challenging to maintain within the current financial climate with many IJB's across the country having no reserves or below their respective reserves policies.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised. Actions to be taken by Officers, Senior Management and Budget holders to manage overspending areas. Transformation and Strategic Delivery Plan to drive forward priorities towards a sustainable financial position Financial Recovery Plan developed to address overspend position.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level)
Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

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		Appendix 1
		Aug-24
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT		
	Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	76,897	4,092
Mental Health	13,246	3
Learning Disability	36,627	1,151
Physical Disabilities	8,660	(224)
Drug and Alcohol Recovery Service	6,037	34
Community Nurse Services/AHP/Other Adult	16,858	425
Lead Partner Services	26,042	380
Other Dundee Services / Support / Mgmt	38,322	41
Centrally Managed Budgets	3,260	(1,866)
Total Health and Community Care Services	225,948	4,036
Prescribing & Other FHS Prescribing	34,888	344
General Medical Services	31,401	386
FHS - Cash Limited & Non Cash Limited	23,900	(75)
Large Hospital Set Aside	21,711	0
In-Patient Mental Health	0	0
Total	337,847	4,691
Net Effect of Lead Partner Services*	(5,232)	314
Financial Plan Gap (integrated budget)	(4,000)	4,000
Grand Total	328,615	9,005
*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment		

		Appendix 2	
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT		Aug-24	
		Partnership Total	
		Annual Budget £,000	Projected Overspend / (Underspend) £,000
1			
	Psych Of Old Age (In Pat)	5,532	-720
	Older People Serv. - Ecs	273	-25
	Older Peoples Serv. -Community	1,093	75
	Ijb Medicine for Elderly	6,757	150
	Medical (P.O.A)	828	275
	Psy Of Old Age - Community	2,803	-65
	Medical (MFE)	2,454	3
	Care at Home	29,535	4,884
	Care Homes	29,801	131
	Day Services	1,298	-78
	Respite	520	-199
	Accommodation with Support	1,207	-31
	Other	-5,206	-309
	Older Peoples Services	76,897	4,092
2			
	Community Mental Health Team	4,378	25
	Tayside Adult Autism Consultancy Team	364	20
	Care at Home	1,129	-74
	Care Homes	643	422
	Day Services	65	0
	Respite	-3	81
	Accommodation with Support	5,818	164
	Other	852	-635
	Mental Health	13,246	3
3			
	Learning Disability (Dundee)	1,631	15
	Care at Home	-320	552
	Care Homes	3,321	-69
	Day Services	9,772	479
	Respite	480	-64
	Accommodation with Support	23,954	-495
	Other	-2,210	732
	Learning Disability	36,627	1,151
4			
	Care at Home	1,101	218
	Care Homes	2,238	-756
	Day Services	76	-63
	Respite	-25	194
	Accommodation with Support	813	-46
	Other	4,457	231
	Physical Disabilities	8,660	-224
5			
	Dundee Drug Alcohol Recovery	4,542	150
	Care at Home	0	0
	Care Homes	380	229
	Day Services	70	-5
	Respite	0	0
	Accommodation with Support	350	-168
	Other	695	-173
	Drug and Alcohol Recovery Service	6,037	34

		Partnership Total	
		Annual Budget	Projected
		£,000	Overspend / (Underspend)
		£,000	£,000
6			
	A.H.P.S Admin	519	-3
	Physio + Occupational Therapy	7,512	-150
	Nursing Services (Adult)	8,112	530
	Community Supplies - Adult	344	115
	Anticoagulation	484	-20
	Other Adult Services	-112	-48
	Community Nurse Services / AHP / Other Adult Services	16,858	425
7			
	Palliative Care - Dundee	3,567	280
	Palliative Care - Medical	1,692	120
	Palliative Care - Angus	445	30
	Palliative Care - Perth	2,101	-30
	Brain Injury	2,023	20
	Dietetics (Tayside)	4,281	38
	Sexual & Reproductive Health	2,591	-115
	Medical Advisory Service	80	-11
	Homeopathy	40	8
	Tayside Health Arts Trust	81	0
	Psychological Therapies	6,800	250
	Psychotherapy (Tayside)	1,119	-120
	Perinatal Infant Mental Health	357	65
	Learning Disability (Tay Ahp)	863	-155
	Lead Partner Services	26,042	380
8			
	Working Health Services	2	30
	The Corner	645	-45
	ljb Management	766	-25
	Partnership Funding	28,386	0
	Urgent Care	1,731	-100
	Community Health Team	196	-30
	Health Inclusion	1,136	-85
	Primary Care	987	-35
	Support Services / Management Costs	4,473	331
	Other Dundee Services / Support / Mgmt	38,322	41
	Centrally Managed Budget	3,260	-1,866
	Total Health and Community Care Services	225,948	4,036
	Other Contractors		
	FHS Drugs Prescribing	34,492	1,188
	FHS Drugs Prescribing Cost Pressure Investment	1,052	-1,052
	Other FHS Prescribing	-657	208
	General Medical Services	30,927	183
	Dundee 2c (gms) Services	474	203
	FHS - Cash Limited & Non Cash Limited	23,900	-75
	Large Hospital Set Aside	21,711	0
	Grand H&SCP	337,847	4,691
	Lead Partner Services Recharges Out	-15,870	-206
	Lead Partner Services Recharges In	10,539	620
	Hosted Recharge Cost Pressure Investment	100	-100
	Hosted Services - Net Impact of Risk Sharing Adjustment	-5,232	314
	Financial Plan Gap (integrated budget)	-4,000	4,000
	Grand Total	328,615	9,005

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - August 24			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,165	108	43
Out of Hours	9,287	1,948	768
Tayside Continence Service	1,528	300	118
Locality Pharmacy	2,568	0	0
Speech Therapy (Tayside)	1,500	15	6
Sub-total	16,046	2,371	934
Apprenticeship Levy & Balance of Savings Target	84	(22)	(9)
Total Lead Partner Services - Angus	16,130	2,349	925
Lead Partner Services - Perth & Kinross			
Prison Health Services	4,960	108	42
Public Dental Service	1,934	(495)	(195)
Podiatry (Tayside)	3,664	(356)	(140)
Sub-total	10,558	(744)	(293)
Apprenticeship Levy & Balance of Savings Target	60	(31)	(12)
Total Lead Partner Services - Perth&Kinross	10,618	(775)	(305)
Total Lead Partner Services from Angus and P&K			
	10,539		620

	Dundee IJB - Budget Savings List 2024-25		Appendix 4
	Agreed Savings Programme		
	Savings / Initiative	2024/25 Value	Risk of non-delivery
		£000	
	Recurring Proposals		
1)	Dundee City Council Review of Charges – Additional Income	313	Medium
2)	Additional Community Alarm Charge to DCC Housing	34	Low
3)	Redirect existing budget underspends	1,400	Low
4)	Reduction in Care Home Placements	1,100	Medium
5)	Review of Day Care Services	400	Medium
6)	Review of Direct Payment Commitments	100	Medium
7)	Care at Home Contract Efficiency review	447	Medium
8)	Review of Transport	150	Medium
9)	Use of Physical Resources / Quality of Environment	200	Medium
10)	Review of Contractual Commitments	300	Medium
11)	Review of residual Practical Support Service	150	Low
12)	Reduced Employer Contribution rate to DCC Pension scheme	300	Low
	Total Recurring Savings / Initiatives	4,894	
	Non-Recurring Proposals		
13)	Utilisation of IJB Reserves	4,000	Low
14)	Management of natural staff turnover – continuation of 23/24	700	Low
15)	Management of natural staff turnover / vacancy management	600	Medium
16)	Return of additional investment from Prescribing	493	Medium
	Total Non Recurring Savings / Initiatives	5,793	
	Total Savings / Initiatives	10,687	

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
23 OCTOBER 2024

REPORT ON: FINANCIAL RECOVERY PLAN 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB54-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval from the Integration Joint Board to implement a financial recovery plan in order to bring the delegated budget into financial balance by the 2024/25 year end.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the significant financial challenges currently faced by Dundee IJB and recognises this is part of a broader national issue around financial sustainability of health and social care, as highlighted in the recent Accounts Commission report on IJB financial performance
- 2.2 Notes and acknowledges that measures needed to deliver financial recovery and financial sustainability are likely to conflict with the priorities and desired 'scale and pace' of the IJB's Strategic Plan
- 2.3 Approves the content of this report detailing progress and implications as result of actions by Officers and Senior Management to address the projected financial overspend position for 2024/25.
- 2.4 Instructs the Chief Officer and Chief Finance Officer to submit this financial recovery plan to the partner bodies for noting as set out in the Integration Scheme.
- 2.5 Request an update on the financial impact of the recovery plan from the Chief Finance Officer at the December IJB meeting.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The latest financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2025 shows a projected operational overspend of £9,005k based on expenditure to 31 August 2024 (as detailed in report DIJB61-2024 on this agenda) - of which £4,000k was anticipated as part of the 2024/25 financial plan however the additional £5,005k is as a result of unplanned and unanticipated cost pressures.
- 3.2 This overspend exceeds the parameters of the IJB's approved 2024/25 financial plan (DIJB10-2024 Article IV of minute of meeting 27 March 2024 refers), whereby up to £4,000k of IJB reserves has been identified to support the IJB's financial position at the year end. The content of this report highlights key reasons for the projected variance and ongoing actions by Officers and Senior Management to address these and improve the position.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB's final budget for delegated services was approved at the meeting of the IJB held on the 27 March 2024 (Article IV of the minute of the meeting of 27 March refers). This set out the cost pressures and funding available with a corresponding resultant gap of £10,687k which is the biggest annual financial savings requirement the IJB has had to make since it was formed in 2016. A savings plan was agreed in addition to agreement to utilise reserves of £4,000k to ensure the IJB had a balanced budget position going into the 2024/25 financial year.
- 4.1.3 The principal reasons for the projected financial variance are detailed in the latest Financial Monitoring Report (DIJB41-2024 Article IV of the minute of meeting of 21st August 2024 refers)
- 4.1.4 The challenges faced by Dundee IJB are similar to those of other IJBs, as highlighted in the key messages of the Audit Scotland report on IJBs Finance and Performance 2024, published on 25 July 2024 (report DIJB59-2024 on this agenda).
- 4.1.5 Under the IJB Scheme of Integration (DIJB88-2022, Article VI of the minute of meeting of 14 December 2022 refers), the Financial Recovery plan process is as follows –
- Where an unplanned year end overspend is projected, the Chief Officer and Chief Finance Officer to present a Recovery Plan to IJB and Partner Bodies to address the in-year overspend
 - In the event the recovery plan is unsuccessful and an overspend is evident at year end, uncommitted reserves must firstly be used to address this
 - If after the application of Reserves an overspend is still evident, a revised Strategic Plan must be developed to enable the overspend to be managed in subsequent years.
 - Where an in-year overspend remains, this will be shared in proportion to the spending Direction for each Partner body for that financial year – these additional payments may be recoverable from the IJB over future years.

4.2 Actions to resolve Projected Financial Gap

- 4.2.1 With a projected unplanned overspend of £5,005k, the remaining General Reserves funding is insufficient to fully cover this.
- 4.2.2 A number of actions and options have been discussed at Senior and Extended Management meetings in order to develop a financial recovery plan with actions being progressed to ensure both a robust understanding of financial drivers as well as implementing actions to improve the projected financial position and return this back towards Financial Plan. These actions include –
- Driving greater efficiencies in Care at Home services to better manage and prioritise demand
 - Implementing enhanced processes to maximise income recovery rates for chargeable social care services
 - Developing specific plans from overspending services, with the aim of returning these to within budget where safe to do so
 - Implementing enhanced controls of 'discretionary' spend and supplementary staffing to minimise any non-essential or non-critical expenditure
 - Adoption of Partner Body Financial Recovery tools and principles, including realistic medication and polypharmacy reviews to ensure efficient and cost-effective prescribing, and NHS Scotland's 15 box grid self-assessment

- Continuing the drive to deliver current year agreed savings plans and transformation plans to deliver a sustainable annual financial position
- Ongoing review of earmarked Reserves and other non-recurring funding to maximise the benefit to the 2024/5 position

4.2.3 Spend on Care at Home has grown considerably in recent years with demand now exceeding available funding despite the IJB directing increased budgeted resources to these services. Underlying reasons include demographics due to the ageing population, system-wide pressures to ensure individuals return home from hospital as quickly as possible once clinically discharged (and minimise delayed discharge situations) or are appropriately supported at home to avoid unnecessary admissions, in addition to the national and local strategic shift to support people at home for as long as possible. Care at Home packages are provided via both in-house teams and externally commissioned services. Both service areas have been subject to review to ensure the spend is managed as effectively and efficiently as possible through, for example –

- Minimising downtime and maximising direct contact time with service users through efficient care run planning
- Considering adaptations or supporting equipment, especially where this might result in a single member of staff per visit rather than 2 staff being required
- Reviewing value for money, particularly for very small or very large packages, and whether an individual's needs could be met in alternative ways
- Enhancing monitoring return information from external providers to ensure robust and timely information is available to support decision-making and financial monitoring
- Reviewing eligibility criteria to ensure placements are prioritised to those with greater assessed needs
- Considering limiting availability by placing a cap on total weekly hours

4.2.4 Income for chargeable services continues to be lower than projected. Income lowered during the pandemic when some services were unavailable and activity levels across a number of services have not fully returned to pre-pandemic levels. A robust end-to-end process review is ongoing to ensure that all chargeable services are billed accordingly and timeously and that bills are affordable within an individual's eligible income where they have taken up the opportunity to complete a financial assessment.

4.2.5 Work is ongoing with all service areas across the health and social care partnership that are currently projecting an overspend to better understand the reasoning and support their return to spend being within budget. Service proposals along with analysis and risk implication reports have been submitted to senior management, with factors such as safety, demand, performance, strategic priority and whole system implications being considered before progressing the plans.

4.2.6 All budget holders have been directed to consider options and opportunities to minimise 'discretionary' spend on items such as supplies, travel, stationery, stock, etc. Similarly an ongoing review and management of recruitment requests continue to be undertaken to ensure only essential and critical posts are advertised and recruited to with robust senior management oversight of recruitment. Staff absence figures continue to be scrutinised with strategies and wellbeing supports in place to promote return to work. Where vacancies or absent posts are critical and need backfilled, managers are instructed to minimise the cost implication through avoiding expensive agency or locum costs as much as possible

4.2.7 Officers and senior management will continue to work with NHS Tayside and Dundee City Council colleagues to share best practice, enhance efficiencies and maximise capacity across the whole-system and pathways. This includes use of tools such as NHS Scotland's 15 box grid self-assessment questionnaire where many of the areas of focus are equally applicable to Health and Social Care Partnership teams, including Medicines of Low Clinical Value, Medicines Wastage, Polypharmacy Reviews, Nurse Agency and Medical Locum reduction, Sickness Absence Reduction, Outpatient Appointment efficiencies, Digital Letters and Benchmarking.

- 4.2.8 To support both the 2024/25 position and manage future year pressures, there is a continued focus to ensuring 24/25 recurring savings plans are delivered as anticipated, as well as progressing with Transformation projects and budget planning for 2025/26
- 4.2.9 Within Tayside-wide Lead Partner services, it is noted that GP Out of Hours service is projecting a significant overspend for 24/25. This service is operationally and strategically managed by Angus IJB. The financial implications of this overspend is resulting in an unexpected additional cost pressure of £848k for Dundee under the Risk Sharing Agreement. The service Financial Recovery Plan has been received from Angus Chief Finance Officer detailing the work undertaken to date and continuing to progress in terms of returning this service back to within budget. Discussions and monitoring with Angus HSCP colleagues will continue as the plan progresses.
- 4.2.10 Progress against these actions, along with any further evolving opportunities will be monitored and reported at future IJB meetings. It is clear however that should these actions not bring about a sufficient reduction in expenditure, additional measures will need to be considered by the IJB before the end of the financial year which may include reductions in service provision.

4.3 Actions to support future year sustainability

- 4.3.1 The majority of actions detailed in 4.2 are primarily aimed to support and resolve the in-year financial pressures during 2024/25 to return the projected year-end position to within financial plan.
- 4.3.2 Some of the above actions will have a recurring benefit into future years – the anticipated extent of this continues to be reviewed and will be incorporated into 2025/26 Financial Planning and Budget Setting process.
- 4.3.3 The 5-year Financial Outlook report (DIJB32-2024, Article V of the minute of meeting of 21 August 2024 refers), indicated an anticipated financial gap of £13,257k in 2025/26. As the current year projected financial position has deteriorated through unexpected cost pressures and additional demand, it is now likely the gap facing the IJB in 2025/26 will have increased. As a result of the current year projected overspend, the Reserves held by the IJB are likely to be significantly diminished and therefore will no longer be fully available to support the Budget Planning process for the next financial year.
- 4.3.4 It is clear that further significant changes and strategic shifts are required to address the anticipated financial gap in future years through prioritisation, maximising capacity and efficiency across the whole system. However it is also likely that difficult decisions will be required to be taken ensure the spend levels are maintained within the available financial resources. Options are being considered and developed by the Health and Social Care Partnership Management Team and will be presented to the IJB at a future meeting as part of the IJB's budget development.

4.4 Reserves Position

- 4.4.1 The IJB's reserves position was reduced at the year ended 31st March 2024 as a result of the operational overspend of £3,744k during 2023/24. This resulted in the IJB having total committed reserves of £11,024k and uncommitted reserves of £6,789k at the start of 2024/25 financial year. Following the IJB's approval to enhance Transformation Funding (report DIJB45-2024 Article VI of the minute of meeting of 21st August 2024 refers), the Reserves breakdown has been restated. The current reserves position is noted in Table 1 below:

Table 1

Reserve Purpose	Closing Reserves @ 31/3/24 (restated)
	£k
Mental Health	1,036
Primary Care	1,859
Drug & Alcohol	559
Strategic Developments	3,756

Revenue Budget Support	4,000
Service Specific	1,452
Other Staffing	362
Total committed	13,024
General	4,789
TOTAL RESERVES	17,813

- 4.4.2 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances have been taken into consideration for these funds by the Scottish Government when releasing further in-year funding.
- 4.4.3 The IJB's Reserves Policy seeks to retain Reserves of 2% of budget (approximately £6.4m) however it is recognised that this is particularly challenging to maintain within the current financial climate with many IJB's across the country having no reserves or below their respective reserves policies.
- 4.4.4 Ring-fenced Reserves balances continue to be reviewed with budget holders and officers to identify opportunities to ensure these continue to be used in-line with the original allocation letter but also to maximum benefit of the IJB's strategic and financial positions.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised. Actions to be taken by Officers, Senior Management and Budget holders to manage overspending areas. Transformation and Strategic Delivery Plan to drive forward priorities towards a sustainable financial position
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level)
Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 1 October 2024



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 OCTOBER 2024

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP DELIVERY PLAN, OCTOBER 2024 – MARCH 2026

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB53-2024

1.0 PURPOSE OF REPORT

To seek the Integration Joint Board's endorsement of Dundee Health and Social Care Partnership's Delivery Plan for the period October 2024 to March 2026.

2.0 RECOMMENDATIONS

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

- 2.1 Note the work undertaken to develop the first Dundee Health and Social Care Partnership Delivery Plan, in response to the strategic priorities and shifts commissioned by the IJB via the Plan for Excellence in Health and Social Care in Dundee (section 4.1 and 4.2).
- 2.2 Endorse the Dundee Health and Social Care Partnership Delivery Plan, October 2024 to March 2026 (attached as appendix 1).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 In June 2024 the IJB considered an update regarding progress made towards developing an annual delivery plan for Dundee Health and Social Care Partnership, aligned to support to achievement of the strategic priorities and shifts identified within the IJB's Plan for Excellence in Health and Social Care in Dundee (the Plan for Excellence) (article XIV of the minute of the Dundee Integration Joint Board meeting held on 19 June 2024 refers). This report identified that the development of an annual delivery plan for the Partnership is a challenging task; it must respond to the significant scale and complexity of delegated health and social care functions and strategic shifts identified within the IJB's strategic plan, whilst remaining an accessible document for a public audience. The development of a delivery plan for the Partnership in Dundee continues to be a learning process, and it is anticipated that the delivery plan approach will evolve over the next 2 year period before a settled approach can be found that adequately meets the needs of all stakeholders, most importantly members of the public.
- 4.1.2 The delivery plan identifies the most important actions that the Partnership (including the third and independent sector) will focus on achieving during the next 18 months. This means that the delivery plan does not cover everything that the Partnership will do during the next 18 months, but instead focuses the critical few actions that will make the biggest contribution to

delivering the strategic shifts the IJB has commissioned that Partnership to deliver via the Plan for Excellence. It also includes specific actions that are required to ensure that the IJB and Partnership meet their legal duties, including making sure the IJB has a balanced budget.

- 4.1.3 The delivery plan is one layer of a tiered approach to strategic and service planning within the Partnership, and with strategic partners across the wider community planning landscape.



Community Planning (public facing) – provides the wider context. Focus on strategic alignment and the IJB and Health and Social Care Partnership as a contributor to the bigger picture.



The Plan for Excellence (Strategic Commissioning Framework (public facing) – long-term, high-level ambition with a focus on outcomes and experiences of people. The IJB's plan that focuses on WHAT they want to achieve (and WHY).



Delivery Plan (public facing) – short-term statement for the Health and Social Care Partnership of HOW they will deliver against the Plan for Excellence. Operational and infrastructure focus – deliverable actions that will make the biggest contribution to the strategic priorities and shifts.



Care Groups and Transformation Plans (organisation facing) – evolving towards a preferences for delivery plan format (some exceptions) which provide detail (HOW, WHEN, WHO) of specific functions / areas of work.



Service and Team Improvement Plans (organisation facing) – combining day-to-day performance management and improvement alongside contributions to care group and transformation plans.

The delivery plan will be a live document that will continuously evolve, responding to emerging pressures and needs, data and evidence, and legal and policy requirements.

4.2 Dundee Health and Social Care Partnership Delivery Plan

- 4.2.1 Appendix 1 contains the Dundee Health and Social Care Partnership Delivery Plan for October 2024 to March 2026. Due to delays in progress the development of the Annual Delivery Plan for 2024/25 (associated with the adult support and protection joint inspection and staffing pressures within relevant teams), the first plan will cover an 18-month period. It is intended that from 2026/27 the Partnership will then develop and publish an annual (12 month) plan aligned to financial years.
- 4.2.2 The Delivery Plan has been designed as a public facing document. This reflects learning from the process of developing the IJB's Plan for Excellence and mirrors the style and approach of similar local delivery plans, such as that published by the Dundee Alcohol and Drug Partnership.
- 4.2.3 The plan format highlights programmes of work that are already in place to drive forward achievement of the IJB's strategic shifts and priorities, where available links are provided to published strategies and delivery plans. In addition, actions from both an operational delivery and strategic planning perspective are identified where new work will be undertaken over the next 18 months. A final, additional set of actions has also been incorporated that related to the

Partnership's infrastructure and arrangements to make best use of resources and effectively respond to strategic risks.

- 4.2.4 Progress towards implementation of the actions contained within the Delivery Plan will be monitored via the Partnership's Senior Leadership Team in the first instance, with regular overview reports also being provided to the IJB's Strategic Planning Advisory Group. The IJB will receive update reports on specific actions on an exception basis, with a full annual overview being delivered via the Annual Performance Report that is produced at the end of each financial year.

5.0 POLICY IMPLICATIONS

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

Member's attention is drawn to the IIA completed at the point at which the Plan for Excellence in Health and Social Care in Dundee was approved (available at: [DIJB27-2023](#), page 95 onwards). As the delivery plan actions are aligned to the priorities and shifts within the strategic framework the IIA content is also relevant.

Please note that where any actions outlined within the delivery plan require decisions by the IJB, for example recommendations following a review of a service, the need for an IIA will be considered at that time.

6.0 RISK ASSESSMENT

Risk 1 Description	Delivery planning arrangements do not support the IJB to achieve the strategic shifts identified within the Plan for Excellence in Health and Social Care in Dundee.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Wide range of plans setting out operational and strategic developments are in place – this includes Care Group level Strategic Plans, plans supporting operational Transformation Programmes, multi-agency strategic and delivery plans (to which the IJB and HSCP are partners) and service /team level plans. • Partnership wide delivery plan now in place focused on critical actions to deliver strategic shifts and statutory duties. • Review of strategic planning groups aligned to the delivery plan will further strengthen planning and reporting arrangements..
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Acting Chief Officer

DATE: 24 September 2024

Kathryn Sharp
Acting Head of Service, Strategic Services

Dundee Health and Social Care Partnership
Delivery Plan October 2024 – March 2026

DRAFT

This is the Dundee Health and Social Care Partnership’s (Partnership)¹ delivery plan for the 18 months from October 2024 to March 2026, which will support the achievement of the ambition, strategic priorities and changes within Dundee Integration Joint Board’s (IJB) [Strategic Commissioning Framework 2023-2033](#). This is a working document that will be monitored by the Partnership and the IJB throughout the year to check that actions are progressing and having the positive impact that has been planned. Where things are not going as planned, or where new risks or challenges emerge the delivery plan will be adjusted in agreement between the Partnership and the IJB.

At the end of each financial year (1 April to 31 March), the delivery plan will be fully reviewed and updated for the next year; the first review will take place in March 2026. The annual review of the delivery plan will include opportunities for people who use health and social care services and supports, unpaid carers, the workforce and providers of health and social care services to contribute their views. Progress made will be reported through the IJB’s Annual Performance Report and the new delivery plan for the coming year will be published. More detail about how progress against the delivery plan will be monitored and reported can be found in the IJB’s performance framework (which is currently being developed).

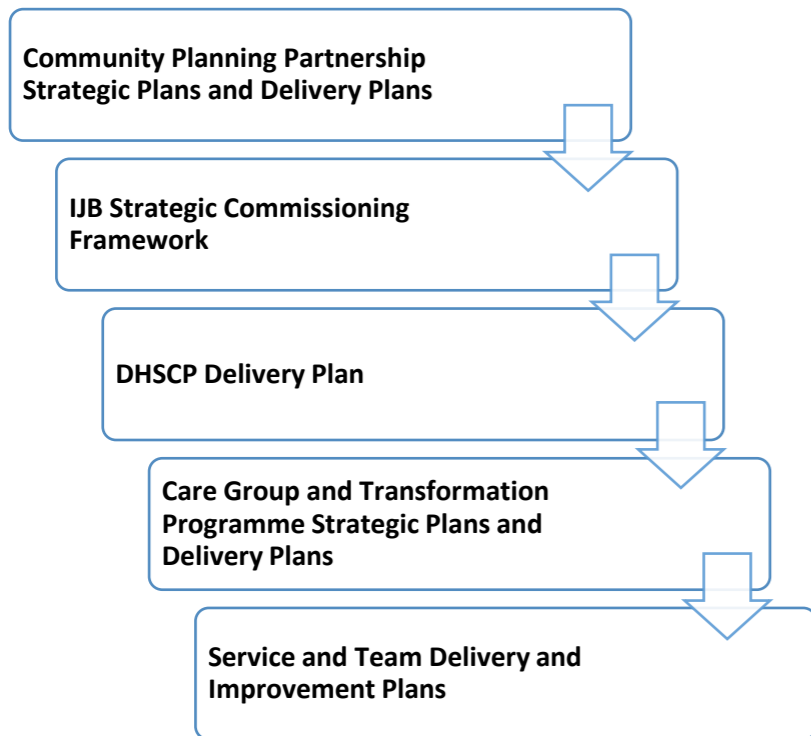
Just over 2,500 people employed by Dundee City Council and NHS Tayside work within the Partnership, delivering health and social care services and supports to meet the health and wellbeing needs of almost 150,000 Dundee citizens. In 2024/25 the IJB has £301 million to spend on adult health and social care services delivered through the Partnership, including from the third and independent sector. This delivery plan identifies the most important actions that the Partnership (including the third and independent sector) will focus on achieving during the next 18 months. These actions have been included because they are the things that will make the biggest difference to delivering the changes the IJB has already agreed need to happen to support everyone in Dundee to have the best possible health and wellbeing. This means that the delivery plan does not cover everything that the Partnership will do during the next 18 months, but instead focuses on the things we must do (our legal duties, including making sure the IJB has a balanced budget) and the critical few actions that will make the biggest contribution to delivering the IJB’s Plan for Excellence.

Ambition for Health and Social Care in Dundee

People in Dundee will have the best possible health and wellbeing.

They will be supported by health and social care services that:

- ✓ Help to reduce **inequalities** in health and wellbeing that exist between different groups of people.
- ✓ Are easy to find out about and get when they need them.
- ✓ Focus on helping people in the way that they need and want.
- ✓ Support people and communities to be healthy and stay healthy throughout their life through **prevention** and **early intervention**.



This delivery plan does not set out plans for every health and social care service and support, there are other more detailed plans that sit below this delivery plan. These include:

- Plans developed through the Community Planning Partnership (known as the Dundee Partnership) for all partner agencies to work together on specific priorities. For example, plans to reduce the harms associated with drug and alcohol use, to improve outcomes for children, young people and families and to reduce the impact of poverty and the cost of living crisis.
- Detailed plans for specific ‘care groups’ and transformation programmes. For example, the IJB has agreed strategic plans for carers, mental health, people with a learning disability and who have autism. There are also plans in place to help to transform primary care services, unscheduled care and non-acute care. Many of these plans already have very detailed delivery plans describing the actions that will be taken to implement them in practice. There are also some areas where the plans developed by Dundee City Council and NHS Tayside are also relevant to the work done by the IJB and the Health and Social Care Partnership, particularly in relation to digital, property and workforce resources.
- Each individual team and service with the Partnership has in place their own service delivery and improvement plans.

There are links to some of these more detail plans throughout this delivery plan.

¹ The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) required Local Authorities (Councils) and Health Boards to integrate the planning of some health services and functions and most social care functions. Dundee City Council and NHS Tayside deliver integrated services as Dundee Health and Social Care Partnership. The Health and Social Care Partnership is a way for both organisations, along with the Independent and Third Sector, to deliver the services planned by the IJB

Strategic Priorities

The IJB has agreed 6 **strategic priorities** that will be the focus for the next 10 years to help to achieve the ambition for health and social care. These priorities will also help to achieve Scotland's **National Health and Wellbeing Outcomes**.³



Inequalities

Support where and when it is needed most.

Targeting **resources** to people and communities who need it most, increase **life expectancy** and reduce differences in health and wellbeing.



Self Care

Supporting people to look after their wellbeing.

Helping everyone in Dundee look after their health and wellbeing, including through **early intervention** and **prevention**.



Open Door

Improving ways to access services and supports.

Making it easier for people to get the health and social care supports that they need.



Planning together

Planning services to meet local need.

Working with communities to design the health and social care supports that they need.



Workforce

Valuing the workforce.

Supporting the health and social care workforce to keep well, learn and develop.



Working together

Working together to support families.

Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including **unpaid carers**.

These priorities reflect the health and social care needs of people who live in Dundee, people who provide unpaid care and the health and social care workforce. Detailed information about health and social care needs can be found in the [Strategic Commissioning Framework 2023-2033](#).



Life expectancy at birth is decreasing for males and females in Dundee.

Between 2012-14 and 2019-2021 it decreased by almost 2 whole years for males and by around 18 months for females.



Dundee has the 2nd lowest **life expectancy** in Scotland. **Life expectancy** in the most **deprived** areas of Dundee is about ten years less than in the most affluent areas.

Dundee is a city that has high levels of poverty and other social issues that impact on people's health and wellbeing. Life expectancy for people in Dundee is getting shorter. There are also big differences between how healthy and well people are because of where they live in the city, how much money they have and due to who they are (for example, their ethnic origin, sexual orientation, disability or age).

Strategic Priority – INEQUALITIES



Inequalities

Support where and when it is needed most.

Targeting **resources** to people and communities who need it most, increase **life expectancy** and reduce differences in health and wellbeing.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)	Medium-term (2026-2029)	Long-term (2029-2033)
Disadvantaged communities (geographic and shared characteristics) are benefitting from more targeted investment to support self-care and prevention.	More disadvantaged people and communities are accessing the health and social care services and supports that they need.	People living in deprivation or who are part of protected equality groups have improved health and wellbeing outcomes. These outcomes are closer to those achieved by the wider population of Dundee (reduced inequality gap).
People who have a sensory impairment or learning disability, whose first language is not English and who are older are better able to find and understand Information published by the IJB and Health and Social Care Partnership.	There are fewer drug and alcohol related deaths.	Everyone in Dundee is living longer (increased life expectancy and increased healthy life expectancy).
Adults who have multiple and complex needs, including adults at risk of harm are more quickly identified and services work well together to provide an initial response to their needs.	Peoples’ mental health and wellbeing is better.	People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy).
People who have mental health and wellbeing needs, and for people who use drugs and alcohol have a wider choice of easily accessible community-based supports.	Older people feel less isolated and lonely. This is helping to improve their physical and mental health and wellbeing.	People are protected from harm and supported to recover from the impact of trauma.
People who experience challenges in relation to mental health and drug and alcohol use experience a co-ordinated response from services.	There are fewer deaths by suicide.	Health and social care services are provided from premises that create environments that support trauma informed ways of working and reduce inequalities.
More health and social care services and supports demonstrate a trauma informed response to meeting needs.	People from disadvantaged groups are getting the support, treatment and care they require without fear of discrimination or stigma.	People accessing health and social care services experience a culture and practice that is rights-based.
More health and social care services and supports demonstrate a gendered approach to service delivery.		
There is a clear strategic plan for how the IJB will invest its resources to better meet the needs of people with a physical disability or sensory impairment.		
The health and social care workforce has a better understanding of equality and fairness, including how their practice can help to better meet people’s needs.		

To deliver these strategic shifts Dundee Health and Social Care Partnership will:

CONTINUE TO PROGRESS AND SUPPORT THE FOLLOWING PROGRAMMES OF WORK....

Partnership led activity:

- [Mental Health and Wellbeing Strategy \(2019-2024\)](#)
- [Living Life Well and Living Life Your Way in Dundee \(A Strategic Plan for Supporting Adults with a Learning Disability and Adults with a Learning Disability and Autism\) \(2022-2027\)](#)
- [Tayside Mental Health and Wellbeing Whole System Change Programme](#)
- [Primary Care Mental Health and Wellbeing Framework](#)
- [IJB's Equality Outcomes](#)
- Dundee Health and Social Care Partnership Protecting People Improvement Plan

Wider multi-agency activity:

- [Alcohol and Drug Partnership Delivery Plan](#)
- Adults at Risk Committee Delivery Plan, including the development of a multi-agency pathway for responding to adults at risk.
- Trauma Informed Leadership and Practice Implementation Plan
- Gendered Services Project
- [Community Learning and Development Plan \(2024-2027\)](#)
- [Fairness and Child Poverty Action Plan](#)

HAVE A SPECIFIC FOCUS ON.....

Transformation and improvement of services and supports:

- Further develop our wellbeing hub model, with a focus on preventative services and targeted investment to support disadvantaged communities.
- Establish a Primary Care prevention project to engage people at higher risk of health inequalities around their health, to promote self-care and self-management, and clinical management where required.
- Establish an operational leadership post of public protection, and accelerate implementation of the Partnership's protecting people improvement plan.
- Develop pathways of care and support for people who use alcohol and non-opioid drugs.
- Progress project to establish mental health hubs, including co-location of Partnership services.
- Expand malnutrition screening to targeted groups, including older people and with a cancer diagnosis.
- Deliver targeted Type 1 Diabetes Management services within adult services.
- Develop a programme of work to improve public information about services, supports and self-care resources.
- Develop and implement a programme of work to prevent and respond to race discrimination within Partnership workplaces and services.
- Develop and implement a programme of work to improve responses to transgender and non-binary people from Partnership services and supports.

Planning activity:

- Review and update the Mental Health and Wellbeing Strategy (2019-2024).
- Lead the development and implementation of a multi-agency Suicide Prevention Delivery Plan, as part of an integrated protecting people approach.
- Review and update Living Life Well and Living Life Your Way in Dundee (A Strategic Plan for Supporting Adults with a Learning Disability and Adults with a Learning Disability and Autism) (2022-2027)
- Progress the development of a physical disability and sensory impairment delivery plan for Dundee.

Strategic Priority - SELF-CARE

**Self Care**

Supporting people to look after their wellbeing.

Helping everyone in Dundee look after their health and wellbeing, including through **early intervention** and **prevention**.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)	Medium-term (2026-2029)	Long-term (2029-2033)
People find self-care and self-management information and opportunities easier to find and understand.	More people are supported to achieve their personal outcomes through low level, early interventions provided by community-based care and support services.	More people feel motivated to make lifestyle choices that positively enhance their health and wellbeing.
There are more prevention, self-care and self-management resources available for: Fall; Stroke; Long-term conditions; End of life and bereavement; Managing key life changes; Healthy weight; and, Mental health and wellbeing.	More carers say that they want to and are able to continue in their caring role.	People are more physically active and mentally well.
More people, especially disadvantaged groups, are accessing a wider range of health, wellbeing and healthy lifestyle activities across the city.	More people are in drug, alcohol and mental health recovery.	A smaller number of people need hospital-based acute services; people who do need them less often.
People are being helped to connect with the service and supports that they need at an earlier stage through the use of a social prescribing approach by everyone in the health and social care workforce.	Fewer people experience side effects and deterioration of long-term conditions because they are better supported to comply with their medication.	Fewer people in Dundee have a limiting long-term physical or mental health condition.
More people are participating in adult health screening programmes, especially within areas of deprivation and groups with protected characteristics.		Everyone in Dundee is living longer (increased life expectancy and increased healthy life expectancy).
There are more opportunities for people with mental health challenges to look after their physical health and for people with chronic physical health conditions to improve their mental health.		People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy).
More Carers are accessing opportunities to lead a fulfilled and healthy life, and to have a good balance between caring and other things in their life.		
Peer recovery services and supports have a greater role in meeting people's needs at an early stage.		
The health and wellbeing needs of people who have been bereaved, including unpaid carers, are recognised and responded to. There are specific resources in place to support people who have been bereaved in traumatic circumstances (for example, by suicide).		

To deliver these strategic shifts Dundee Health and Social Care Partnership will:

CONTINUE TO PROGRESS AND SUPPORT THE FOLLOWING PROGRAMMES OF WORK....

Partnership led activity:

- [Mental Health and Wellbeing Strategy \(2019-2024\)](#)
- Falls Improvement Plan
- [Dundee GP Strategy \(2024-2029\)](#)
- Primary Care Improvement Plan
- [Tayside Primary Care Strategy \(2024-2029\)](#)
- [Primary Care Mental Health and Wellbeing Framework](#)
- [A Caring Dundee 2: A Strategic Plan for Working Alongside, and Improving the Lives of Carers in Dundee \(2021-2024\)](#)
- Palliative and End of Life Care Whole System Pathway of Care

Wider multi-agency activity:

- [Alcohol and Drug Partnership Delivery Plan](#)
- Trauma Informed Leadership and Practice Implementation Plan
- [Community Learning and Development Plan \(2024-2027\)](#)

HAVE A SPECIFIC FOCUS ON.....

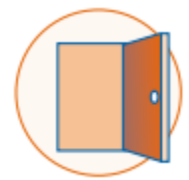
Transformation and improvement of services and supports:

- Further develop our wellbeing hub model, with a focus on preventative services and targeted investment to support disadvantaged communities.
- Develop a programme of work to improve public information about services, supports and self-care resources.
- Establish a Primary Care prevention project to engage people at higher risk of health inequalities around their health, to promote self-care and self-management, and clinical management where required.
- Progress further implementation of Learning Disability Health Checks.
- Further develop and implement weight management programmes of work.
- Expand malnutrition screening to targeted groups, including older people and with a cancer diagnosis.
- Support the mainstreaming of social prescribing approach and principles across community-based Partnership services.
- Further develop the role of Advanced Nurse Practitioners and other roles across relevant Partnership service.
- Review of Homeopathy Service.
- Progress the development of an approach to enhancing support for people with Long-Term Conditions.

Planning activity:

- Review Caring Dundee 2, including engagement with unpaid carers and the health and social care workforce.

Strategic Priority – OPEN DOOR

**Open Door****Improving ways to access services and supports.**

Making it easier for people to get the health and social care supports that they need.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)	Medium-term (2026-2029)	Long-term (2029-2033)
People find information about health and social care services and supports easy to find and to understand.	Fewer people experience a sudden deterioration of long-term conditions requiring crisis intervention, including hospital admission.	Care and support is easily accessible, flexible and available at the right time to respond to people's changing needs.
People connected quickly to the right type of support for them through a supported referral approach (rather than signposting). The use of a social prescribing approach by everyone in the health and social care workforce is helping to support this.	More people are supported to achieve their personal outcomes through low level, early interventions provided by community-based care and local support services.	Fewer people need help and support from formal health and social care services. More people get the help and support they need from the third sector (voluntary and community organisations).
People can access social care and social work assessment and support more easily through an joined-up Health and Social Care Partnership 'front door'.	More carers say that they want to and are able to continue in their caring role.	People experience integrated care and support that is smooth and seamless from their own, and their families and carers, point of view.
There is a quick and high-quality response to people who are experiencing distress and/or at risk of harm, including in the evenings and at weekends.	Services purchased from the third and independent sector are focused on supporting people to achieve their personal outcomes, rather than on hours of service delivered.	People accessing health and social care services experience a culture and practice that is rights-based.
More services and supports have options for digital access to services and services delivery. There are good alternatives in place for people who do not have digital access.	Joined up IT systems are supporting the workforce to share information quickly and easily.	
Assessments of need and support planning are person centred and focused on helping people to achieve their unique person outcomes.	People have easy and equitable access to primary care services delivered from General Practices or other locations local to them.	
Better information sharing between services means that people do not have to share the same information multiple times.		
Carers are identified, respected and involved. They are equal partners in planning and shaping services and supports.		
More people are accessing Self-Directed Support to support them to choose and access the services and supports that they need.		
People can get the community-based help and support that they need in the evenings, overnight and at weekends.		

To deliver these strategic shifts Dundee Health and Social Care Partnership will:

CONTINUE TO PROGRESS AND SUPPORT THE FOLLOWING PROGRAMMES OF WORK....

Partnership led activity:

- [Mental Health and Wellbeing Strategy \(2019-2024\)](#)
- [Tayside Mental Health and Wellbeing Whole System Change Programme](#)
- Re-design of Social Work and Social Care 'front door' and assessment to include the wider multi-disciplinary team
- [Dundee GP Strategy \(2024-2029\)](#)
- [GP Premises Strategy](#)
- Primary Care Improvement Plan
- [Primary Care Mental Health and Wellbeing Framework](#)
- [A Caring Dundee 2: A Strategic Plan for Working Alongside, and Improving the Lives of Carers in Dundee \(2021-2024\)](#)

Wider multi-agency activity:

- Adults at Risk Committee Delivery Plan, including the development of a multi-agency pathway for responding to adults at risk.
- [Alcohol and Drug Partnership Delivery Plan](#)
- Trauma Informed Leadership and Practice Implementation Plan
- [Community Learning and Development Plan \(2024-2027\)](#)

HAVE A SPECIFIC FOCUS ON.....

Transformation and improvement of services and supports:

- Further develop our wellbeing hub model, with a focus on preventative services and targeted investment to support disadvantaged communities.
- Develop a programme of work to improve public information about services, supports and self-care resources.
- Support the mainstreaming of social prescribing approach and principles across community-based Partnership services.
- Develop pathways of care and support for people who use alcohol and non-opioid drugs.
- Realign operational process to meet national Self-Directed Support Standards, including financial processes.
- Contribute to transformation of out-of-hours service provision on a Tayside wide basis.
- Develop and implement transition pathways, including between children's and adult services.
- Further develop our approach to Fair Work and commissioning for outcomes, in collaboration with the third and independent sectors.
- Develop and implement a programme of work to improve GP sustainability.

Planning activity:

- Review Caring Dundee 2, including engagement with unpaid carers and the health and social care workforce.
- Develop and publish a Dundee Health and Social Care Partnership Digital Strategy.
- Review and update the Partnership's Personalisation Delivery Plan and related governance and delivery arrangements.

Strategic Priority – PLANNING TOGETHER



Planning together

Planning services to meet local need.

Working with communities to design the health and social care supports that they need.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)		
People and communities can find and understand information about health and social care needs and performance in the area they live in.	Fewer people are supported in residential care homes. Those who are receive highly personalised care and support.	Fewer people who require residential based care and support have to leave the Dundee area to receive this.
More people from local communities are involved in developing future plans for health and social care services. This includes, plans for specific service areas as well as the overall strategic plan for health and social care.	People are making the best possible use of the full range of primary care services. They are well supported to directly access the specific services that best meet their needs and don't have to be referred by their GP.	There is better co-ordination of people's housing options with available health and social care supports. This helps people to be able to stay in their home successfully.
More Carers say that they have positive experience of supports and services designed to support them and the person they care for.	Medium-term (2026-2029)	People's homes provide the best possible environment to support their care and their overall health and wellbeing.
There are a wider range of community-based services to help meet the recovery needs of people with poor mental health or who use drugs and alcohol.	More people with health conditions or disabilities get the care and support they need in their own home or in other places local to them.	Communities are directly influencing how health and social care resources are invested through participatory budgeting.
People who are admitted to hospital are safely discharged without delay back to their home or another community setting.	People with a learning disability and autism get the help they need to live well, be part of their community and share their talents.	Long-term (2029-2033)
People are able to access the right community-based social care supports at the right time, delivered by joined-up multi-disciplinary teams. This is helping to reduce hospital admissions.	Significant harms linked to drug and alcohol use have been reduced by delivering the right care in the right place at the right time. This is also helping to improve people's quality of life.	People receive the support they need, in the locations they want, at the time they need it.
People are supported through a Home First approach to access the services and supports that they need to support them to live well and independently in their own home.	People experience seamless transitions between community, primary and hospital-based services.	People say that they are firmly at the centre, understand the choices available to them and are supported to make informed decisions about their own care and support.
Older people are supported to live well and independently in the community by co-ordinated prehabilitation and rehabilitation services and supports.	The third and independent sector have increased capacity to contribute to modern ways of delivering services and supports, alongside public sector health and social care services.	A smaller number of people need hospital-based acute services; people who do need them less often. Resources have been reinvested in improving care at home or in community settings.
People who have experienced a stroke have access to high quality hospital-based care as well as community-based recovery supports.	People have greater access to and control over their health and social care data, where appropriate and safe to do so.	Fewer people need help and support from formal health and social care services. More people get the help and support they need from the third sector (voluntary and community organisations).
People are supported to experience a good death at the end of their life. Most people die at home and unpaid carers are well supported to be part of end of life care. Services enable timely, effective admissions to hospital where this is the best option for the people.	The HSCP has access to the right balance of clinical and community base spaces from which to deliver services.	Health and social care services are provided in and from accessible, sustainable and fit-for-purpose, modern buildings.
	People who need support and unpaid carers experience services that are highly personalised to meet their unique needs and support them to achieve their individual personal outcomes.	People, including unpaid carers, have a higher level of overall satisfaction with the health and social care services and supports they receive.

To deliver these strategic shifts Dundee Health and Social Care Partnership will:

CONTINUE TO PROGRESS AND SUPPORT THE FOLLOWING PROGRAMMES OF WORK....

Partnership led activity:

- [Mental Health and Wellbeing Strategy \(2019-2024\)](#)
- [Tayside Mental Health and Wellbeing Whole System Change Programme](#)
- [Dundee GP Strategy \(2024-2029\)](#)
- Primary Care Improvement Plan
- [Primary Care Mental Health and Wellbeing Framework](#)
- [Tayside Primary Care Strategy \(2024-2029\)](#)
- Unscheduled Care Board Improvement Programmes
- Community Nursing – Locality Working Programme
- Re-design of Social Work and Social Care ‘front door’ and assessment to include the wider multi-disciplinary team
- [A Caring Dundee 2: A Strategic Plan for Working Alongside, and Improving the Lives of Carers in Dundee \(2021-2024\)](#)
- Winter Plan – NHS Tayside and Partner Organisations 2024/25 and 2025/26
- [Dundee Health and Social Care Partnership Property Strategy](#)
- Allied Health Professional Stroke Plan

Wider multi-agency activity:

- Authentic Voice Project
- Dundee Volunteer and Voluntary Action Lived Experience Programme, including a focus on mental health and wellbeing and drugs and alcohol
- [Alcohol and Drug Partnership Delivery Plan](#)

HAVE A SPECIFIC FOCUS ON.....

Transformation and improvement of services and supports:

- Develop a programme of work to improve public information about services, supports and self-care resources.
- Implement Care Opinion across all Partnership services.
- Review the Partnership approach to Participatory Budgeting, including alignment to existing approaches used by Dundee City Council and NHS Tayside.
- Develop and implement Enhanced Community Care Model within Specialist Palliative Care Services.
- Review of Homeopathy Service.
- Develop and implement Neurodiversity pathways.

- Review of Learning Disability and Mental Health physical resources / environmental quality and of contracted services and supports.
- Develop pathways of care and support for people who use alcohol and non-opioid drugs.
- Review of Care at Home contracts to enhance outcomes through more efficient use of available resources and focus on preventative approaches.
- Develop and implement a programme of work to improve GP sustainability.
- Develop and implement transition pathways, including between children’s and adult services.
- Further develop the role of Advanced Nurse Practitioners and other roles across relevant Partnership service.
- Enhance input from Nutrition and Dietetics within prehabilitation pathways.
- Embed Dementia Strategy, including Post Diagnostic Support standards, across relevant Partnership services.
- Progress polypharmacy reviews and medicines optimisation within Medicine for the Elderly, including enhancing communication with general practice.
- Implement Unscheduled Care Board improvement programmes for Optimising Access and Optimising Flow.
- Realign operational process to meet national Self-Directed Support Standards, including financial processes.
- Review transport provision across Partnership services, the Partnership’s Practical Support Service and the Partnership’s Meals Service.
- Review of social care assessment and supports for people with complex health and social care needs and for people with very low-level needs to ensure modern approaches are embedded in long-term support packages.
- Review of day services and opportunities for older adults.
- Review models of care for physiotherapy and occupational therapy enhancing care across patient pathways and transitions between community and hospital care.
- Implement revised model of care at MacKinnon Centre to enhance accommodation and step-down services.
- Implement programme of work to further reduce care home placements, with a focus on use of Partnership operated care homes and supported accommodation for people with the most complex health and social care needs.
- Develop model of care for all mental health services, based on place-based and personalised approach.

Planning activity:

- Develop and publish a Dundee Health and Social Care Partnership Digital Strategy.
- Develop a Partnership Performance Framework and related reporting arrangements.
- Develop a Partnership framework to support a consistent approach to public engagement and involvement.
- Review Caring Dundee 2, including engagement with unpaid carers and the health and social care workforce.
- Review and update Living Life Well and Living Life Your Way in Dundee (A Strategic Plan for Supporting Adults with a Learning Disability and Adults with a Learning Disability and Autism) (2022-2027)
- Review and update the Partnership’s Personalisation Strategy and related governance and delivery arrangements.
- Re-establish the Frailty Strategic Planning Group.

Strategic Priority - WORKFORCE

**Workforce****Valuing the workforce.**

Supporting the health and social care workforce to keep well, learn and develop.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)	Medium-term (2026-2029)	Long-term (2029-2033)
The workforce is benefiting from having a wider range of more easily accessible mental health and wellbeing supports available to them. This includes supports for bereaved staff members.	All providers who are contracted to deliver health and social care services are fully complying with Fair Work practices.	The health and social care workforce has the right number of staff, in the right place, doing the right things to meet the needs of people in Dundee.
Enhanced workforce wellbeing supports have helped to reduce overall levels of staff absence and turnover.	All health and social care services are delivered by a workforce working in fully integrated teams.	Health and social care services are provided from environments that ensure the wellbeing of the workforce.
There are clear local routes for the young workforce to enter a career in health and social care. More young people are accessing these.	Staff who are unpaid carers say they want to and are well supported by their employers to continue in their caring role.	The diversity of the health and social care workforce reflects the overall population of Dundee, particularly in terms of protected characteristics.
The IJB has a fuller understanding of health and social care workforce needs and has agreed a plan to address gaps and challenges. This plan is being implemented in practice.	Staff within the health and social care workforce have improved levels of confidence and competence with a range of relevant digital technologies.	The health and social care workforce has a more diverse range of ages, supporting more effective succession planning.
Recruitment and retention has improved in key areas, including Primary Care, Social Care, Mental Health and Drug and Alcohol services.	Staff are active participants in self-evaluation and quality assurance approaches that enable them to reflect, learn and plan for improvement.	
People working within the health and social care workforce have benefitted from opportunities to develop their leadership skills and confidence.	Staff working in health and social care services say they feel valued, well supported and would recommend their place of work.	
People working within the health and social care workforce receive clear and understandable information about the work of the IJB and Health and Social Care Partnership.		
People working within the health and social care workforce have better opportunities to influence the work of the IJB.		

To deliver these strategic shifts Dundee Health and Social Care Partnership will:

CONTINUE TO PROGRESS AND SUPPORT THE FOLLOWING PROGRAMMES OF WORK....

Partnership led activity:

- [Dundee Health and Social Care Partnership Workforce Plan \(2022-25\)](#)
- [NHS Tayside Workforce Plan \(2022-25\)](#)
- NHS Tayside Staff Wellbeing Framework
- [Dundee City Council People Strategy \(2022-27\)](#)
- [Dundee City Council Employee Health and Wellbeing Framework \(2023-27\)](#)
- [A Caring Dundee 2: A Strategic Plan for Working Alongside, and Improving the Lives of Carers in Dundee \(2021-2024\)](#)
- [IJB's Equality Outcomes](#)
- [Dundee GP Strategy \(2024-2029\)](#)
- [Dundee Health and Social Care Partnership Property Strategy](#)
- [Dundee City Council Digital Strategy \(2023-27\)](#)
- [NHS Tayside Digital Health and Social Care Strategy \(2022-27\)](#)

Wider multi-agency activity:

- Trauma Informed Leadership and Practice Implementation Plan

HAVE A SPECIFIC FOCUS ON.....

Transformation and improvement of services and supports:

- Implement the new NHS Tayside Staff Wellbeing Framework within Partnership services, including a joined-up approach with the existing Dundee City Council framework.
- Develop and implement a programme of work to prevent and respond to race discrimination within Partnership workplaces and services.
- Implement Partnership approach to vacancy management and use of supplementary staffing.
- Implement response to the Health and Social Care (Staffing) (Scotland) Act 2019 across relevant Partnership services.
- Review the availability and deployment of administrative and clerical resources across the Partnership.
- Develop and implement an action plan to stabilise the social work, including Mental Health Officer, workforce.
- Further develop the role of Advanced Nurse Practitioners, Advanced AHP roles and other roles across relevant Partnership service.
- Complete restructure of Partnership's Senior Leadership Team, Operational Services and Strategic Services.
- Develop and implement a programme of work to improve GP sustainability.
- Review and enhance approach to workforce communication within the Partnership.
- Strengthen the Staff Partnership Forum and related governance arrangements within the Partnership.

Planning activity:

- Review the Partnership's Workforce Plan, including engagement with the workforce.
- Continue to progress the development of an integrated workforce dataset for the Partnership.
- Review Caring Dundee 2, including engagement with unpaid carers and the health and social care workforce.
- Analyse absence and 'time-out' information for the Partnership workforce and develop a related action plan.
- Development of Partnership Resource Framework, including market facilitation approach.
- Develop and publish a Dundee Health and Social Care Partnership Digital Strategy.
- Review the Dundee Health and Social Care Partnership Property Strategy.

Strategic Priority - WORKING TOGETHER

**Working together****Working together to support families.**

Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including **unpaid carers**.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to support work in partnership with other community planning partners that will make these changes:

Short-term (2023-2026)	Medium-term (2026-2029)	Long-term (2029-2033)
Families with multiple and complex needs receive co-ordinated, whole family support at an early stage.	Services have worked together to understand and manage the local impacts of the transition to the National Care Service.	All Carers are confident that they are listened to, valued and supported. They feel well and are able to live a life alongside caring.
Children and young people are supported into adulthood by services that work together to meet their needs.	The enduring impact of drug and alcohol use has been decreased through a focus on prevention.	Everyone in Dundee is living (increased life expectancy and increased healthy life expectancy).
People at risk of harm are effectively identified at an early stage and are effectively supported by services who work in partnership to help them be safe and well.	The enduring impact of poor mental health and wellbeing has been decreased through a focus on prevention.	People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy).
People are receiving the information and support they need to help them to cope with the cost of living crisis, including to help to stay safe and be well.	There are fewer drug and alcohol related deaths.	People are protected from harm and supported to recover from the impact of trauma.
People and communities affected by poverty are getting more targeted support at an earlier stage to prevent this leading to poor outcomes for health, social care and other aspects of their life.	There are fewer deaths by suicide.	People and communities are confident that their views and ideas are listened to, valued and used effectively across the whole community planning partnership to improve outcomes.
People are receiving the help they need to live a healthy lifestyle, including eating well and staying active. There is a specific focus on supporting children and young people.	The IJB and other organisations have better evidence about the impact their services and supports have on people's health and wellbeing outcomes.	More people are a healthy weight and regularly participate in physical activity.
There is a partnership approach to identifying and supporting unpaid carers of all ages. Services who support unpaid carers work closely with services who provide care and support.	Planning for improvements to health and social care outcomes is better co-ordinated across all members of the Dundee Partnership. There is a whole-system approach to improving health and wellbeing outcomes.	
Services work well together to collect, understand and use information about health and social care to improve services for people.		
Health and social care services in Dundee have actively contributed to the co-design process for the National Care Service.		
Communities experience a co-ordinated approach to gathering information about their needs and priorities for health and social care and related services.		

To deliver these strategic shifts Dundee Health and Social Care Partnership will:

CONTINUE TO PROGRESS AND SUPPORT THE FOLLOWING PROGRAMMES OF WORK....

Partnership led activity:

- [A Caring Dundee 2: A Strategic Plan for Working Alongside, and Improving the Lives of Carers in Dundee \(2021-2024\)](#)
- [Mental Health and Wellbeing Strategy \(2019-2024\)](#)
- [Primary Care Mental Health and Wellbeing Framework](#)
- Dundee Health and Social Care Partnership Protecting People Improvement Plan

Wider multi-agency activity:

- [Tayside Plan for Children, Young People and Families \(2023-26\)](#)
- Adults at Risk Committee Delivery Plan, including the development of a multi-agency pathway for responding to adults at risk.
- [Alcohol and Drug Partnership Delivery Plan](#)
- Children at Risk Committee Delivery Plan
- Trauma Informed Leadership and Practice Implementation Plan
- [The Dundee Partnership Promise to You, our Care Experienced Children and Young People](#)
- [City Plan for Dundee 2022-2032](#)
- [Community Learning and Development Plan \(2024-2027\)](#)
- [Fairness and Child Poverty Action Plan](#)
- Linlathen and Stobswell West Fairness Initiative Pathfinder
- Linlathen Employability Pathfinder
- [Dundee Climate Action Plan](#)
- Whole Family Wellbeing Fund
- [Tayside Child Healthy Weight Strategy \(2020-2030\)](#)

HAVE A SPECIFIC FOCUS ON.....

Transformation and improvement of services and supports:

- Develop and implement transition pathways between children's and adult services.
- Establish an operational leadership post of public protection, and accelerate implementation of the Partnership's protecting people improvement plan.
- Develop transformation programme around whole family approaches in partnership with Dundee City Council Children and Families Service.
- Develop a programme of work to improve public information about services, supports and self-care resources.
- Further develop and implement weight management programmes of work.
- Contribute to whole system approach to prevention of unhealthy weight.
- Implement Care Opinion across all Partnership services.

Planning activity:

- Enhance the planning interface between the Partnership and relevant children and families services in Dundee City Council and NHS Tayside.
- Lead the development and implementation of a multi-agency Suicide Prevention Delivery Plan, as part of an integrated protecting people approach.
- Review Caring Dundee 2, including engagement with unpaid carers and the health and social care workforce.
- Develop a Partnership approach to capturing evidence of the impact of services on outcomes for people.
- Develop a Partnership framework to support a consistent approach to public engagement and involvement.
- Develop and publish a Dundee Health and Social Care Partnership Digital Strategy.
- Engage in the legislative process for the National Care Service and develop local transition plans as needed.
- Develop a Net Zero Action Plan for the Partnership.

Making the Best Use off our Resources and Managing Strategic Risks

In 204/25 the IJB has £301 million to spend on adult health and social care services.

Dundee Health and Social Care Partnership has 2,455 people working within it (employed by Dundee City Council and NHS Tayside).

Partnership services are delivered from over 90 different sites, including:

- *22 General Practices*
- *4 Hospitals*
- *4 Care Homes*
- *4 Day Centres*
- *1 Palliative Care Unit*
- *2 Respite Units*

As well as support the achievement of the strategic priorities and changes within the IJB's Plan for Excellence, the Health and Social Care Partnership has a responsibility to ensure that services and supports are delivered in the most effective and efficient way possible, and within the budget that is set by the IJB. During the next 18 months the Partnership has identified a small number of actions that will make the most significant contribution to ensuring that the Partnership continue to make the best use of the resources available to them and manages strategic risks that have been identified by the IJB:

- Improve the quality and availability of data regarding health and social care services to support more effective performance management and improvement.
- Develop and implement a Partnership Performance Framework including quality assurance mechanisms and clear reporting mechanisms linked to improvement planning.
- Identify and respond to risks associated with ongoing pay and terms and condition negotiations within NHS and local government, as well as the third and independent sector.
- Review and implement a consistent approach to business continuity and resilience planning across the Partnership, including providing relevant workforce learning and development opportunities.
- Continue to collaborate with Dundee City Council and NHS Tayside to streamline governance arrangements and reduce duplication across organisational interfaces.
- Enhance Senior Leadership Team overview of service performance to inform decisions about prioritisation of budget resources and financial recovery.
- Review the Partnership's approach to income recovery and service user billing, including exploring the potential role of an end-to-end financial processes team.
- Review the Partnership's arrangements for strategic planning, delivery planning and service / team planning.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 OCTOBER 2024

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB55-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Integration Joint Board of further progress achieved in the development and implementation of Dundee Health and Social Care Partnership Workforce Plan 2022-2025.

2.0 RECOMMENDATIONS

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

2.1 Note the progress achieved over the last six-month period in relation to implementation of priorities within the Dundee Health and Social Care Partnership Workforce Plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

4.1 In June 2022 the Dundee IJB approved and published the first Dundee Health and Social Care Partnership Workforce Plan. The plan set the framework within which a range of activity has been progressed to address the Scottish Government's Five Pillars for workforce planning and development: Plan, Attract, Train, Employ and Nurture. A further update report was provided to the IJB in December 2023, setting out progress made as well as changes to the wider policy and workforce landscape that had informed a refreshed action plan (item X of the minute of the meeting of the Dundee Integration Joint Board held on 13 December 2023 refers).

4.2 Since December 2023, there have been some further developments in the national context for workforce planning.

- In July 2024 the Scottish Government published [Improving Wellbeing and Working Cultures](#) which sets out the national ambition to enhance working cultures across the health, social care and social work workforce through programmes of work at a national level that focus on the pillars of wellbeing, leadership and equality. A detailed action plan is in progress and an abridged plan has been published to illustrate current priority actions and interventions which are currently underway across the system.
- The National Care Service Bill has now reached Stage 2 where MSPs can propose change "amendments" to the Bill. Although the Scottish Government had reached an agreement with local government and the NHS regarding joint accountability arrangements, where NHS Boards and Councils across Scotland will continue to

employ the health and social care workforce (and staff will not therefore transfer to a National Care Service), the remaining NCS proposals may have a variety of other implications for workforce planning.

- 4.3 The ongoing cost of living crisis is having a significant effect on health, the economy and society, with damaging impacts on the way of life and wellbeing of people in Scotland. It has exacerbated health issues and inequalities, increased the demand for health and social care services, and impacted on the health and wellbeing of our workforce. As a result, throughout 2023/24 staffing resource continued to be a key concern being one of the highest scoring risks on the IJB's strategic risk register. Recruitment challenges continue to exist in a range of roles including nursing, medical staff, allied health professionals and social care staff. Recruitment for Consultants and Doctors in specific areas such as Mental Health and Substance Use has meant added pressure for nurses and other staff leading to an increase in overtime and agency workers which creates a financial burden for the IJB. This added pressure has resulted in higher staff turnover with more posts remaining vacant throughout the duration of the year.
- 4.4 In 2023/24 the Integration Joint Board's budget was approximately £300m, of which around £115m (approximately 38%) relates to directly employed staffing costs. Of the remaining budget, £95m (31%) is utilised to commission independent and voluntary sector organisations who also directly employ social care staff to deliver services on behalf of Dundee Health and Social Care Partnership. A further £53m (18%) is also utilised by NHS Independent Contractors who employ staff in GP practices, Dental practices, Opticians and Community Pharmacies. As part of the NHS Scotland Agenda for Change pay deal for 2023/24 it was agreed to look at modernisation of staff terms and conditions, including: implementation of protected learning time; review of the working week; and, review of Band 5 nursing profiles. The financial implications to meet these increasing workforce costs, as well as support further growth in the workforce to meet the increasing demographic demands of Dundee's local population, are significant and challenging. The IJB's 5-year Financial Outlook indicates a gap of £36m during the next 5 financial years.

5.0 PROGRESS OVER LAST SIX MONTHS

- 5.1 Over the last six months, alongside adapting to changing national, local and financial context for workforce planning, progress has been made across all of the five pillars for workforce planning. Some highlights of progress made are set out below, this is not an exhaustive list of all ongoing activity across HSCP services:

- PLAN (supporting evidenced based workforce planning)
 - Tayside Workforce Data Working Group has progressed work to develop an integrated data dashboard for the health and social care workforce. A report on demographic projections for health workforce groups is also available.
 - Individual services have continued work to test and implement workforce planning tools, where these are available to them, with most significant progress being made across AHP and nursing.
 - Progress has been made to implement safe staffing legislation. A staff staffing group has been established and a common staffing methodology is now in place for nursing. Safe care / eRostering is also being rolled out. TURAS training is now available at all but expert levels and Psychological Services has implemented the national tool.
 - A second Primary Care sustainability survey has provided new data round workforce challenges.
 - In order to further understand third sector / independent sector workforce demographics and initial review of workforce data already held by the Social Care Contracts Team is underway. A mapping of monitoring tools is progressing across Tayside. Planning of snapshot data collection and identification of supporting resource is ongoing.

- ATTRACT (domestic and international recruitment to attract the best staff)

- Introduction of a career development scheme for Band 4 newly qualified practitioners
- As part of the NHS Scotland Agenda for Change pay deal for 2023/24 it was agreed to look at modernisation of staff terms and conditions: implementation of protected learning time; review of the working week; and, review of Band 5 nursing profiles
- TRAIN (supporting staff through education and training)
 - Range of service specific learning and development activity in response to identified training and development needs, including leadership and management training.
 - Refreshed materials for social work functions including MHO and Council Officers has been developed.
- EMPLOY (making organisations 'employers of choice')
 - Implementation of the TURAS appraisal system is now in place for staff employed by NHS Tayside.
 - Advanced practice roles in nursing and wider advanced practice framework complete and implemented. Framework for Clinical Nurse Specialists now being developed. Advanced Social Work practice framework is in development.
 - Good practice principles for Fairer Working Conditions within commissioned Care at Home workforce are now being consistently implemented, following a test of change during 2022/23.
- NURTURE (creating a workforce and leadership culture focusing on the health and wellbeing of all staff)
 - Following on from the launch of the Health & Wellbeing Framework in 2023, there have been additional supports and resources provided to the HSCP Workforce with a wellbeing focus. These have included the new [Navigating Individual and Organisational Resilience](#) workshop, launched in early 2024, ongoing [Reflection and Resilience](#) work with teams, and other forms of Team Development that have wellbeing at the core.
 - The Employee Health & Wellbeing Service SharePoint site has provided access to a range of topical and themed information relating to wellbeing. This information covers many of the national and international health and wellbeing events such as [Menopause Awareness](#) events and Cafes, [Men's Health](#), [Employee Financial Wellbeing](#), etc. In addition to this, the site offers a direct link to the Scottish Government's [National Wellbeing Hub](#) – a resource providing wellbeing supports and information for the Health & Social Care Workforce across Scotland.
 - Dundee Health & Social Care Partnership and NHS Tayside continue to offer employees access to Able Futures. Able Futures delivers the Access to Work Mental Health Support Service, which can give access to a mental health professional. This service provides regular time to speak with a mental health specialist about issues that are affecting individuals at work, so that they can learn new ways to look after themselves to feel more resilient and able to cope, as well as finding the confidence to take practical steps to overcome problems and make adjustments to help mental health at work.
 - Wellbeing Ambassadors continue to be the wellbeing “eyes and ears” across the partnership. Dundee HSCP currently have six Wellbeing Ambassadors willing to undertake this role.
 - Work with Dundee City Council to support development of policy, procedures and supporting training regarding Mentally Well Workforce and trauma-informed practice. Our trauma informed response to potentially traumatic events in the workplace has received 3 TRiM referrals from Dundee HSCP in the last 12 months. This protocol represents a commitment to supporting those who may be affected by a potentially traumatic event.
 - Throughout 2023 and in to 2024 and beyond, regular health and wellbeing focused dialogue and actions have taken place with Trades Unions colleagues. A Health & Wellbeing Action plan is in place because of this work. As a “live” document, this plan takes forward specific actions to improve health and wellbeing, including Absence Review Learning and targeted focus group work where the data indicates that there

are pockets of high absence or wellbeing related challenges across HSCP operational teams. This will continue for the remainder of 2024 and into 2025.

- Focused analysis of absence data to inform future health and wellbeing actions.
- There are now additional learning and development opportunities for managers including 1-1s with HR Business Advisors.
- Continued investment in approaches to support workforce members who are unpaid carers, including achievement of Carers Positive Awards by NHS Tayside and Dundee City Council.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

- 7.1 A risk assessment has not been provided as this report is being provided to the Integration Joint Board for information only.

8.0 CONSULTATIONS

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

9.0 DIRECTIONS

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

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

10.0 BACKGROUND PAPERS

- 10.1 None.

Dave Berry
Acting Chief Officer

DATE: 24 September 2024

Jenny Hill
Head of Health and Community Care

Lynsey Webster
Lead Officer Quality, Data and Intelligence



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 OCTOBER 2024

REPORT ON: A CARING DUNDEE 2 – STATUTORY REVIEW

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB52-2024

1.0 PURPOSE OF REPORT

To inform the Integration Joint Board that the Dundee Carers Partnership has commenced work to support the statutory review of a Caring Dundee 2.

2.0 RECOMMENDATIONS

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

- 2.1 Note the requirement, under the Section 33 (3) of the Carers (Scotland) Act 2016, to carry out a statutory review of A Caring Dundee 2 by 21 April 2025 (section 4.1).
- 2.2 Note the planned approach and timescale for completion of the statutory review of A Caring Dundee 2, led by Dundee Carers Partnership and supported by the Strategic Planning Advisory Group (section 4.2 and appendix 1).
- 2.3 Instruct the Chief Officer to bring forward a report setting out the recommendations of the statutory review of A Caring Dundee no later than 21 April 2025.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Carers (Scotland) Act 2016 introduced a duty, under Section 31 (1), for each local authority and health board to jointly prepare a local carer strategy. This duty and other associated duties under Part 5 of the Act were subsequently delegated to Integration Authorities under the Public Bodies (Joint Working)(Scotland) Act. Dundee's first Carers Strategy was approved by the IJB October 2017 (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 31 October 2017 refers), with the current strategy, *A Caring Dundee 2: A strategic plan for working alongside, supporting, and improving the lives of carers in Dundee 2021-2024*, having been approved by the IJB in October 2021 and published in April 2022 (Article XIII of the minute of the meeting of the Dundee Integration Joint Board held on 27 October 2021 refers).
- 4.1.2 The Act, and related regulations, also place a duty on Integration Authorities to review their statutory carers strategy at least once every three-years (sections 33 (3) and (4)) and to subsequently either prepare a revised strategy or to publish a statement that the strategy is not to be revised (sections 33 (6) and (7)). There is therefore a statutory requirement that 'A Caring Dundee 2' is reviewed prior to 21 April 2025 (three-years following the date it was published)

and that subsequent to this, appropriate actions are taken under sections 33 (6) and (7) of the Act. That statutory review must include opportunities for consultation with persons and bodies representative of carers (Section 31 (4)).

4.2 Statutory Review – Process and Timescale

4.2.1 The Dundee Carers Partnership is co-chaired by Dundee Health and Social Care Partnership and Dundee Carers Centre and draws membership from a range of statutory and third sector organisations, as well as including representatives of carers. It leads partnership work in relation to carers of all ages, including young carers, supported by the IJB's Strategic Planning Advisory Group. As part of their strategic planning role, the Carers Partnership has developed a plan to ensure that the statutory review of A Caring Dundee 2 is completed within the required timescale.

4.2.2 The Carers Partnership has identified the following key steps in the statutory review process:

- Analysis of national, regional, and local documents and information relevant to carers published over the last three years (see section 4.2.4 for further details).
- Collation and analysis of data, including strategic needs information and performance data; this will be progressed through a full update against the Carers Partnership Delivery Plan and of the Carers Strategic Needs Assessment. This will include relevant data regarding the impact of covid on carers and increasing health and social care needs across the population.
- Consideration of information regarding social and financial inclusion, including information from the recent Engage Dundee survey, the Carers Winter Fund and wider evidence regarding employability and the impact of changes to social security arrangements over recent years (specifically, changes to disability and carers benefits).
- Further work to develop the interface with Dundee City Council Children and Families and Communities Services, with a view to enhancing understanding of the needs of young carers and wider communities.
- Finalising the Carers Partnership Involvement Framework and implementing specific activities in the context of the statutory review of the plan (see section 4.2.3 for further details).
- Gathering further information about the impact of the Carers Charter.
- Further assessing the suitability of the Short Break Service Statement; including considering whether or not this remains fit-for-purpose or requires to be reviewed or replaced.
- Considering data and information regarding Carers eligibility criteria / replacement care and self-directed support.
- Focused strategy review and development sessions for the Carers Partnership (and identified wider stakeholders).

Please see appendix 1 for an overview timeline of the review process.

4.2.3 The Carers Partnership finalised their Involvement Framework in August 2024. This is a framework designed to actively promote engagement and participation of Carers in Dundee. The framework supports involvement of carers of all ages, from varied backgrounds, caring for a diverse range of people. The framework recognises that engagement and participation methods need to take account of individual circumstances and the issues being considered. Further information about carer involvement, including a draft of the Carers Partnership Involvement Framework can be found at: <https://carersofdundee.org/carers-involvement/>. Within the context of the overall Involvement Framework, the Carers Partnership has identified the following opportunities as being key to successful involvement of stakeholders in the statutory review process:

- Use of the Involvement Page on Carers of Dundee website to inform people of the statutory review and opportunities for involvement, including directed links to digital opportunities.
- Targeted engagement with young carers and parent carers, supported by Children and Families Services.
- Survey of the workforce staff and partner agencies, this will include information that we recognise that some workforce members will themselves be carers for family members, friends etc.
- Carers focus groups and support services continue to be provided on a locality basis with improved links to existing locality planning and involvement groups, such as Local Community Planning Partnerships, Health and Wellbeing Networks and the Community Health Advisory Forum.
- A public facing survey.
- Targeted engagement with age, health, and disability groups and with individuals and organisations representing people with protected characteristics.

4.2.4 As part of their planning for the statutory review the Carers Partnership has identified a number of significant national and local planning and policy developments that have taken place since A Caring Dundee was published in 2022. These include:

- National Developments
 - The publication of the National Carers Strategy with a focus on: social and financial inclusion; the impact of COVID; acknowledgement of demographic pressures; intensive caring; and, deprivation (<https://www.gov.scot/publications/nationalcarers-strategy/>).
 - The introduction of National Care Service Bill, in particular a proposed statutory right to breaks from caring.
 - Scottish Children's Rights legislation passed and enacted.
 - The planned introduction of Scottish Carer's Assistance replacing Carers Allowance in 2024.
 - Carers Act Implementation monies ending.
 - Development of the Scottish Human Rights Bill.
- Local Developments:
 - The introduction of the IJB Plan for Excellence in Health and Social Care in Dundee.
 - Tayside Plan for Children, Young People and Families 2023-26.
 - The City Plan for Dundee 2022-2032.
 - The Council Plan 2022-2027.

These changes within the wider planning and policy context have had significant implications for carers in Dundee and across Scotland. The Carers Partnership recognises that this means it is likely that the statutory review of a Caring Dundee 2 will identify that the strategy needs to

be reviewed and updated to reflect these developments, as well as other factors identified through the range of activities identified in section 4.2.2.

4.3 Next Steps

4.3.1 The Carers Partnership will continue to progress the activities planned to complete the statutory review, as outlined in section 4.2 of this report. In the meantime, A Caring Dundee 2 remains in place and will continue to guide the work of the Carers Partnership to sustain and improve services and supports for carers living and working in the local area. Alongside progress the statutory review, current priority areas of work for the Carers Partnership include:

- Recording carers involvement information across local planning and delivery activity from a range of partners on www.carersofdundee.org.
- Publishing the Dundee Carers Partnership Carers Involvement Framework at a launch event on Carers Rights Day (24 November 2024).
- Continuing to promote, celebrate and support young carers involvement work, which enables young carers in the city to have their voice heard, ensuring participation and involvement with the Carers Partnership work carried out over the past five years.
- Increasing the numbers of carers who choose to accept Adult Carer Support Plans, with a view to offering replacement care when appropriate and providing a choice of options, including care at home and support away from home.
- Supporting Self-Directed Support (SDS) development work to enhance carer outcomes, reduce barriers to accessing SDS and increase local uptake of Options 1 and 2 for carers and for the people they support.
- Enhance carer involvement in hospital discharge, to address requirements of section 28 of the Carers (Scotland) Act 2016.
- Completing a review of the current Carers 'Strategic Needs Assessment' information and produce data relating to the Delivery Plan and stated outcomes in A Caring Dundee 2 to inform future planning.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Based on information available to the Carers Partnership at the current time, it is believed that it will be likely that the statutory review of a Caring Dundee 2 will identify that the strategy needs to be reviewed and updated to reflect national and local developments and to ensure that the strategy fully addresses all new statutory requirements.
Risk Category	Operational, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)

Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Key steps in the statutory review process have been identified and a timeline developed to ensure the review is carried out within the statutory timeframe. • The Involvement Framework is completed and will be published by December 2024. • Information and data gathering has commenced. • Focused strategy review and development sessions for the Carers Partnership (and identified wider stakeholders) planning has commenced. • Dundee Carers Partnership continues to take a collaborative and innovative approach to developing services and supports for carers within the framework of the existing strategy.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Approval recommendation	Given the low level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 Members of the Carers Partnership, the Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Acting Chief Officer

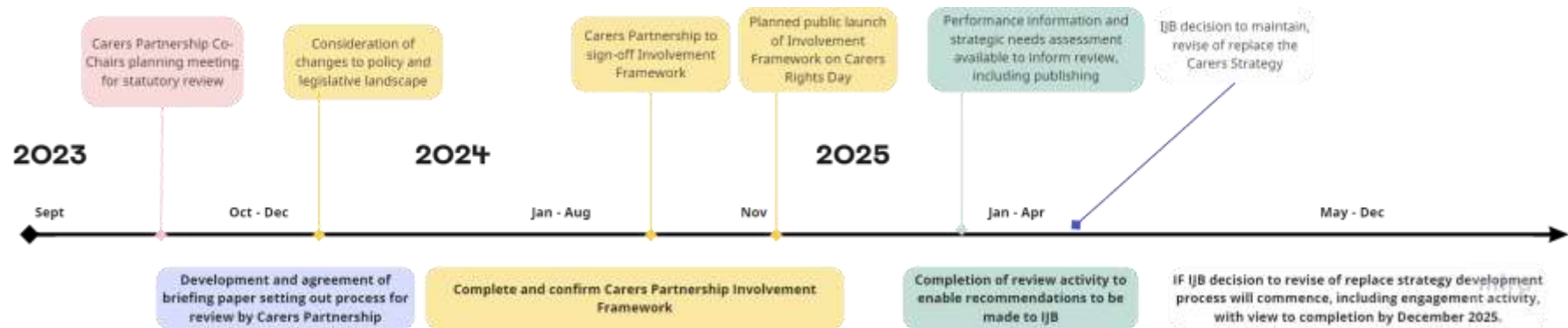
DATE: 24 September 2024

Angela Smith
Interim Head of Service, Health and Community Care / Co-Chair, Dundee
Carers Partnership

Neil Campbell
Chief Officer, Dundee Carers Centre,
Co-Chair, Dundee Carers Partnership

Joyce Barclay
Senior Officer, Strategic Planning

Appendix 1
Overview timeline of statutory review process



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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 OCTOBER 2024

REPORT ON: AUDIT SCOTLAND REPORT ON INTEGRATION JOINT BOARDS FINANCE AND PERFORMANCE 2024

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB59-2024

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Integration Joint Board of Audit Scotland's recent published national report on Integration Joint Boards Finance and Performance 2024.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content, key messages and recommendations contained in the national Audit Scotland report on Integration Joint Boards Finance and Performance 2024 attached as Appendix 1 to this report.
- 2.2 Instructs the Chief Officer to ensure the recommendations in the report are adopted on a local basis and provide evidence in the achievement of these through the Annual Governance Statement.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Audit Scotland published a high-level independent analysis report of IJB's in July 2024 as a follow on from previous reporting in 2022 and 2023. The report provides commentary on a national basis on the following areas:

- The financial performance of IJBs in 2022/23 and the financial outlook for IJB's in 2023/24 and beyond
- Performance against national health and wellbeing outcomes and targets alongside other publicly available performance information
- A spotlight focus on commissioning and procurement of social care.

- 4.1.2 The report contains a number of key messages, many of which are reflected in the local position in Dundee and reflected in the IJB's Strategic Risk Register. These include the complex landscape faced with unprecedented pressures, challenges and uncertainties, a widening health inequalities gap, increased demand and a growing level of unmet and more complex need. Sustainability of the workforce and increasing funding pressures are also highlighted.

- 4.1.3 The report also contains a number of recommendations for integration joint boards to consider however the report recognises that IJBs alone cannot address the crisis in the health and social care sector.
- 4.1.4 Key recommendations include ensuring medium term financial plans are up to date, annual budgets and proposed savings are achievable and sustainable with a collaborative budget process undertaken. IJBs are also asked to work with other partners and IJBs to share learning for service redesign, better understand the data available and how it can be developed and ensure the principles of ethical commissioning are adhered to.
- 4.1.5 The next iteration of this annual report will be a whole system approach which will make recommendations to the Scottish Government, councils, NHS boards and IJBs as appropriate.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer 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	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

- 9.1 None.

Dave Berry
Acting Chief Officer

DATE: 30 September 2024

Integration Joint Boards

Finance and performance 2024



ACCOUNTS COMMISSION 

Prepared by Audit Scotland
July 2024



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Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Audit team

The core audit team consisted of:
Kathrine Sibbald, Zoe McGuire, Chris Lewis, Chris Dorrian and Philip Keane, under the direction of Carol Calder.

Key messages

- 1** Integration Joint Boards (IJBs) face a complex landscape of unprecedented pressures, challenges and uncertainties. These are not easy to resolve and are worsening, despite a driven and committed workforce. The health inequality gap is widening, there is an increased demand for services and a growing level of unmet and more complex needs. There is also variability in how much choice and control people who use services feel they have, deepening challenges in sustaining the workforce, alongside increasing funding pressures.
- 2** We have not seen significant evidence of the shift in the balance of care from hospitals to the community intended by the creation of IJBs. They operate within complex governance systems that can make planning and decision making difficult. They cannot address the issues across the sector alone. Whole-system collaborative working is needed as part of a clear national strategy for health and social care that will promote improved outcomes across Scotland but reflects the need to respond to local priorities.
- 3** The workforce is under immense pressure reflecting the wider pressures in the health and social care system. Across the community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. The Covid-19 pandemic, the cost-of-living crisis and the impact of the withdrawal from the European Union have deepened existing pressures. Unpaid carers are increasingly relied on as part of the system but are also disproportionately affected by the increased cost-of-living. Without significant changes in how services are

provided and organised, these issues will get worse as demand continues to increase and the workforce pool continues to contract.

- 4 Uncertainty around the direction of the plans for a National Care Service and continued instability of leadership in IJBs have also contributed to the difficult context for planning and delivering effective services. We are seeing examples of IJBs trying to work in new and different ways, but there is a lack of collaboration and systematic shared learning on improvement activities.
- 5 The financial outlook for IJBs continues to weaken with indications of more challenging times ahead.
 - In common with other public sector bodies, financial pressures arising from rising inflation, pay uplifts and Covid-19 legacy costs are making it difficult to sustain services at their current level and, collaborative, preventative and person-centred working is shrinking at a time when it is most needed.
 - The financial outlook makes it more important than ever that the budget process involves clear and open conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability.
 - Overall funding to IJBs in 2022/23 decreased by nine per cent in real terms or by one per cent in real terms once Covid-19 funding is excluded. The total reserves held by IJBs almost halved in 2022/23, largely due to the use and return of Covid-related reserves. The majority of IJBs reported notable savings, but these were largely arising on a non-recurring basis from unfilled vacancies.

- IJBs have had to achieve savings as part of their partner funding allocations for several years. The projected funding gap for 2023/24 has almost tripled, in comparison to the previous year, with over a third anticipated to be bridged by non-recurring savings, with a quarter of the gap bridged using reserves. This is not a sustainable approach to balancing budgets.
- 6 Data quality and availability is insufficient to fully assess the performance of IJBs and inform how to improve outcomes for people who use services with a lack also of joined up data sharing. However, available national indicators show a general decline in performance and outcomes.
 - 7 Current commissioning and procurement practices are driven largely by budgets, competition, and cost rather than outcomes for people. They are not always delivering improved outcomes and are a risk for the sustainability of services. Improvement to commissioning and procurement arrangements has been slow to progress but is developing. There are some positive examples of where more ethical and collaborative commissioning models are being adopted.
-

Recommendations

This report and the recommendations focus on IJBs, however to respond to the significant and complex challenges in primary and community health and social care all the bodies involved need to work collaboratively on addressing the issues – IJBs alone cannot address the crisis in the sector. The next iteration of this annual report will be produced jointly with the Auditor General for Scotland and will take a whole system approach and will make recommendations to the Scottish Government, councils, NHS boards as well as IJBs, as appropriate.

Integration Joint Boards should:

- ensure that their Medium-Term Financial Plans are up to date and reflect all current known and foreseeable costs to reflect short and longer-term financial sustainability challenges
- ensure that the annual budgets and proposed savings are achievable and sustainable. The budget process should involve collaboration and clear conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability
- work collaboratively with other IJBs and partners to systematically share learning to identify and develop:
 - service redesign focused on early intervention and prevention
 - approaches focused on improving the recruitment and retention of the workforce
- work collaboratively with other IJBs and partners to understand what data is available and how it can be developed and used to fully understand and improve outcomes for those using IJB commissioned services. This should include a consideration of gaps in data. It should also include consideration of measures to understand the impact of preventative approaches
- evaluate whether the local commissioning of care and support services, and the contracting of these services, adheres to the ethical commissioning and procurement principles, improving outcomes for people.

1. Introduction

About this report

1. In [2022](#) and [2023](#) the Accounts Commission published a bulletin setting out the financial position of the 30 Scottish IJBs. This year's report expands on this and provides a high-level independent analysis of IJBs, commenting on:

- the financial performance of IJBs in 2022/23 and the financial outlook for IJBs in 2023/24 and beyond
- performance against national health and wellbeing outcomes and targets alongside other publicly available performance information
- a 'spotlight' focus on commissioning and procurement of social care.

2. This report focuses solely on IJBs. While it comments on how they interact and perform within the wider system, the work does not comment on the work of councils, NHS boards or the Scottish Government or make recommendations to these bodies. In future reports we will expand the scope to include these public bodies. This will allow us to consider community health and social care as a whole system and look at how different parts work together when planning and delivering services.

3. Supporting this report we have also published:

- a supplement collating the performance information considered in the report
- a checklist of questions, based on the issues raised in this report, for IJB board members to consider
- a summary of the discussion at a stakeholders' roundtable session we hosted in February 2024 that has helped inform this report.

What is an IJB?

4. An IJB is responsible for the governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults in its area.

5. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires the 32 Scottish councils and 14 territorial NHS boards to work together in partnerships to integrate how social care and community healthcare services are provided. IJBs were created as part of the Act as separate legal bodies. [Exhibit 1 \(page 9\)](#) sets out how these IJBs operate.

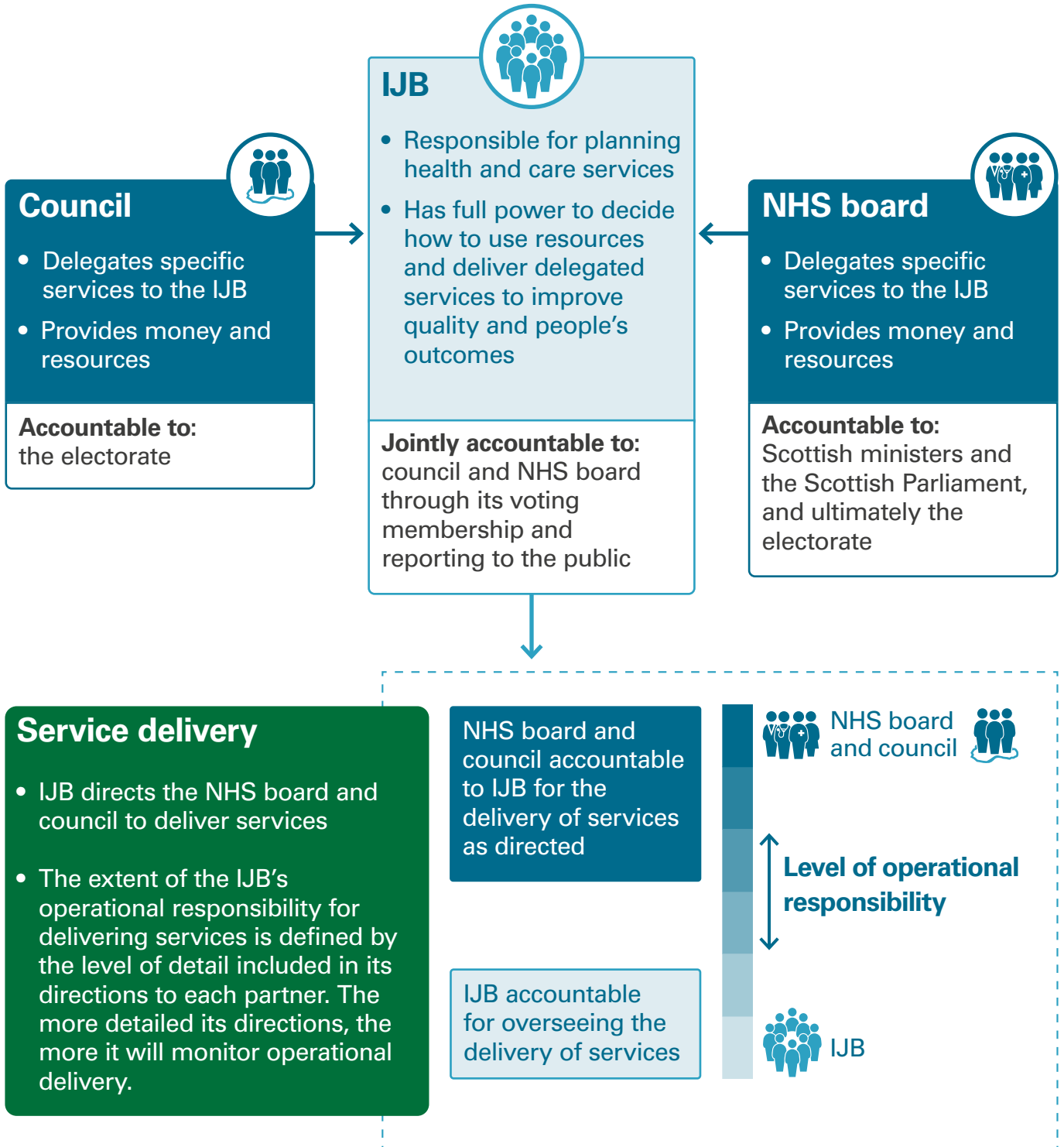
6. There are 31 partnerships across Scotland. Stirling and Clackmannanshire councils have formed a single partnership with NHS Forth Valley. The majority of NHS boards have a partnership with more than one IJB and five IJBs cover the same geographical area as their health boards.

7. Highland follows a different arrangement, a Lead Agency model.¹ This Accounts Commission report focuses on the work of the IJBs and does not comment on the performance of the Highland Health and Social Care Partnership as its scrutiny sits with the Auditor General for Scotland rather than the Accounts Commission.

8. The aim of integration is to ensure that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care; improving the outcomes for patients, people who use services, carers and their families. The services are provided by a mixture of public, private and third sector providers dependent on who is most suitable to deliver those services.

9. The Act sets out which services are required to be delegated by councils and NHS boards to the IJBs as a minimum. This includes social care and primary and community healthcare. Services within this scope include for example, services for adults with physical disabilities, mental health services, drug and alcohol services and unscheduled health care. Some IJBs have also integrated other services. For example, 11 IJBs also have strategic responsibility for children's social care services and 16 IJBs have strategic responsibility for criminal justice social work.

Exhibit 1. How IJBs work



Source: [What is integration? A short guide to the integration of health and social care services in Scotland](#), April 2018, Audit Scotland

10. Audit Scotland has published reports and is currently undertaking work, on behalf of the Accounts Commission and the Auditor General for Scotland, on some of these service areas.

- [Adult mental health](#) Report published 13 September 2023.
- [Children and young people who need additional support for learning](#) Blog published 17 May 2022.
- [Drug and alcohol services: An update](#) Report published 8 March 2022 and [Drug and alcohol services – audit scope](#) Ongoing work to be published Autumn 2024.
- [Social care briefing](#) Report published 27 January 2022.
- [General Medical Services contract progress](#) Audit scope report to be published spring 2025.

2. The context

IJBs face a complex landscape of considerable challenges and uncertainties

11. Social care and primary and community healthcare services in Scotland currently face complex and unprecedented pressures and challenges. These challenges are not easily resolved and are worsening. There is an increased demand for services, deepening challenges in sustaining the workforce, alongside increasing financial pressures. These longstanding challenges have been exacerbated by the cost-of-living crisis, increasing cost of provision of services and a changing policy landscape. The Covid-19 pandemic has also had a lasting impact on this sector, given the impact on health and social care staff and the need to continue to protect vulnerable people.

12. [The Independent Review of Adult Social Care²](#) (Feeley Review) (published in February 2021), and the scrutiny of the [National Care Service \(Scotland\) Bill](#) has stimulated a lot of public debate and consideration of the need for change in the sector. But, to date there has been limited change for people experiencing or working in social care. It is important to emphasise that this is not a reflection on individuals working in the sector. Our experience, through this work, is that those involved, at all levels, are driven and passionate about improving the lives of people who need support.

13. IJBs cannot address the issues across the sector alone, whole-system collaborative working is needed as part of a clear national strategy. In the Auditor General for Scotland's [NHS in Scotland 2023](#) report, he stated that 'there are a range of strategies, plans and policies in place for the future delivery of healthcare, but no overall vision. To shift from recovery to reform, the Scottish Government needs to lead on the development of a clear national strategy for health and social care. It should include investment in preventative measures and put patients at the centre of future services'.

IJBs are facing significant financial sustainability challenges and cost pressures are only increasing

14. In common with other public sector bodies, financial pressures arising from rising inflation, pay uplifts, the cost-of-living crisis and Covid-19 legacy costs are making it difficult to sustain services at their current level. IJBs are also experiencing an increase in prescribing costs. IJBs have had to achieve savings as part of their partner funding allocations for several years and achieving these savings, while maintaining service levels, has become increasingly difficult. IJBs are now having to consider more significant options as statutory duties have to be prioritised. This

includes ending funding for some care and support services, to ensure financial sustainability in the medium to long term.

The demand and need for services continue to increase and become more complex

15. Demographic changes and the increasing complexity of care needed are driving an increase in the demand for services. For example, an estimated one in 25 people of all ages in Scotland received social care support and services at some point during 2022/23. It is estimated that 76 per cent of these people are aged 65 and over, and 63 per cent are aged 75 and over.³ An estimated 20 per cent of Scotland's population is aged over 65. In many rural and island areas this population group is even higher, for example 27 per cent of the population in Argyll and Bute and the Western Isles are over 65.⁴

16. The proportion of the population over the age of 65 is projected to grow by nearly a third by mid-2045. Since currently around three-quarters of people receiving social care support are aged 65 or over, this means that there will likely be a substantial rise in the number of people requiring social care support. It is likely this pattern reflects the challenges across most other services commissioned by IJBs. A recent study found that 93 per cent of people aged over 65 who received social care had two or more medical conditions simultaneously.⁵ People over 75 are around twice as likely to require outpatient or inpatient care compared to those aged in their mid-20s.⁶

The workforce is under immense pressure

17. Across the primary and community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. Without significant changes in how services are provided and organised, this issue will get worse as demand continues to increase and the workforce pool continues to contract. The number of people aged 25-44 is predicted to fall from 1.4 million to 1.3 million by 2045. Meanwhile the number of people aged over 75 will rise from 469,000 in 2021 to 774,000 in 2045.⁷

18. We have previously highlighted how the [effects of the pandemic](#) worsened existing pressures on the social care workforce causing experienced staff to leave their posts. Our ongoing monitoring and discussions with stakeholders show that these issues remain and the cost-of-living crisis and the ongoing impact of withdrawal from the European Union have added to the pressures.

19. The staff vacancy rates across social care and support services in Scotland is high. At 31 December 2022, 49 per cent of services reported vacancies; 63 per cent of these services with vacancies reported problems filling them. The percentage of care services reporting vacancies had been consistent over time up to and including 2020, before a large increase of 11 percentage points reported in 2021.⁸

20. Almost 90 per cent of social care providers stated recruitment and retention was problematic for them in a survey carried out by Scottish Care.⁹ This survey also found that a quarter of staff leave an organisation within the first three months of joining. Providers find they are competing for staff:

- across other public, independent and third sector providers with differences in pay and terms and conditions
- with the hospitality and retail sectors, who pay more for less demanding roles
- with the health sector with an increasing disparity between health sector and social care sector wages – the current pay gap is 19 per cent between adult social care workers and NHS entry level pay.

The cost-of-living crisis is affecting the demand for services as well as the ability to provide them

21. The increased costs of living have exacerbated the workforce challenges as the low wages are making it a less favourable career choice. This is particularly an issue for those providing care at home services who are experiencing an increase in petrol costs and are not always reimbursed in a timely manner, or, in some cases, at all for all their journeys.

22. Unpaid carers are also disproportionately affected by the increased cost-of-living crisis. People in the most deprived areas are more likely to provide 50 or more hours of unpaid care a week compared to people living in the least deprived areas.¹⁰

23. The cost of provision of services has also increased. Homecare costs per hour have increased by 19 per cent between 2016/17 and 2022/23. Residential care costs per week (for those aged 65 and over) have increased by 23 per cent between 2016/17 and 2022/23. There are also significant cost differences between urban and rural areas.¹¹

24. In particular, for smaller, independent and third sector service providers, increased costs are causing problems for the sustainability of services. For example, in residential care homes, an increase in fuel costs to heat and provide power for residents has made their financial viability increasingly challenging.

IJBs operate within complex governance systems that can make planning and decision making difficult

25. We previously reported in our [Health and social care integration: update of progress](#) report, that the current model of governance is complicated, with decisions made at IJB, council and health board level. We found that cultural differences between partner organisations are a barrier to achieving collaborative working and achieving key priorities. These challenges have not been resolved.



An unpaid carer is anyone who cares for someone who is ill, disabled, older, has mental health concerns or is experiencing addiction and is not paid by a company or council to do this. Primarily, this is a family member or friend.

Instability of leadership continues to be a challenge for IJBs

26. A notable turnover of senior leadership positions since the start of health and social care integration continues to be a concern. Half of all IJBs experienced turnover in either their chief officer and/or chief finance officer posts in the last two years. Across 2021/22 and 2022/23, seven Chief Officers, 11 Chief Financial Officers, one IJB chair and one chief social work officer changed. Instability in leadership teams has the potential to disrupt strategic planning at a time when difficult and significant decisions need to be made. It can affect the culture of an organisation at a time when the workforce is under pressure.

Plans for a National Care Service have brought uncertainty for IJBs

27. In June 2022, the Scottish Government introduced the National Care Service (Scotland) Bill to Scottish Parliament. The Bill was intended to ensure:

- consistent delivery of high-quality social care support to every single person who needs it across Scotland, including better support for unpaid carers
- that care workers are respected and valued.

28. The main elements of the Bill were the proposed creation of a National Care Service, including a national board, making Scottish Ministers accountable for social work and social care support. The original Bill also set out to transfer social care and social work council functions, staff and assets to Scottish Ministers or local care boards. This put in question the role and responsibility of IJBs and caused uncertainty for IJBs on the timescales for implementing the proposed National Care Service and what form it would likely take. This has complicated IJBs ability to undertake medium- and long-term financial planning.

29. After some delays, Stage 1 of the Bill was passed in March 2024. Amendments planned for the NCS Bill now mean IJBs will be reformed rather than replaced by 2029/30. IJBs should therefore ensure they have effective medium- and longer-term planning in place and continue to drive improvements in how they commission and deliver services.

3. Financial performance

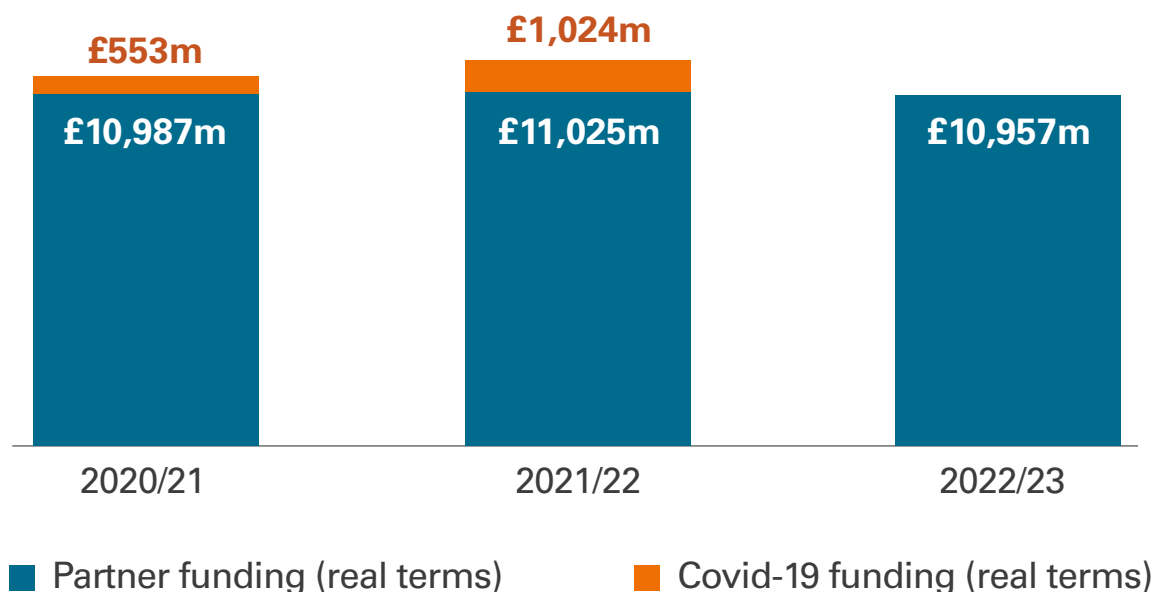
The financial health of IJBs continues to weaken and there are indications of more challenging times ahead

IJB funding has decreased in real terms compared to 2021/22

30. IJBs receive their funding as annually agreed contributions from their council and NHS board partners. Funding is largely received to cover in-year expenditure on providing services but can also be received for specific services and national initiatives to be funded in future years.

31. Funding to IJBs in 2022/23 decreased by £1.1 billion (nine per cent) in real terms to £11.0 billion; a £342 million decrease in cash terms [Exhibit 2](#). IJBs received £1.0 billion of additional funding in 2021/22 to support their response to the Covid-19 pandemic. Excluding the 2021/22 Covid-19 related funding, this shows an underlying decrease of £68 million in real terms, representing a 1.0 per cent decrease.

Exhibit 2. Real terms movement in IJB funding



Source: IJB audited annual accounts 2020/21, 2021/22 and 2022/23 and ONS deflators

Non-recurring savings, largely arising from unfilled vacancies, led to the majority of IJBs reporting a surplus on the cost of providing services

32. Nineteen IJBs reported a surplus on the cost of providing services, but these underspends were driven largely by vacancies and staff turnover ([Exhibit 3, page 17](#)). Three IJBs reported a break-even position and the remaining eight IJBs recorded an overspend of two per cent, or under, of their net cost of services. The three IJBs reporting a break-even position did so after receiving additional funding allocations from their partner bodies. The net underspend position on the costs of providing services across IJBs was £110 million.

33. The IJBs ability to meet the rising demand for their services and maintain service quality, is weakened by unfilled vacancies. The IJBs reporting a surplus would be unlikely to do so if the workforce was at full capacity.

The majority of the total planned savings were achieved, but over a third were achieved only on a one-off basis

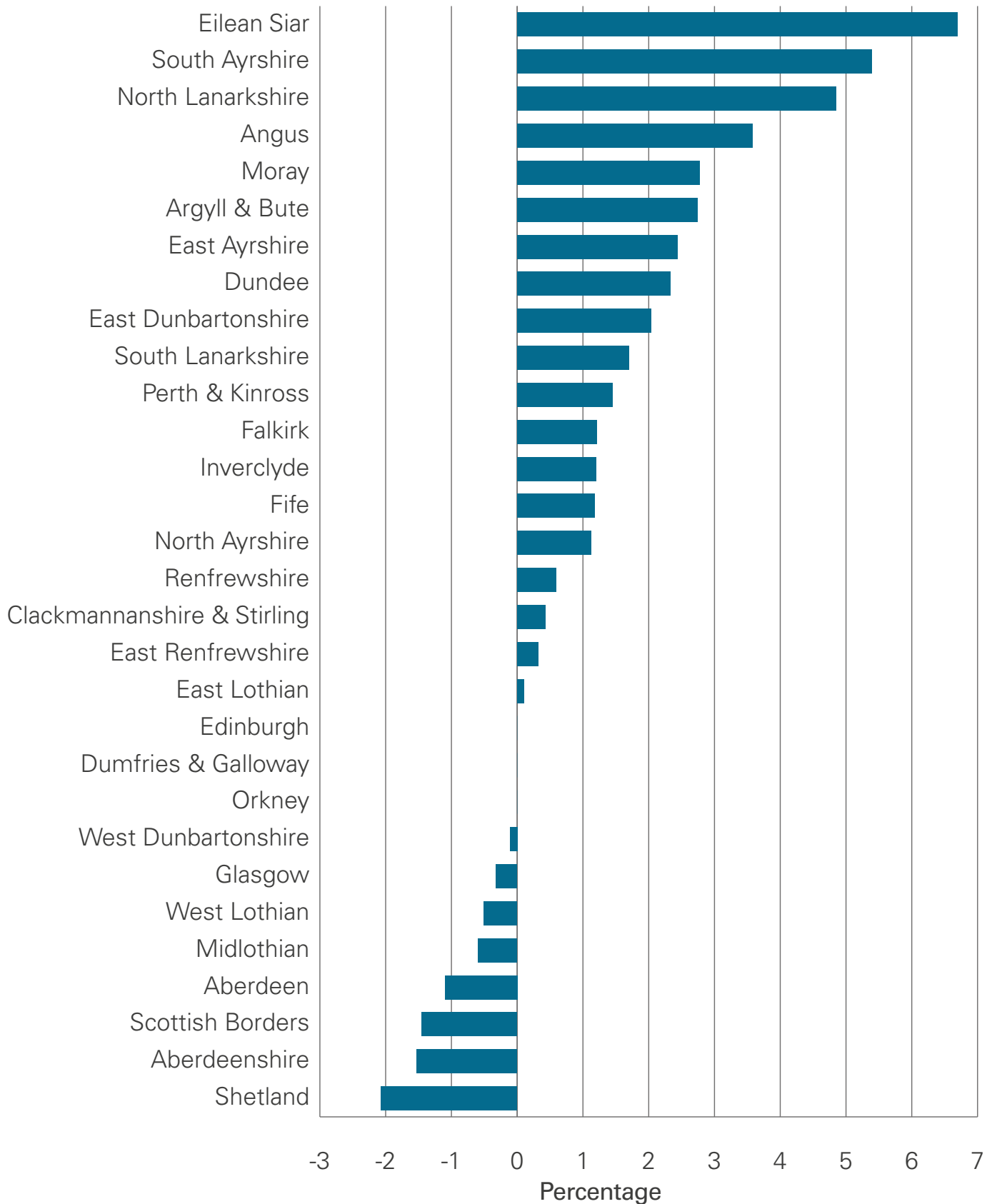
34. IJBs achieved 84 per cent of their £77 million planned savings target in 2022/23. Over a third of this was achieved on a non-recurring basis. This means that these savings will be carried forward to be found again in future years. Identifying and achieving savings every year on a recurring basis, and moving away from relying on one-off savings, is essential for IJBs to maintain financial sustainability.

Total reserves held by IJBs have almost halved in 2022/23 due largely to the use or return of Covid-19 related reserves

35. By the end of 2022/23, all IJBs reported a reduction in their total level of reserves, decreasing by £560 million to £702 million, a 44 per cent reduction.

36. The decrease in the overall reserves balance was largely the result of a reduction in the reserves of funding that the Scottish Government specifically provided for the response to the Covid-19 pandemic. The Covid-19 related reserves decreased by 97 per cent, from £502 million to £14 million. Auditors confirmed that over two-thirds (£333 million) of the Covid-19 reserve reduction was a result of unused balances being returned to the Scottish Government.

Exhibit 3. Operational surplus as a proportion of net cost of service



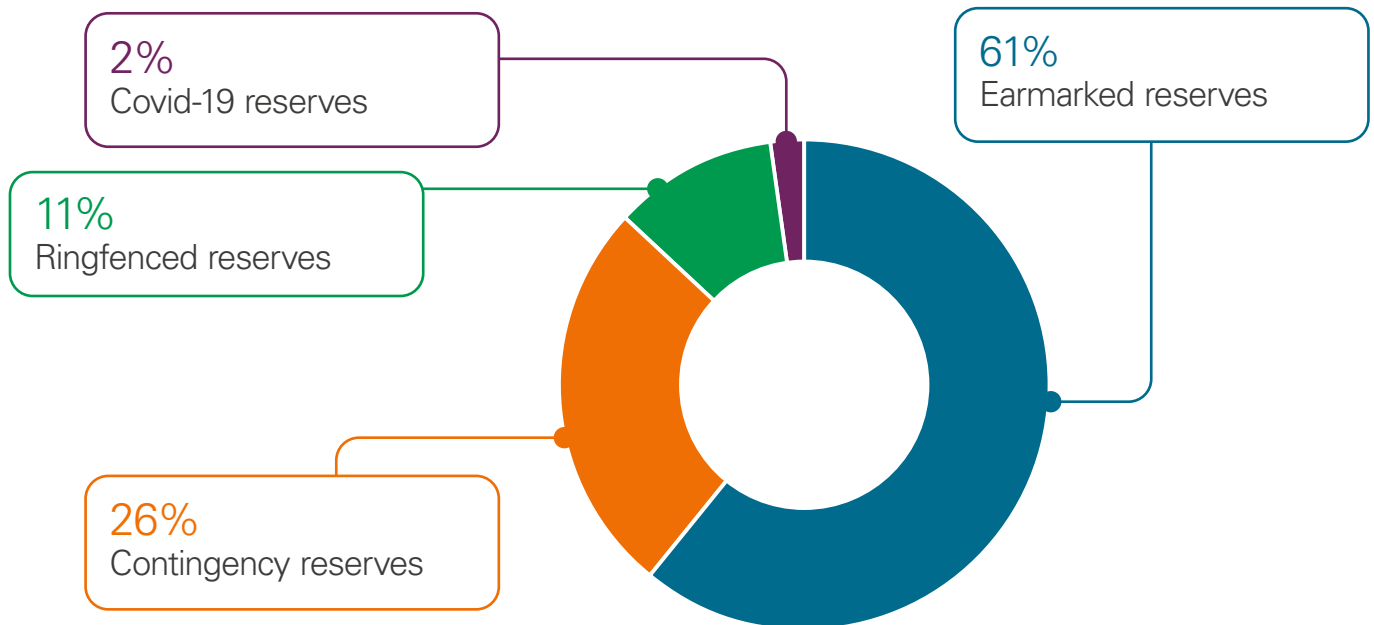
Source: IJB audited annual accounts 2022/23

37. The exceptional impact of Covid-19 reserve movements can obscure underlying reserve movements. When Covid-19 reserve movements are excluded, the total value of reserves was reduced by 10 per cent (£72 million) from £760 million to £687 million.

38. IJBs hold reserves for a variety of reasons, including reserves held to address specific local or national policy initiatives or to mitigate the financial impact of unforeseen circumstances. The reserves held by IJBs consisted largely of four main areas ([Exhibit 4, page 19](#)), as follows:

- Earmarked reserves of £426 million (£426 million in 2021/22) held by individual IJBs for a range of local planned purposes, such as reserves for multidisciplinary teams, interim care beds, as well as more generic reserves associated with winter planning and local reserves to support newer innovative practices that contribute towards strategic change.
- Ring-fenced reserves of £79 million (£185 million in 2021/22) provided to support Scottish Government national policy objectives. Examples include the Primary Care Improvement Fund, Mental Health Recovery and Renewal, Mental Health Action 15, Community Living Change Fund and Alcohol and Drug Partnership funding.
- Contingency reserves of £183 million (£148 million in 2021/22) that have not been earmarked for a specific purpose. IJBs have more flexibility on the use of this type of reserves which are often used to mitigate the financial impact of unforeseen circumstances.
- Covid-19 related reserves of £14 million (£502 million in 2021/22), representing all unspent funding received to support the impact of the pandemic on IJB services.

Exhibit 4. 2022/23 Reserves



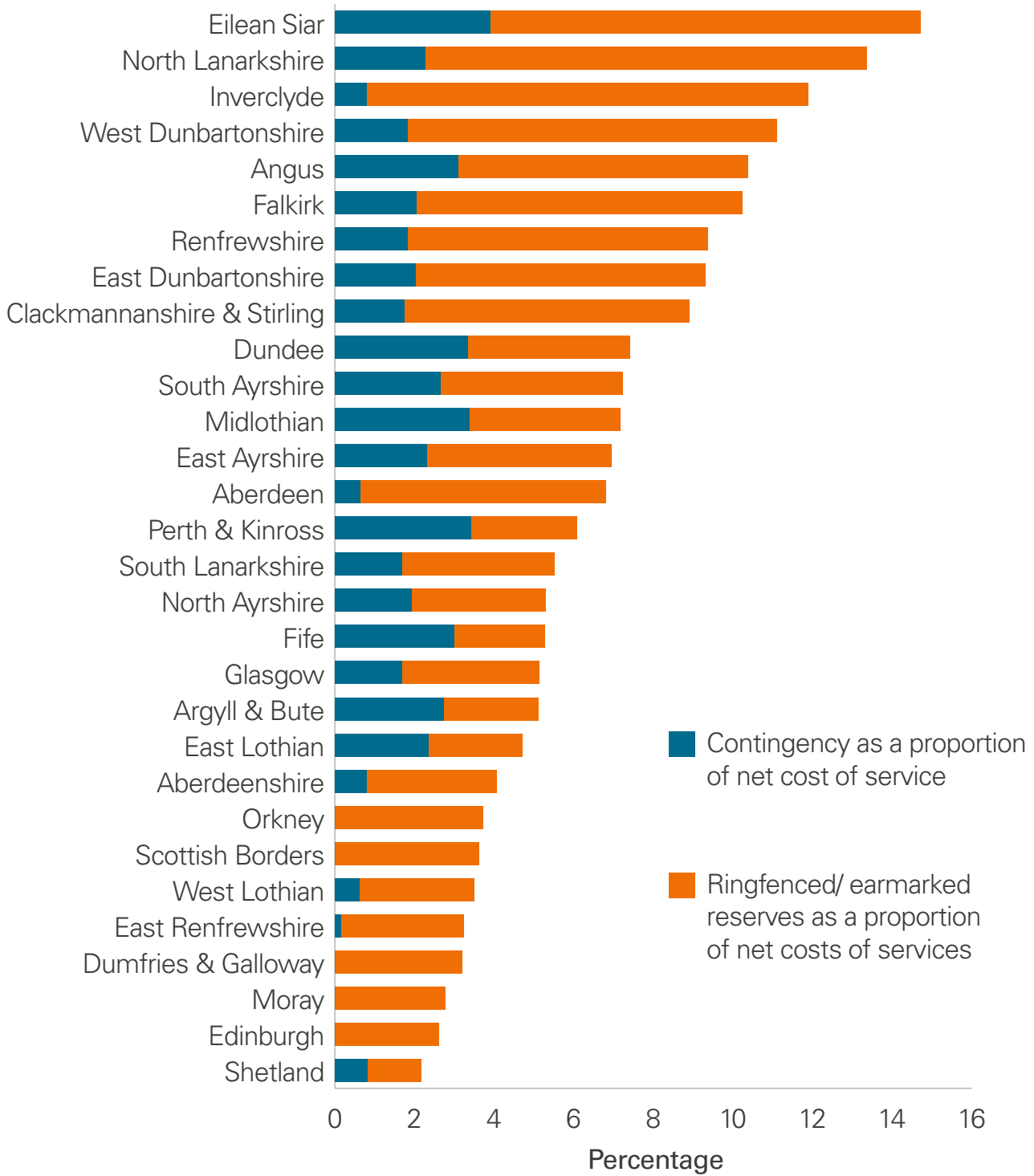
Source: IJB audited annual accounts 2022/23

39. Reserves ring-fenced to support Scottish Government national policy objectives saw a 57 per cent reduction of £106 million to £79 million. These national initiatives include programmes for primary care improvement and mental health programmes.

40. These reserve balances largely represent non-recurring amounts of money that can only be used for specific and defined national policy priorities. As these non-recurring reserves are utilised, funding will need to be identified to fund any continuing associated initiatives on a sustainable basis.

41. The reduction in reserves was slightly offset by increases in the contingency reserves and other locally earmarked reserves. Contingency reserves have continued to increase, largely as a result of unplanned vacancy savings, and now represent a quarter of the total year end reserves balance.

Exhibit 5. Year end IJB reserves as a proportion of net cost of services



Source: IJB audited annual accounts 2022/23

42. Contingency reserves are uncommitted funds held by IJBs to mitigate the financial impact of unforeseen circumstances and the amount held will vary depending on individual IJB reserve policies. A review of a sample of ten IJB reserve policies showed that the majority (eight) had a contingency reserve target of two per cent of annually budgeted expenditure. There is no statutory maximum or minimum level of contingency reserves.

43. Seventeen IJBs reported an increase in their contingency reserves leading to a net increase of 24 per cent (£35 million) to £183 million between 2021/22 and 2022/23. Across the IJBs, contingency reserves, as a proportion of the net cost of services, ranged from zero per cent to four per cent ([Exhibit 5, page 20](#)). Two thirds of IJBs had contingency reserve levels of over two per cent of the net cost of services. Five IJBs had no contingency reserves.

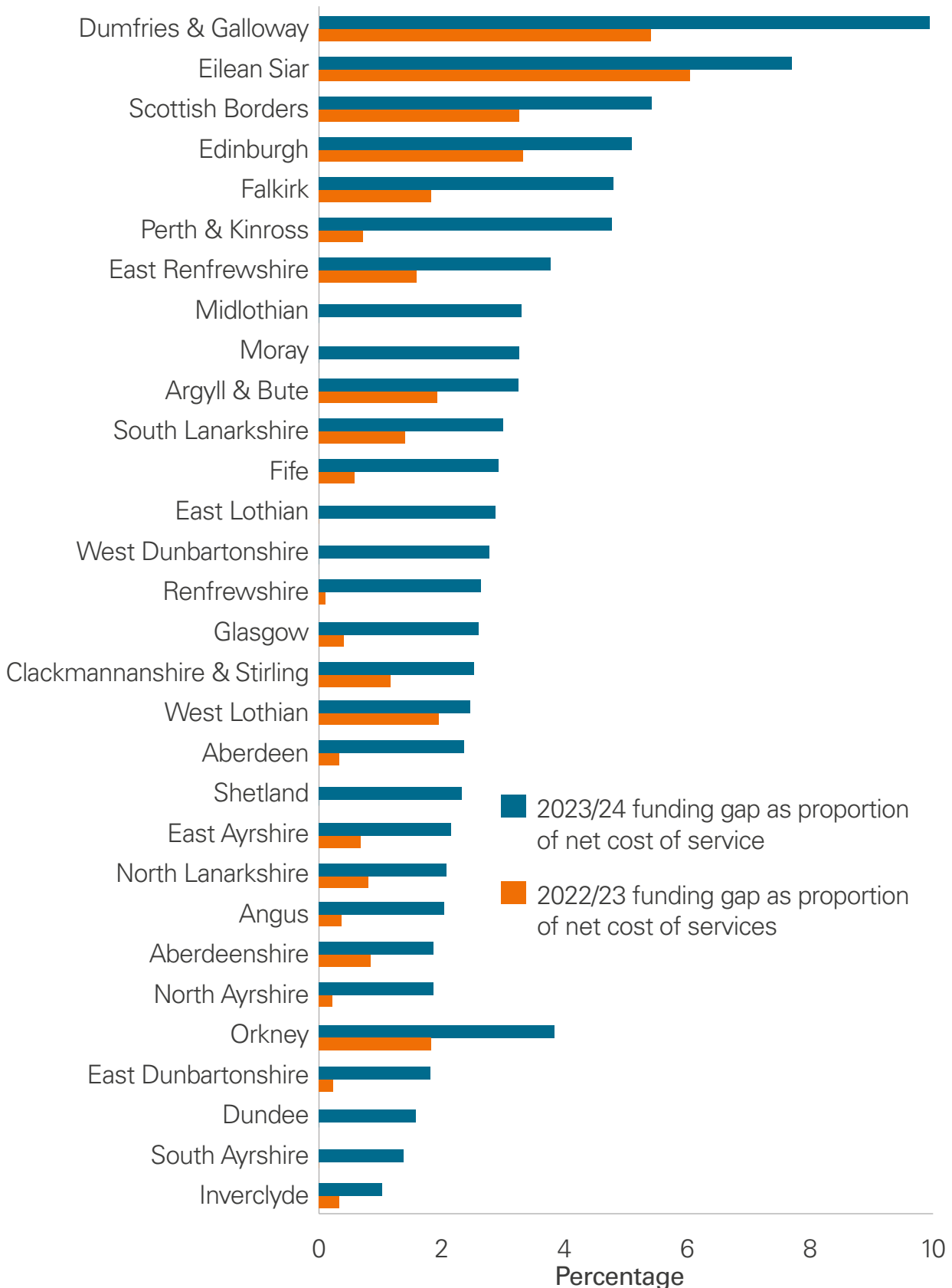
The projected financial position is set to worsen

44. Twenty five IJBs agreed their 2023/24 budget before the start of the financial year. Delays in the agreement of savings plans and uncertainty around NHS partner funding were the most common reasons for IJBs not agreeing a balanced budgets before the start of the financial year.

45. IJBs do not always receive notification of funding allocations from NHS boards before the start of the financial year. This adversely affects the IJBs' ability to plan expenditure, can cause delays to decision-making and lead to vacancies being held unfilled due to uncertainty over funding.

46. The projected funding gap for 2023/24 has almost tripled in comparison to the previous year. All IJBs reported an increase in their projected funding gap with the exception of Orkney IJB. The 2023/24 projected funding gap was £357 million representing a 187 per cent increase from the 2022/23 projected funding gap (£124 million). Funding gaps, as a proportion of the 2022/23 net cost of services, ranged from one to ten per cent ([Exhibit 6, page 22](#)).

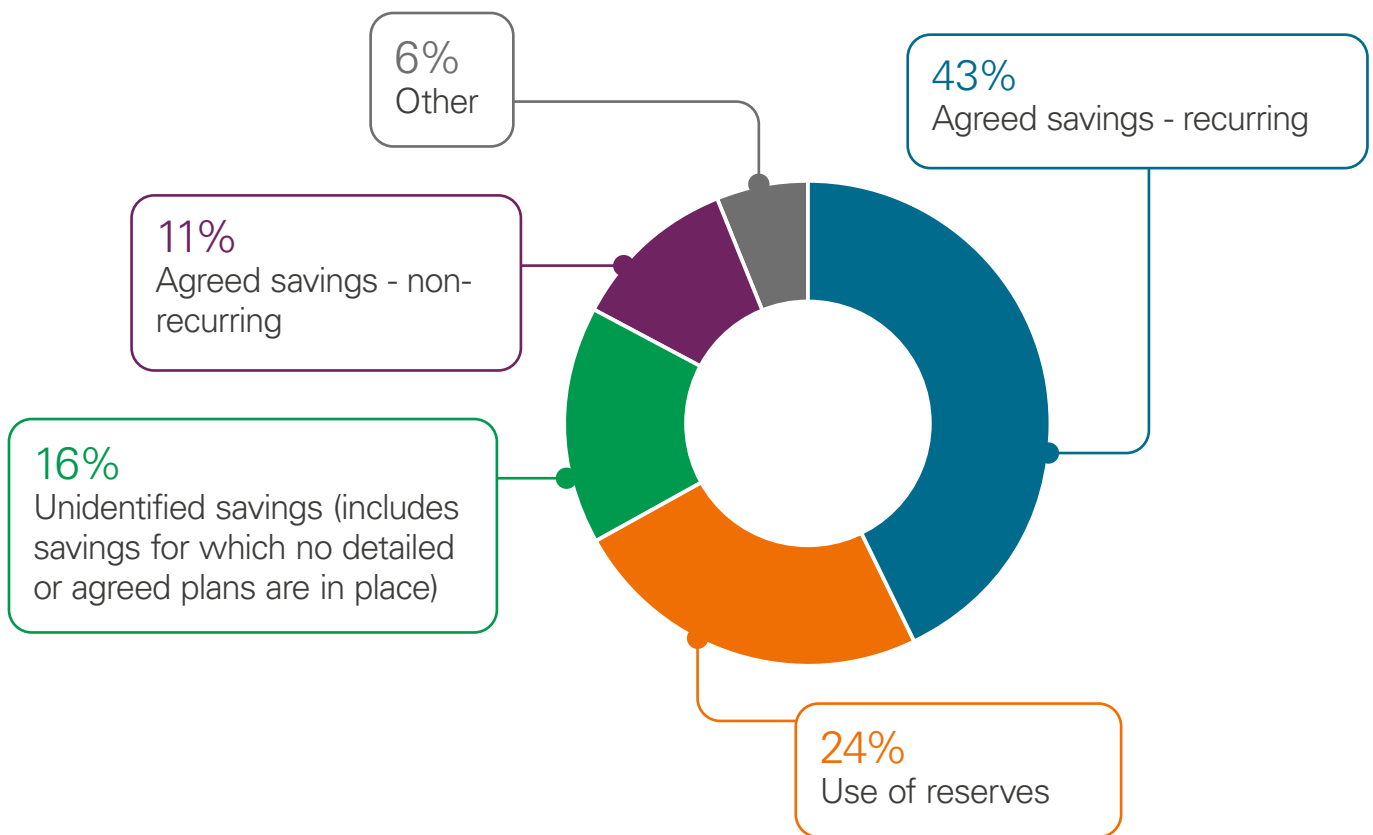
Exhibit 6. Funding gap as a proportion of net cost of service



Source: Auditor data return

47. Of the total funding gap, 53 per cent (57 per cent in 2021/22) is anticipated to be met by identified savings, 24 per cent from the use of reserves, with actions yet to be identified to bridge the remaining gap [Exhibit 7](#).

Exhibit 7. 2023/24 IJB funding gap planned action



Source: Auditor data return

The increasing reliance on non-recurring sources of income is not sustainable

48. At the time of the 2023/24 budget setting, over a third of the projected funding gap was anticipated to be bridged by one-off sources of funding, ie on a non-recurring basis. A quarter of the projected funding gap was planned to be bridged by the use of non-recurring reserves and a further fifth of the identified savings were anticipated to be non-recurring.

49. In addition, a significant proportion of the funding gap did not have planned savings action agreed against it at the time of budget setting. These unidentified savings made up 16 per cent of the total projected funding gap and were the result of eight IJBs not starting the 2023/24 financial year with a balanced budget.

50. The increased reliance on non-recurring sources of income to fund recurring budget pressures is unsustainable in the medium to long term. The identification and delivery of recurring savings and a reduced reliance on drawing from reserves to fund revenue expenditure will be key to ensuring long-term financial sustainability.

Financial sustainability risks have been identified by auditors in the vast majority of IJBs

51. Auditors identified financial sustainability risks for 80 per cent of IJBs as part of their 2022/23 audits. Findings suggested that there was a reliance on non-recurring savings and sources of income to achieve financial balance.

52. As recurring savings get more difficult to identify and achieve, the need for a more significant transformation of services, in order to achieve financial sustainability, becomes more important.

53. IJBs are currently facing a range of significant and growing challenges and uncertainties impacting financial sustainability and service provision, including:

- uncertainty around the level and terms of future funding settlements and funding allocations for specific initiatives
- significant recruitment and retention challenges, both with the IJB and partner bodies and with external providers in the sector
- rising demand and increasing complexity of care arising from the demographic challenges of an ageing population
- cost-of-living crisis and inflationary cost pressures, including prescribing costs, making it more expensive to maintain the same level of services

- ongoing legacy cost impacts of Covid-19, including vaccination programmes, testing and Personal Protective Equipment costs.

54. An initial analysis of 2024/25 budget setting reveals that the projected funding gap for IJBs has increased again to £456 million. This increase underlines the importance of IJB board members having clear and frank conversations not only at the board level, but with partners, providers and the wider public, about the decisions that will be required to achieve future savings and the likely implication these decisions will have on the services individuals currently receive.

Medium-Term Financial Plans need to be updated to reflect all cost pressures currently known

55. The majority of IJBs have an up to date Medium-Term Financial Plan in place, but auditors found a third needed to update their plan. It is essential that IJBs ensure Medium-Term Financial Plans are updated, reflecting all known and foreseeable costs, to allow informed decision-making on the delivery of sustainable service provision and reform in the future.

4. Performance

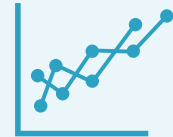
Data quality and availability is insufficient to fully assess the performance of IJBs, but national indicators show a general decline in performance and outcomes

Data quality and availability is insufficient to fully assess the performance of IJBs and inform actions to improve outcomes for service users with a lack of joint data across the system

56. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out nine National Health and Wellbeing Outcomes. These seek to measure the impact that integration is having on people's lives. These national outcomes are underpinned by 23 associated national indicators, although four indicators have not been finalised for reporting. These national indicators have been developed from national data sources to provide consistency in measurement. IJBs are also encouraged to devise their own performance indicators for their area. Each IJB produces an annual performance report which sets out publicly its performance against key performance indicators.

57. Our review of IJB annual performance reports for 2022/23 shows the majority report against the key national performance indicators. All set out performance against their own identified strategic priorities. Some IJBs have developed their own indicators, as suggested in the Act, to help demonstrate how they are working towards their strategic outcomes. This allows for flexibility in reporting on local performance but means that describing a comprehensive national picture of performance is not possible.

58. Published performance information is not always clearly linked to the National Health and Wellbeing Outcomes with some gaps in the completeness of national performance information. Nine of the national integration performance indicators are based on the biennial Health and Care Experience Survey (HACE). Response rates for the HACE are generally quite low, with more deprived areas experiencing the lowest response rates. This increases the risk that there may be underrepresentation of the experience of certain groups of people and areas.



The IJB Performance Supplement to this report sets out the performance of each IJB against the 19 national indicators available under the National Health and Wellbeing Outcomes.

59. In our engagement with stakeholders, we heard a consistent message that data is key to a whole system approach and performance management needs to be redefined to reflect this. They indicated a range of challenges around data that is currently collected:

- The current data does not provide good evidence on how the performance of one part of the system impacts on either other parts of the social care system or the system as a whole. This means the current performance data is of limited use in helping to inform system changes which might improve performance and deliver better long-term outcomes.
- There is too much emphasis on data that is used by individual organisations for their governance and operational purposes rather than the collective partnership focus on its priorities. Current arrangements do not reflect a 'whole-systems' approach to performance management and reporting.
- A lack of good data on primary care as it is voluntary for GP's to report.
- Data is more routinely collected and published on health services than social care services.

Work to improve the data sets is at an early stage but is progressing

60. Work is being carried out by the Scottish Government and Public Health Scotland to improve data and allow the comparison of performance including the development of the Care & Wellbeing dashboard. This was launched in November 2023 and is populated with management information and updated on a weekly basis. IJB chairs and chief officers have access to the system to monitor significant shifts in performance and anomalies in the data. The system is still in its early stages of development and use.

61. There are other resources that can be utilised to assist in the analysis of data. In our [Health and social care integration: update of progress](#) 2018 report we set out the existence of Local Intelligence Support Team (LIST) analysts. Using a LIST analyst to tailor and interpret local data helps IJBs to better understand local need and demand and to plan and target services.

62. There are also examples of individual IJBs starting to manage their data in more innovative ways, for example at Midlothian IJB. [\(Case study 1, page 28\)](#)

Case study 1.

Midlothian IJB outcome mapping

Midlothian IJB coordinates health and social care support to nearly 97,000 people. To better understand how the IJB contributes to personal outcomes for people, it asked all Midlothian HSCP services to track their contribution to improving outcomes using an outcome mapping approach by January 2024.



Outcome mapping is a way to understand how services contribute to people achieving the outcomes that matter to them and can help services make more targeted, locally informed decisions about how to design, deliver or commission services. This approach allows them to describe what they do, who with, what people learn and gain as a result, how this makes them feel and the difference this makes in their lives. The outcome mapping approach was developed by 'a Scottish software and consultancy company in partnership with the Midlothian HSCP Planning and Performance team.

Each 'stepping-stone' of the outcome map framework includes a set of success criteria aligned to the Care Inspectorate joint inspection framework. The outcome map is colour-coded to show an evaluation of the extent to which the service is making progress towards personal outcomes and confidence in how strong the evidence is to support that progress rating. This results in a two-factor rating system for each 'stepping-stone' in the outcome map.

The IJB also uses outcome mapping and has developed a Strategic Commissioning Map that provides a real-time picture of the whole system progress towards their strategic aims and the nine National Health and Wellbeing Outcomes by linking to service outcome maps.

Outcome mapping is now central to performance measurement in the planning and performance teams. It is part of the triangulation of three types of data: service activity, population experience, and personal outcomes. The information collected from each of these three areas together provides objective, whole system evidence that supports services to develop meaningful action plans for change.

Currently 60 per cent of service areas are using the framework. Some services are using this system to articulate, record, examine, and evaluate service provision and actively using this tool to support service redesign. Resourcing pressures continue to present challenges for some areas to find the time and space to complete a first map and a programme of targeted support is in place to help those areas with the most significant delivery pressures.

The partnership has shared this work with Healthcare Improvement Scotland (HIS), the Scottish Government team developing the National Improvement Framework for Adult Social Care and Community Health and most recently the team developing a new improvement framework for health that will support person centred care.

Source: Midlothian HSCP

Available national indicators show a general decline in performance and outcomes for people using social care and primary and community healthcare services

63. As set out in the thematic sections below (and in the performance information supplement) there is a general decline in performance against the national indicators.

64. The following sections draw out performance findings against key themes set out in the bullet points below. Alongside nationally available data, for each theme we also describe the context and challenges. Some case studies of examples are also set out in [Appendix 1 \(page 50\)](#). These illustrate examples of where IJBs are using or developing different working practice to improve performance and outcomes.

- Theme 1 – Prevention and early intervention
- Theme 2 – Shifting the balance of care
- Theme 3 – Person-centred care/choice and control
- Theme 4 – Reducing inequalities
- Theme 5 – Unpaid carers/community resilience.

Theme 1 Indicators – Prevention and early intervention

Collaborative, preventative and person-centred working is shrinking at a time when it is most needed. Instead of a focus on care at the right place at the right time, there is a shift to reactive services with little capacity to invest in early intervention and prevention.

65. Addressing individuals' health and social care needs at an earlier stage through prevention and early intervention promotes better outcomes for individuals, improving their quality of life and independence, and reduces the need for costly support and care later on. The 2021 Independent Review of Adult Social Care in Scotland (Feeley Review) set out the need for an increased focus on preventative, early intervention and anticipatory forms of support and a shift away from a crisis intervention. However, this is difficult to progress when the pressures on services are so acute.

66. As financial pressures have increased, eligibility criteria for individuals accessing social care services have tightened. With this, opportunities to undertake prevention and early intervention focused services have decreased. IJBs and their partner bodies have instead signposted less formalised support in the community, often provided by third and voluntary sector organisations. However, we have found that the financial challenges are leading IJBs and other funding bodies such as NHS boards and councils to reduce grant funding to these service providers reducing the capacity to meet and address these lower level, often more preventative focused needs.

67. Leaving lower-level health and social care needs unaddressed until they become more significant tends to lead to increased complexity of need, the requirement for a more resource intensive intervention and less positive outcomes for individuals in the longer term. It is essential that IJBs and their partner bodies find ways to protect and increase the health and social care interventions at an earlier stage. This will be key to addressing future demand pressures arising from demographic shifts to an older population in a more financially sustainable manner.

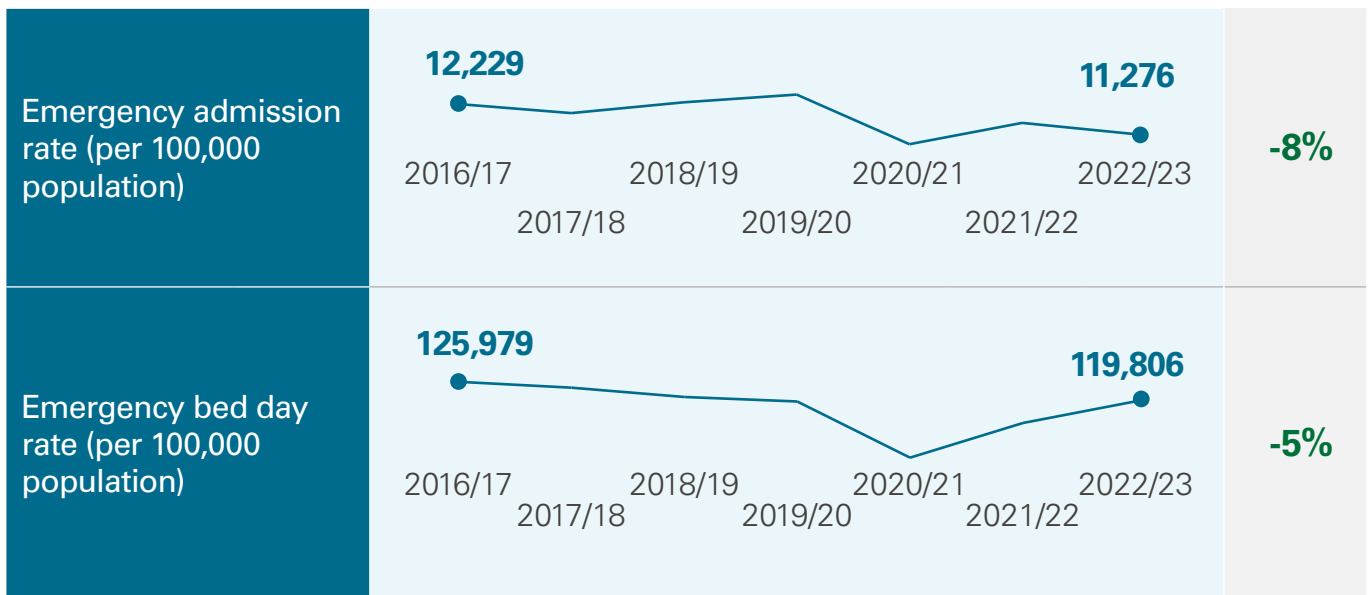
68. How well individuals consider themselves able to look after their health is indicative of the IJBs’ and partner bodies’ effectiveness in addressing and supporting individual needs to sustain healthy lives in the community. Since 2013/14, there has been a deterioration by four percentage points of adults who are able to look after their health either ‘very well’ or ‘quite well’ [Exhibit 8](#). All the IJBs recorded a reduction in this measure over the period 2013/14 to 2022/23. Fourteen IJBs saw a reduction greater than average over this period, with three IJBs recording a reduction greater than five percentage points.

Exhibit 8. Theme 1 indicators



Source: Core Suite of Integration Indicators, Public Health Scotland

Exhibit 9. Theme 1 indicators



Source: Core Suite of Integration Indicators, Public Health Scotland

69. Emergency admissions rate and the emergency bed day rate are often used as indicators of how well IJBs are reducing unnecessary hospital stays and situations where individuals remain in hospital while they are deemed to be fit enough to return to a more community-based setting.

70. Positively, there has been an eight per cent reduction in the emergency admissions rate as well as a five per cent reduction in the emergency bed day rate since 2016/17. Compared to 2020/21 there is an 16 per cent increase in the emergency bed day rate, however this reflects the impact of the Covid-19 pandemic [Exhibit 9](#).

71. Eighteen IJBs recorded a reduction in emergency bed day rate over the period 2016/17 to 2022/23 [Exhibit 9](#). Of the twelve that recorded an increase, two IJBs record an increase of over 10 per cent.

72. Some IJBs have put in place schemes and plans and maintain early intervention and prevention services. For example, Aberdeen City have set up a listening service to offer first-level support for people with low-level mental health challenges, addressing issues such as bereavement, redundancy, and life changes that can impact overall wellbeing. In Fife, a text chat service was launched in November 2022 enabling young people aged 12 to 19 to have direct, confidential access to the school nursing service. Further examples are set out in [Appendix 1 \(page 50\)](#).

Theme 2 Indicators – Shifting the balance of care

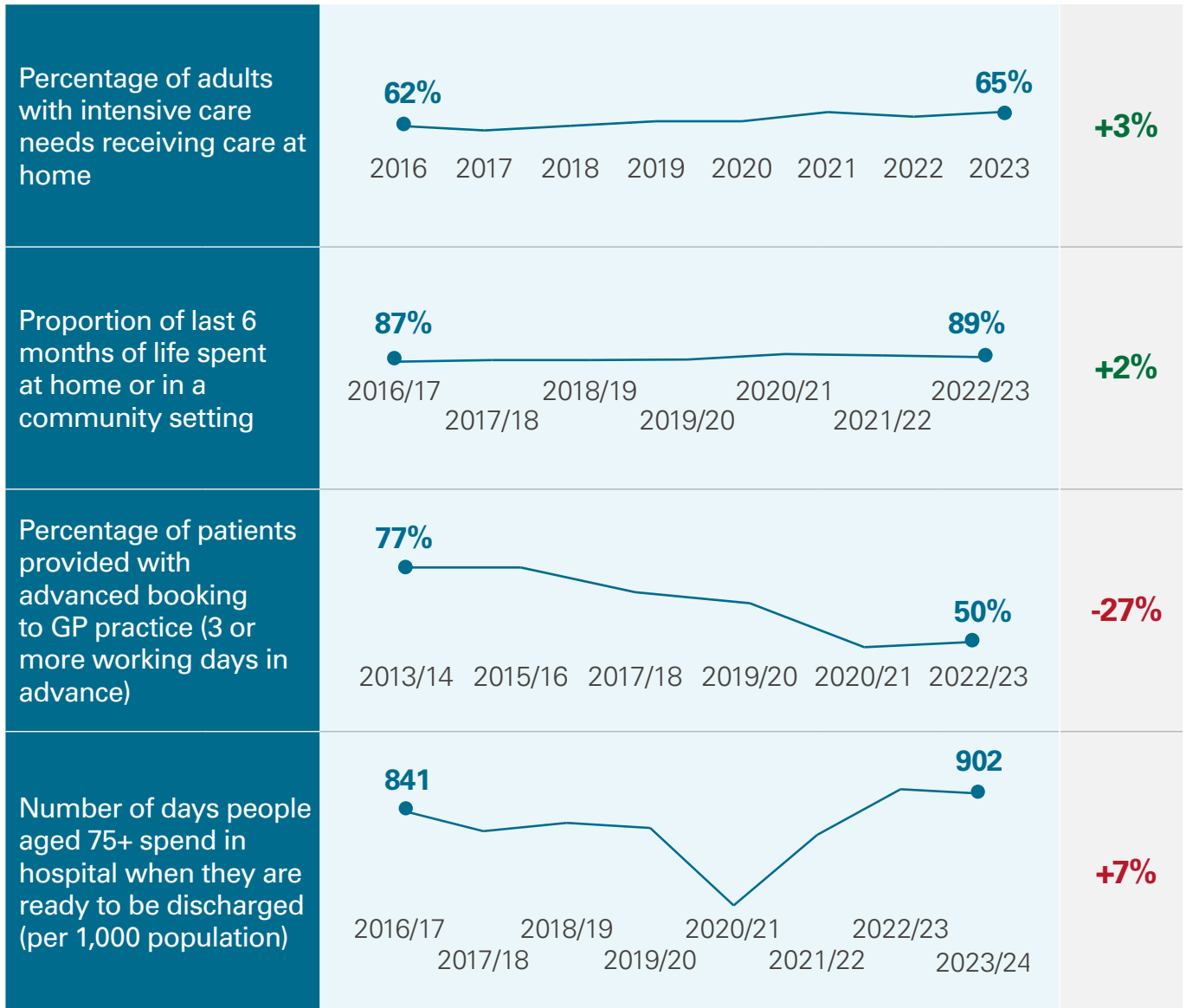
There is a recognition by the Scottish Government, councils and NHS boards that the balance of care needs to shift out of hospital to the community. Although this was the intention of the creation of IJBs, we have not seen significant evidence of this happening.

73. Part of the aims of the integration of health and social care was to help shift resources away from the institutional settings, such as hospitals and residential care institutions, and into more community-based services. The rationale for this is that, alongside it often being a more cost-effective way of providing services, it also helps promote greater independence and improved outcomes for the individual.

74. There has been an increase in the provision of services in the community, with an increase in the percentage of adults with intensive care needs receiving care at home and in the proportion of end-of-life care provided at home or in a community setting. At the same time, the percentage of expenditure on institutional and community-based Adult Social Care services has largely remained static with a small increase in the proportion spent on accommodation-based services.

75. Indicators tracking the balance of care and provision of services in the community have largely shown an increase in the number of individuals receiving care at home or in the community. However, these changes are marginal when viewed over the period since the inception of health and social care integration in 2015. There are also indications of pressures impacting the access to community-based services and the capacity of community services ([Exhibit 10, page 33](#)).

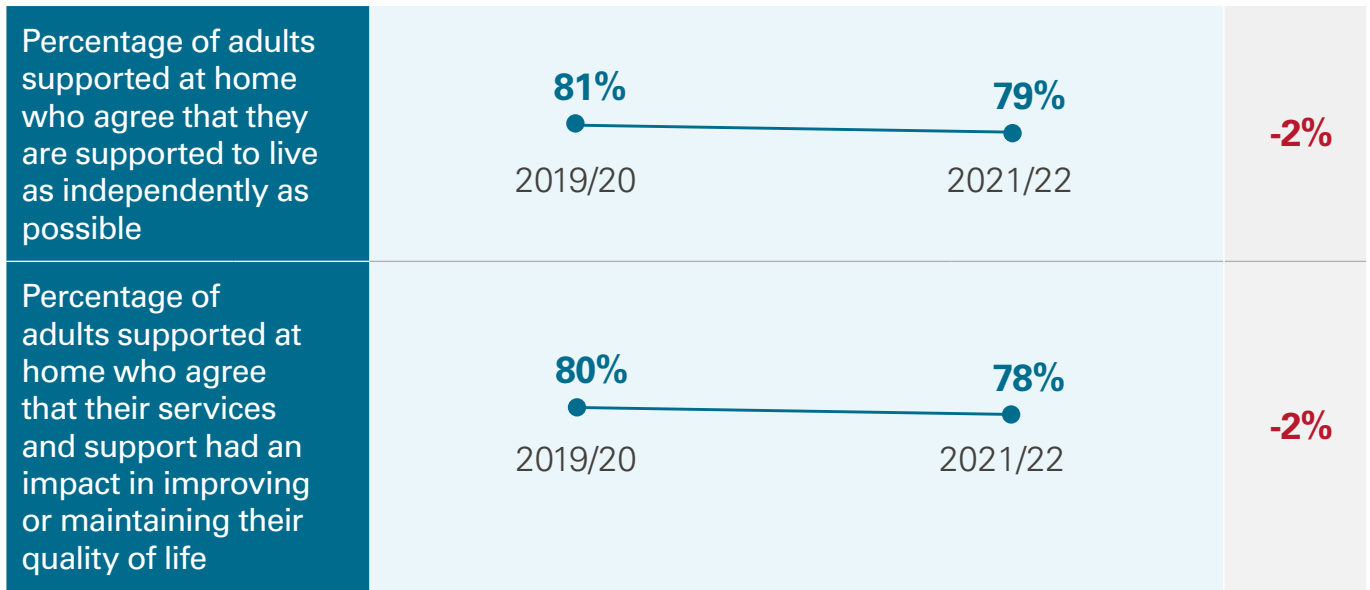
Exhibit 10. Theme 2 indicators



Source: Core Suite of Integration Indicators, Public Health Scotland

76. At the same time there has been a deterioration in the experience of those receiving those services in the community nationally [Exhibit 11](#).

Exhibit 11. Theme 2 indicators



Source: Core Suite of Integration Indicators, Public Health Scotland

77. The Auditor General for Scotland [NHS in Scotland 2023](#) report states that 'lack of social care capacity remains an obstacle to improving patient flow and reducing the number of delayed discharges from hospital. This is supported by data showing that many patients whose discharge is delayed are awaiting the completion of care arrangements to allow them to live in their own home (awaiting social care support), waiting for a place in a nursing home, or awaiting the completion of a post-hospital social care assessment'.

78. Examples of approaches to shift the balance of care from the hospital to community settings are set out in [Appendix 1 \(page 50\)](#).

Theme 3 Indicators – Person-centred care: choice and control

The amount of choice and control service users feel they have is variable across the country

79. In 2010, the Scottish Government and COSLA set out a ten-year self-directed support (SDS) strategy with the aim of supporting people's right to direct their own social care support. The Social Care (Self-directed Support) (Scotland) Act 2013 was part of the SDS strategy and set out how councils should offer people options for how their social care is managed.¹²

80. The Scottish Government, IJBs, councils, providers and service users and their carers recognise the gap between what the SDS legislation is designed to do and what is happening for people trying to access services in parts of Scotland. While there are examples of people being supported in effective ways through SDS, not everyone is getting the choice and control envisaged through the strategy. Some people who use services feel they have a lack of choice and need to accept what is offered with the type of care they receive being driven by the service provider. This is most recently evidenced in the Scottish Parliament's Health, Social Care and Sport Committee post-legislative scrutiny of the Self-directed Support (Scotland) Act 2013 phase 1 report.¹³ Examples of increased flexibility, choice and control were given for both individuals and unpaid carers but the Committee also reflected that many areas of improvement are required. For example, a need to improve the consistency of implementation between councils and improve clarity and knowledge around SDS by providing more support and guidance to navigate the process.

81. People who use services and their carers highlight issues accessing services. Either the times at which services are available is unsuitable or the process required to access them is overly complicated. Service users also highlighted a lack of coordination and communication between services, often having to repeat their symptoms or issues multiple times as they move from service to service. Poor data sharing was highlighted as a contributing factor.

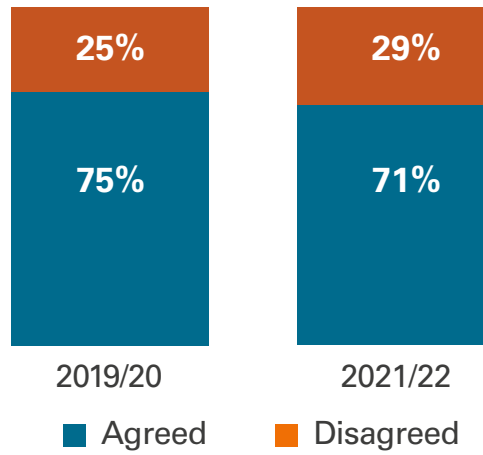
82. People who use services described being put to bed at 2pm or left in bed for hours at a time during the day. This was largely attributed to care services being under-resourced and care workers having to schedule their day to fit in additional people.

83. Research¹⁴ has found that while those who received SDS generally had positive experiences and found it beneficial, more than one-quarter of people who use SDS had their option chosen by someone else.

84. The percentage of people who are receiving social care support through SDS is increasing, estimated at 88.5 per cent in 2021/22, up from 77.1 per cent in 2017/18.

Exhibit 12.

Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided



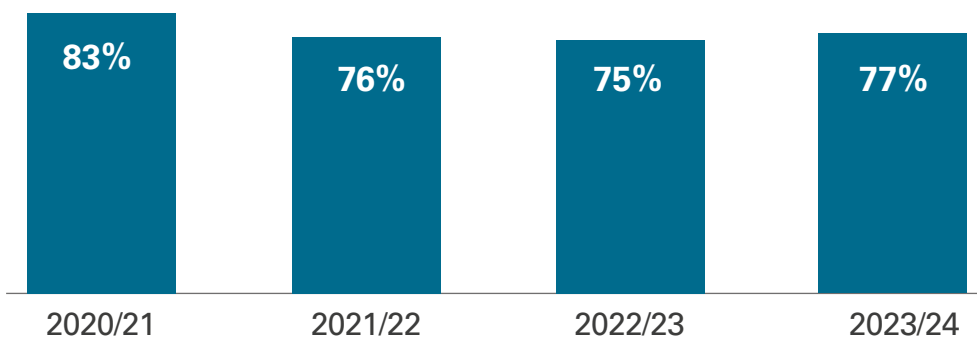
Source: Core Suite of Integration Indicators, Public Health Scotland

85. In general, there has been a deterioration in the proportion of adults who felt that they had a say in how their care is provided [Exhibit 12](#). The latest year of data (for 2023/24) shows that 60 per cent of adults supported at home who disagreed that they had a say in how their help, care or support was provided. Due to how the data is collected this data is not comparable to previous years.

86. The Care Inspectorate amended their approach to inspections of care services in response to the Covid-19 pandemic. Inspection activity was shifted to focus on services where there were concerns or intelligence suggesting that they are a higher risk. The overall trend since 2020/21 has seen a reduction in the number of care services graded as either 'good' or better [Exhibit 13](#).

Exhibit 13.

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

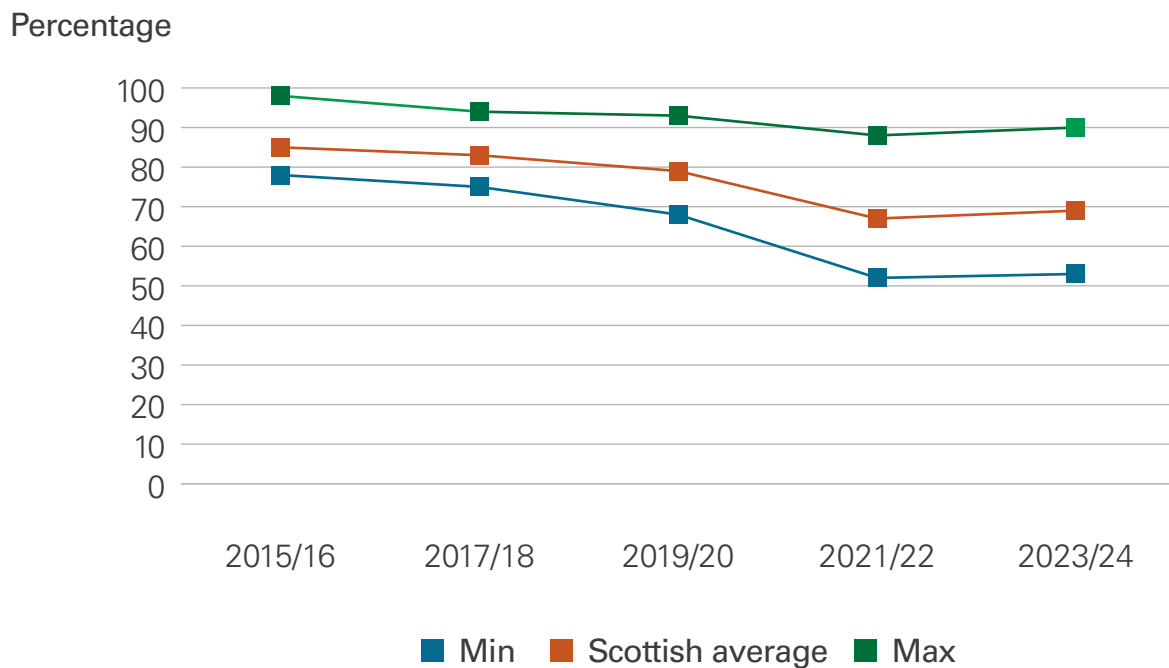


Source: Core Suite of Integration Indicators, Public Health Scotland

87. There is limited national data on access to GPs. (The Auditor General for Scotland’s upcoming report on the General Medical Services contract will look further at the availability and quality of data.) However, the percentage of people reporting a positive experience of care at their GP practice between 2015/16 and 2023/24 has declined by 17 points [Exhibit 14](#). There has been a decline across all IJBs and the gap between the best and worst performing areas has widened.

88. Some examples of IJBs working with partners to intervene to give people more choice and control and feedback on the services they receive are set out in [Appendix 1 \(page 50\)](#).

Exhibit 14. Percentage of people with positive experience of care at their GP practice



Source: Core Suite of Integration Indicators, Public Health Scotland

Theme 4 Indicators – Reducing inequalities

The Covid-19 pandemic has exacerbated existing inequalities

89. A recent review¹⁵ of health inequalities found that the health of people living in Scotland’s most deprived areas is not keeping up with the rest of society. The health inequality gap is widening, evident through increased drug deaths, infant mortality and a fall in life expectancy in more deprived areas. People living in deprived areas have a significantly lower healthy life expectancy, 26 years less for males and 25 for females in the most deprived decile compared to the least deprived decile. This gap has been widening over the past decade.¹⁶

90. Research has found people who access social care, unpaid carers and those who work in the social care sector have been disproportionately impacted (both directly and indirectly) by the Covid-19 pandemic and mitigation measures.¹⁷ The review also highlights that some groups could experience multiple and compounding inequalities. There is a risk that equality groups and people most at risk of having their human rights breached are set back by changes to and reductions in service provision, particularly as finances become tighter.

91. Respondents to a survey about their experiences of social care¹⁸ who did not receive support but felt they needed it, were proportionally more likely to be non-white, disabled, living in deprived areas, LGBO (lesbian, gay, bisexual, other) and unpaid carers.

The premature mortality rate is increasing with rates higher in more urban and more deprived areas

92. The premature mortality rate is increasing across Scotland [Exhibit 15](#) with a one per cent increase between 2016 and 2022.

Exhibit 15. Theme 4 indicator



Source: Core Suite of Integration Indicators, Public Health Scotland

93. IJBs were found to have consistently lower rates of premature mortality in areas that were more rural and/or relatively more affluent. Five IJBs, all from more urban and less affluent areas (Dundee, Glasgow City, Inverclyde, North Lanarkshire, West Dunbartonshire), have consistently had relatively high premature mortality rates.

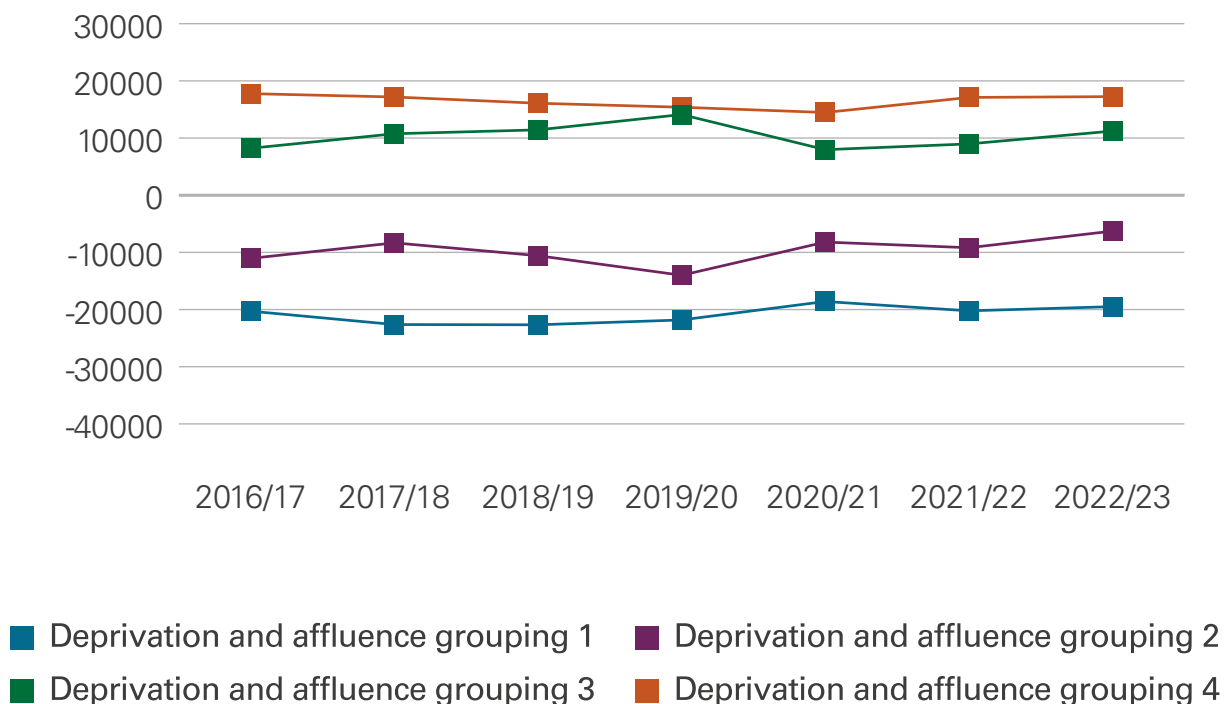
Emergency bed day rates are greater in areas with higher levels of deprivation

94. There is a clear relationship between the emergency bed day rate and the deprivation and affluence of an area. Using the Improvement Service’s **family groupings of IJB** areas, shows that areas with higher levels of deprivation have higher levels of emergency day bed rates than areas that are more affluent [Exhibit 16](#).

Family groups are groupings of IJBs that are similar in the type of population they serve (deprivation and affluence levels) as well as the type of area they serve (rural, semi-rural and urban).

Exhibit 16.

Emergency bed day rate (per 100,000 population): Difference to Scottish rate



Note: Grouping 1 represents the least deprived/affluent IJB areas and grouping 4 represents the most deprived/affluent

Source: Core Suite of Integration Indicators, Public Health Scotland, Improvement Service (deprivation and affluence grouping)

95. Example case studies in [Appendix 1 \(page 50\)](#) set out some programmes IJBs have in place to tackle inequalities in their communities and improve outcomes for all.

Theme 5 Indicators – Unpaid carers

The reliance on unpaid carers is increasing as the social care workforce is under added pressure

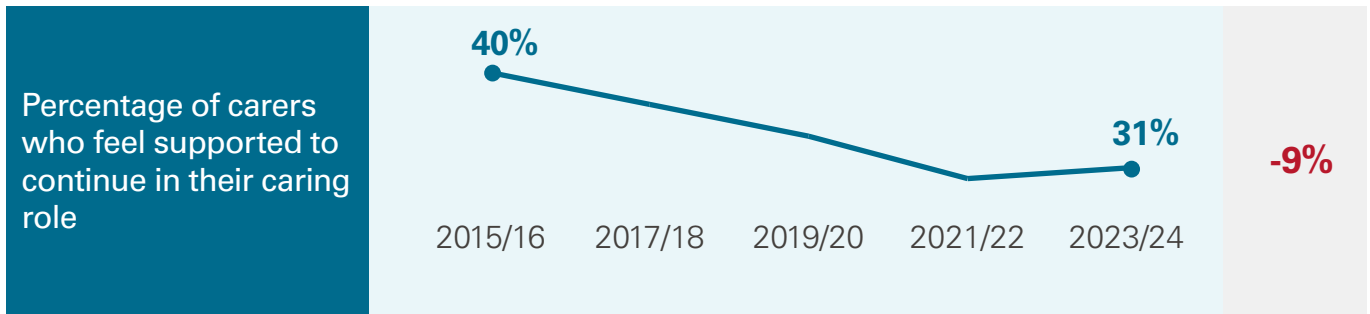
96. There is an enormous reliance on unpaid carers to support the social care system. These carers provide support to friends or family who need it. Carers can claim an allowance of £81.90 a week if they care for someone at least 35 hours a week. An additional carer support payment of £288.60 twice a year is also available to some carers. Although the exact number of unpaid carers is not known, as many carers don't identify themselves as such, there are an estimated 800,000 unpaid carers in Scotland; this includes 30,000 young carers under the age of 18.¹⁹ The social care system relies on the contribution of the community and unpaid carers with the value of unpaid care estimated at £36 billion a year in Scotland.²⁰ The Feeley Review stated that 'The role communities play in supporting adults to remain active in their community simply cannot be overstated.'²¹

97. This reliance on unpaid carers is increasing as the social care paid workforce is under increased pressure. This is unsustainable.

98. Carers are feeling the mental, physical and financial pressure of a system under strain. Carers Scotland's latest State of Caring survey²² found that over half (54 per cent) of carers said that their physical health had suffered because of their caring role, with one in five (20 per cent) suffering a physical injury from caring. Forty-four per cent of those on Carers Allowance are cutting back on food and heating. Research²³ carried out by the Carers Trust on the experience of older carers found:

- 80 per cent said their physical health had been affected by their caring role
- 87 per cent said their mental health and wellbeing had been affected by their caring role
- 82 per cent felt as though their caring role has financially affected them; 37 per cent have used less gas and electricity in their homes as a way to save money, and 19 per cent have skipped meals in the past 12 months
- 46 per cent of carers had missed some form of health appointment due to their caring role. This will have knock effects for the efficiency of the health service.

Exhibit 17. Theme 5 indicator



Source: Core Suite of Integration Indicators, Public Health Scotland

99. Caring responsibilities fall disproportionately on women, people living in rural areas and people living in deprived areas. National indicators also illustrate the declining sense of wellbeing for unpaid carers and those needing care [Exhibit 17](#). There are provisions in the NCS Bill to improve support to unpaid carers but this has been subject to ongoing delays.

100. Some IJBs have set up interventions to support unpaid carers such as Falkirk and Clackmannanshire Carers Centre who provide information and signposting to those who are assessed as low or moderate on the unpaid carers eligibility for support.

5. Commissioning and procurement

Commissioning and procurement practices for social care services continue to be largely driven by budgets, competition, and cost rather than outcomes for people. Improvements to commissioning and procurement arrangements have been slow to progress but are developing

101. Our 2022 [Social Care briefing](#) highlighted commissioning arrangements as a key issue stating: 'Commissioning tends to focus on cost rather than quality or outcomes. Current commissioning and procurement procedures have led to competition at the expense of collaboration and quality.' In this section of this report, we focus on this issue and consider what progress is being made.

What are commissioning and procurement?

102. Commissioning identifies what is to be provided. It is the process each IJB uses to set out to its partner councils and NHS boards, what it requires them to provide to meet its strategic plan for social care and primary and community health services, based on population needs and available budgets. Procurement establishes how and who will provide the services. It is the process of contracting or purchasing specific services to meet those requirements. The IJBs do not procure the services. This is done by the relevant councils or the NHS and can be from the public, private and third sector. Scotland Excel assists some councils in procuring services and has developed national adult social care frameworks. Currently, the private sector provide 54 per cent of social care services, 24 per cent by councils, 21 per cent by the third sector and the remaining element (one per cent) by health boards.²⁴

103. All IJBs have integration strategic commissioning plans. The 2014 Act sets out requirements for the plans that are also supported by Scottish Government guidance issued in 2015.²⁵ The plans are required to:

- be reviewed at least every three years
- set out what the arrangements are to carry out the tasks of the IJB over the three years

- divide the area geographically into at least two localities for setting out these arrangements with each locality done separately
- include how the arrangements are intended to contribute to achieving the national health and wellbeing outcomes.

104. The commissioning of social care and primary and community health services is a cyclical process carried out by a Strategic Planning Group for each IJB. This group must consider the outcomes for people and how the needs and availability of services change. Healthcare Improvement Scotland and the Care Inspectorate have produced a quality framework²⁶ to evaluate the effectiveness of strategic planning.

105. The Independent Review of Adult Social Care in Scotland, considered in detail the arrangements for commissioning and procuring social care services in Scotland. The review identified ten changes needed in commissioning and procurement practices.

Improvements to commissioning and procurement arrangements have been slow, with cost rather than outcomes driving decision-making

106. Commissioning and procurement decisions are currently driven largely by achieving the range and volume of services required at the lowest cost. This is understandable given the financial pressures and increased demand faced by IJBs, but the pressure on the service providers to remain competitive can reinforce a focus on driving down prices. This can be at the cost of promoting service quality, equality, innovation and collaboration with others, to improve people's outcomes.

107. Tenders for support packages for people are often constructed around time and task of the service, rather than the outcomes. This lack of flexibility in the system means that NHS and council resources can get tied up in providing services that aren't effective in improving outcomes. More flexibility is needed across the system.

108. The cyclical nature of the commissioning and procurement, mean that time and resource are focused on contracts renewal processes instead of a more strategic long-term approach.

109. As set out at [paragraph 25](#), the current model of governance is complicated. This can cause difficulties when trying to commission services in a collaborative way. All stakeholders, including providers and users need to be part the strategic commissioning process in order to reflect what people need and want. This current approach also does not fully allow for innovation of the sector in finding solutions.

110. The current commissioning and procurement system lacks a process of accountability when people do not receive the services they need. People have described the process of accessing social care as

'notoriously difficult' and 'over-complicated' and needing to 'fight for' and 'justify' their support where they had a negative experience.²⁷

Current commissioning and procurement practices are a risk for the sustainability of service providers and the workforce

111. Current arrangements are heavily reliant on a stable provider market and workforce but there are exacerbating financial and workforce issues facing providers, risking the viability of some.

112. A consequence of the current cyclical commissioning and procurement arrangements is that many risks around the effective delivery of service are largely put onto the providers. For example, where the cost of energy makes a service more expensive to deliver than the contract provides for, the provider is still required to provide the service, bearing the loss.

113. There is uncertainty for all providers, particularly in the third sector around future funding and their role in service provision. Providers are also experiencing challenges with providing services and fulfilling contracts largely due to difficulties with workforce recruitment and retention:

- Private and third sector providers find that council commissioning rates are not enough to deliver social care and support and residential, personal and nursing care, and pay expenses such as staff, training and overheads. These providers say they cannot compete with councils where pay and terms and conditions are better than they can provide due to the flat cash settlement local government receives from the Scottish Government.
- Non-committal framework agreements leading to zero hours or short hour contracts for staff.
- Contracts that do not cover travel costs, especially challenging in rural Scotland which were particularly badly affected by fuel price rises.
- Growth in split shifts and reduction in paid sleepovers for staff.
- Although there has been an uplift in adult social care workers' wages, this has not been universally applied for all social care workers as some roles have been out of scope for the intended policy outcome. This has focused on uprating pay for those on the lowest incomes. There is no equivalent uplift for those with supervisor or manager roles making these positions less desirable.
- High levels of overtime and agency costs.
- High and ongoing recruitment costs, particularly in more rural areas.

114. Local government have been calling for multi-year funding settlements from the Scottish Government to support providers with medium- to long-term planning. This is currently being discussed through the Verity House Agreement and the fiscal framework discussions.

115. As set out in the context section, the workforce feel undervalued in the system and there are unprecedented numbers of vacancies ([paragraph 19](#)). The **Fair Work** Convention Report²⁸ set out that 'Despite some good practice and efforts by individual employers, the wider funding and commissioning system makes it almost impossible for providers to offer fair work.' Without urgent progress on the fair working agenda nationally it is likely that the risks to the sustainability of the sector will deepen.

Current commissioning and procurement practices are not always delivering improved outcomes for people

116. People who use services are often not involved in commissioning and procurement processes and therefore services are not necessarily reflective of what people need and want. The Independent Review of Adult Social Care in Scotland²⁹ reported that commissioning using generic frameworks based on an hourly rate does not work well for people who have fluctuating needs for support, particularly support for mental health.

117. The Self-directed Support (Scotland) Act 2013 was designed to ensure people had choice and control in how their social care support is provided. As highlighted at [paragraph 80](#), there is a recognised implementation gap in this policy. The Scottish Parliament's Health, Social Care and Sport Committee post-legislative scrutiny of the Act has highlighted concerns around commissioning in relation to SDS including:

- the importance of facilitating collaborative commissioning conversations
- a need to develop a marketplace of providers
- a need to end competitive tendering and restrictive procurement processes
- the disparity in the relative available funding under different SDS options.

Fair work is work that offers all individuals an effective voice, opportunity, security, fulfilment and respect. It balances the rights and responsibilities of employers and workers.

There is an increasing desire to move towards more ethical and collaborative commissioning models but it has not yet been universally adopted

118. There are examples of IJBs attempting to adopt collaborative and **ethical commissioning** processes in their strategies but these appear to be at an early stage. Almost a third of IJBs have adopted the Unison Ethical Charter for Social Care Commissioning³⁰ which is based on ethical commissioning principles.

119. IJBs are reaching out for support from IRISS (Institute for Research and Innovation in Social Services) in collaborative commissioning, for example work to improve outcomes-based commissioning with East Dunbartonshire, East Ayrshire and Orkney IJBs with Healthcare Improvement Scotland. IRISS has also been supporting West Dunbartonshire and North Ayrshire IJBs to change commissioning to a more collaborative approach. Both projects are at an early stage but they have highlighted that the relationship between stakeholders are a key aspect of addressing commissioning arrangements. Significant time and resource capacity is needed to work out these relationship issues.

120. There are some strong examples of how IJBs are working to commission in a more collaborative and flexible way including Aberdeen IJB and Fife IJB. Two examples are set out in [Appendix 1 \(page 50\)](#).

National approaches to improve commissioning have been slow to progress but are developing

121. Across stakeholders we have engaged with, there is a recognition that commissioning needs to improve. The Feeley Report recommended that the Scottish Government and COSLA develop and agree ethical commissioning principles and core requirements. This is happening through the development of the NCS Bill, an Adult Social Care Ethical Commissioning Working Group was set up (also including the Institute for Research and Innovation in Social Services (IRISS), Social Work Scotland (SWS) and the Coalition of Care and Support Providers in Scotland (CCPS)). This group is developing a framework for ethical commissioning and has identified nine ethical commissioning principles:

- Person-led care and support
- Outcomes-focused practices
- Human rights approach
- Full involvement of people with lived experience
- Fair working practices
- High-quality care and support
- Climate and circular economy

Ethical commissioning

aims to embed ethical standards into the commissioning and procurement process to ensure the process is around equity and quality for people, not just around efficiency and cost.

- Financial transparency, sustainable pricing and commercial viability
- Shared accountability.

122. Current Scottish Government plans are that the NCS Bill will include a clear and comprehensive definition of ethical commissioning, with a National Care Service Board³¹ providing national oversight, guidance and practical support.³²

Endnotes

- 1 Lead Agency model - In Highland the NHS Board and council have adopted a different model for integration, a lead agency model. NHS Highland leads on adult services and Highland Council leads on children's services. Therefore, there is no Integrated Joint Board but an Integration Joint Monitoring Committee to monitor the planning and delivery of services. Revisions to the National Care Service Bill currently being developed, propose that Highland adopt a reformed IJB model as these are implemented.
- 2 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021
- 3 People supported through Social Care Services: Support provided or funded by health and social care partnerships in Scotland 2022/23, Public Health Scotland, March 2024.
- 4 Mid-2022 Population Estimates, Scotland, National Records of Scotland, March 2024.
- 5 Scotland's Health and Demographic profile, Social Research, Scottish Government, June 2022.
- 6 Scotland's Unsustainable Health Service Modelling NHS demand to 2040, Our Scottish Future Health Commission, December 2023.
- 7 Population projections of Scotland - National Records of Scotland January 2023.
- 8 Staff vacancies in care services 2022, Care Inspectorate and Scottish Social Services Council, September 2023.
- 9 Workforce Recruitment and Retention Survey Findings, Scottish Care, September 2021
- 10 People who access social care and unpaid carers in Scotland, Scottish Government, June 2022
- 11 Local Government Benchmarking Framework, Improvement Service, February 2024
- 12 Self-directed support (SDS) aims to improve the lives of people with social care needs by empowering them to be equal partners in decisions about their care and support. Four fundamental principles of SDS are built into legislation – participation and dignity, involvement, informed choice and collaboration. The Social Care (Self-directed Support) (Scotland) Act 2013 gave councils responsibility, from April 2014 onwards, for offering people four options for how their social care is managed:
 - Option 1: The individual or carer chooses and arranges the support and manages the budget as a direct payment.
 - Option 2: The individual chooses the support and the authority or other organisation arranges the chosen support and manages the budget.
 - Option 3: The authority chooses and arranges the support.
 - Option 4: A mixture of options 1, 2 and 3.
- 13 Post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013: Phase 1: SP Paper 577, Health, Social Care and Sport Committee, May 2024.

- 14 My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland National Report, ALLIANCE and Self Directed Support Scotland, October 2020.
- 15 Leave No-one Behind The state of health and health inequalities in Scotland, The Health Foundation, An Independent Review, David Finch, Heather Wilson, Jo Bibby, January 2023.
- 16 Health Life Expectancy in Scotland 2019-2021, National Records of Scotland, December 2022.
- 17 Adult Social Care in Scotland – Equality Evidence Review, Scottish Government, June 2022.
- 18 Health and Care Experience Survey, Scottish Government, May 2022.
- 19 Scotland's Carers Update Release, Scottish Government, December 2022.
- 20 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.
- 21 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.
- 22 State of Caring Survey 2023, Carers Scotland, November 2023.
- 23 Experiences of Older Adult Unpaid Carers in Scotland, Carers Trust Scotland, March 2023.
- 24 Summary of No. of registered care services at 31 March 2024, Care Inspectorate.
- 25 Strategic commissioning plans: guidance, Scottish Government, December 2015.
- 26 Evaluating the Effectiveness of Strategic Planning: Quality Framework, Care Inspectorate and Healthcare Improvement Scotland.
- 27 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.
- 28 Fair Work in Scotland's Social Care Sector 2019, Fair Work Convention, February 2021.
- 29 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.
- 30 UNISON's ethical care charter, UNISON.
- 31 The remit and membership of a National Care Service Board will be determined by at Stage 2 of the National Care Service Bill. The overarching purpose of the Board 'will be to ensure consistent, fair, human rights-based social care support and community health services, underpinned by effective complaints mechanisms and enhanced advocacy services'.
- 32 National Care Service (NCS) (Scotland) Bill: Scottish Government Response to Stage 1 report, Letter from Minister for Social Care, Mental Wellbeing and Sport to Health, Social Care and Sport Committee, March 2024.

Appendix 1

Case studies

These case studies set out some examples of where integrated joint boards are using or developing different working practice to improve performance and outcomes.

Case study 2. Early intervention and prevention services

Preventing Frailty by Improving Nutrition (Shetland)

People providing care and support have an important role in recognising risk and preventing malnutrition. A project in the summer of 2022 led by the dietetics department in collaboration with Shetland residential teams including social care workers, seniors, care home cooks and care at home staff in the community. The project included reviewing dietetic patients care, menu and mealtime observations and advice, training needs analysis and delivery of MUST (Malnutrition Universal Screening Tool) training.

The IJB reported that confidence in ability to screen for malnutrition, provide nutrition advice and care, and actioning nutritional care plans was considerably increased following training, which was provided to more than 100 staff across Shetland.

Whole Family Wellbeing Funding programme (national scheme)

The Whole Family Wellbeing Funding (WFWF) is a £500 million Scottish Government investment in preventative whole family support measures. The aims of the fund are to support the change that is necessary for reducing the need for crisis interventions in families, and to move investment towards early intervention and prevention. The scheme is funded nationally from 2022 to 2026 with any new systems or services funded locally after that period.



The programme is split into three parts:

- to provide direct support to Children's Services Planning Partnerships (CSPPs) to help expand and deliver whole family support services as well as support transformational change
- to support local transformation through National Support for Local Delivery
- support projects that take a cross Scottish Government approach to system change which progress the aims of WFWF.

An evaluation report of year one funding of the first two parts reports that substantial progress has been made so far across most CSPPs. However, they have found it difficult to achieve the pace of progress envisaged by the Scottish Government in year one of the funding.

In South Lanarkshire, the funding has enabled the recruitment of peer support workers with lived experience who are able to reduce the stigma of needing support. The funding also enabled the creation of a team of early years staff, based in NHS Lanarkshire, that will give support to families that have children under the age of five. In addition, the funding enabled the expansion of Pathfinders, a school-based family project that aims to reduce the need for later intervention.

The funding has supported North Ayrshire to add two further locations to their Family Centred Wellbeing Service. The fund has also seen the expansion of North Ayrshire's Health Visiting Team, which aims to support early intervention and prevention for children by working with the whole family.

Source: Scottish Government and Shetland Health and Social Care Partnership

Case study 3.

IJBs shifting the balance of care

Home First Response Service (Glasgow)

Glasgow's Home First Response Service has the aim of ensuring frail people spend less time in hospital. The service is community led and made of multi-disciplinary frailty teams. Each team is led by advanced frailty practitioners based in hospitals with 26 now in post following a successful pilot of the service.

One in three people identified during the pilot were discharged the same day with a care plan having been put in place.

To enable fast access to the community services needed to move frail people out of hospitals and back home, the service uses a hub and spoke service model with each of the six Health Partnerships in Glasgow having their own frailty teams.

The teams liaise with other healthcare colleagues in the community including advanced nurse practitioners, pharmacists and allied health practitioners. This ensures that people receive the same level of care that they would in a hospital setting.

The Home First Response Service has been achieving, on average, a 50 per cent early turnaround rate per month.

Integrated Discharge Hub (West Lothian)

The West Lothian Integrated Discharge Hub (IDH) was set up in 2018 at St John's Hospital to improve delayed discharges and reduce the time it was taking make arrangements for people requiring care and support in the community following discharge from hospital.

To plan the safe and timely discharge of patients, an inter-agency team consisting of discharge coordinators, hospital social workers, Carers of West Lothian as well as inhouse care team staff work with patients and their families to plan their discharge and how their ongoing requirements will be met in the community.

Since the implementation of the discharge hub the IJB reports that improvements have been seen, with reduced lengths of stay, reduced occupied acute bed days, improved performance for days lost to delays in discharge and improved processes for interim placements when a patient is waiting for care home placement.

Between December 2022 and April 2023, the average number of days between a person being admitted to St John's Hospital and being identified as needing the support of the discharge hub has been reduced by 52 per cent. The length of stay for patients getting help from the discharge hub has also been reduced by 28 per cent during the same period.

The success of the discharge hub has drawn interest from other IJBs across Scotland.



The Joint Dementia Initiative (Falkirk)

The Joint Dementia Initiative (JDI) is a registered service in the Falkirk Health and Social Care Partnership. It has two main services: a one-to-one support service, which provides care and support at the user's own home, and a Home from Home service, which provides support to users in a group setting.

The JDI service aims to help people with dementia to continue to live the life they want to live by continuing to live at home in their own communities for as long as possible. This is delivered through meaningful engagement with service users, families, and key stakeholders from across Falkirk HSCP following a person-centred approach to the care provided.

A review of the JDI was carried out in April 2021 that included arranging engagement events with service users, their families, carers, staff, and stakeholders. The aim was to improve outcomes for families and carers and identify specific areas of concern and gaps in service delivery.

Identified as an important issue at the engagement events, the partnership looked at the flexibility of the service and dementia being a 24/7 illness. The partnership is working to provide evening and weekend support for families and carers, due to start in August 2024. These improvements would allow the partnership to achieve outcomes from their strategic plan.

A current project is being carried out to change Adult Placement Carers in the Home from Home service from self-employed to employees of the partnership. This change aims to improve recruitment and retention rates for the service.

The JDI has been successful in achieving funding from multiple funds including the Dementia Innovation Fund and the Carers Challenge Fund. This has allowed the Initiative to renovate their community space as well as create two part time support worker posts to help provide evening and weekend support to service users

Source: NHS Greater Glasgow and Clyde, West Lothian Health and Social Care Partnership, and Falkirk Health and Social Care Partnership

Case study 4. Choice and control

Community Brokerage Network (North and South Ayrshire)

The Community Brokerage Network is well established in the Ayrshires and provide brokers, who offer free independent information about self-directed support to people and their carers at any stage in their social care journey, whether they are entitled to a formal social care assessment or not. They have successfully connected people with services that have helped them achieve their personal outcomes in a way that works for them. [A Brokerage Framework for Scotland](#) has recently been produced by Self-directed Support Scotland and its partners to help encourage the use of this model further across Scotland.



Care Opinion (Falkirk)

Care Opinion is an online integrated platform where people can safely share their experience of any health service or Care Inspectorate-registered providers of adult social care services. Care Opinion has national scale and visibility and has worked with all Scottish health boards as well as ten HSCPs. Over 29,000 stories have been shared about health and social care services in Scotland on the Care Opinion platform.

Care Opinion enables Falkirk HSCP and the commissioned providers to use online feedback as one method of learning from lived experience. The aim is to drive forward quality service improvements, build a reputation for openness, to potentially avoid formal complaints, and develop a culture of transparency across the Partnership.

Source: Self Directed Support Scotland, Falkirk Health and Social Care Partnership

Case study 5.

Work to reduce inequalities

Welfare Advice & Health Partnerships (WAHPs) programme (Glasgow)

Scottish Government funding is enabling 84 GP Practices across the most deprived parts of Glasgow to host a dedicated welfare and health adviser one day per week. According to the Partnership this has had a positive impact on patient health, poverty and health inequalities, while also freeing up staff time for clinical care. In the last year, there have been 3,997 referrals made by WAHP practice staff across Glasgow, achieving a reported £3.3 million in financial gains and £1.1 million in debt managed for people.



eFRAILTY Power BI dashboard (West Lothian)

The eFRAILTY Power BI Dashboard was created with the aim to provide a snapshot of the make-up of frailty within the West Lothian population with the goal of identifying people who could benefit from help, improving the health inequality gap. The dashboard also has the aim of mapping frailty data by GP postcode to enable the targeting of resources.

The data in the dashboard uses the Rockwood clinical frailty score from patient and carer self-assessment forms. These forms are collected at vaccination centres each year during the patient's annual flu jab. The frailty data is collected by the vaccination nurses and then entered into GP systems before being extracted and used to populate the eFRAILTY dashboard.

The dashboard is still in the scoping and data-gathering phase, however the Partnership is looking at options for how to put the data to use. An example given by the Partnership for the use of the data was to refer patients graded as having mild frailty to their Xcite Exercise referral scheme.

Source: Glasgow City Health and Social Care Partnership, Scottish Government, and West Lothian Health and Social Care Partnership

Case study 6. Granite Care Consortium

Established in October 2020, Granite Care Consortium (GCC) is composed of a mix of ten independent and third sector care providers delivering over 12,000 hours of care a week to more than 1,200 people.

GCC was set up with the aim of creating market stability, improving outcomes for service users and building a consistent trained and skilled workforce. Competitive methods of commissioning and procurement were identified as presenting a risk of providers reducing their services or exiting the market completely. Providers also often work in silos with little input or communication from other services.

Aberdeen City Health and Social Care Partnership (ACHSCP), commissioned GCC to take a collaborative approach, with a focus on the outcomes for the individual. This saw GCC move away from a 'time and task' model towards one built around the service user. The collaboration between providers allows different types of support to be added to a care plan without the need for time consuming reassessments.

For example, someone receiving mental health support who then required personal care could have this added to their care plan in a matter of hours.

Collaboration has also enabled greater data sharing and visibility. GCC use data at a local level as well as city wide to inform decision-making. A recent test of change has seen the introducing of hotspots allowing GCC to focus on where demand for care is greatest.

Funding is provided in monthly blocks by ACHSCP which allows GCC to flex individual care and support packages without the need for social worker authorisation. This speeds up the process, improving outcomes for individuals. The number of days those aged 75+ in Aberdeen City are waiting to be discharged from hospital (per 1,000 population) stands at 112 as of November 2023. This is down from 579 in 2019/20.

GCC faces the same workforce challenges as the wider sector but is using its outcomes focussed model as a positive tool to aid recruitment and retention. Learning and development is also a large part of the workforce strategy with GCC working in partnership with Robert Gordon University to develop new ways of delivering training.

I have felt partnership working between ACHSCP and GCC has been stronger than my previous experience before GCC – Social Worker

Building trust, both from ACHSCP and the ten partnering service providers, was crucial in delivering this model. Challenging traditional ways of working and thinking was acknowledged by GCC as difficult but it reports that there is now genuine trust between all parties and the culture of collaboration is now embedded within the consortium.



The Scottish Parliament Health, Social Care and Sport Committee have identified this work as a good model to provide the basis to develop best practice in ethical commissioning.

Source: LGBF Indicators, GCC Annual Report 2020-21

Case study 7. Fife Care Collaborative

Established in 2021 the Care at Home Collaborative was a Collaborative of 16 Independent Care at Home Providers who delivered over 90 per cent of externally commissioned care at home services in the Fife IJB area. The Collaborative in June 2024 are now made up of 41 care at home Providers including Fife Council. The split between service delivery is approximately 30 per cent Council and 70 per cent Collaborative.

The aim of the collaborative is to involve all member organisations in active engagement and participation as well as to share best practice and lessons learned. The collaborative also aims to benefit from the economy of scale of working together, for example securing funding to maintain a higher weekend pay rate has helped the retention of staff.

One of the members of the collaborative, Cera Care, commented:

‘Since joining the Collaborative we have seen a dramatic improvement in the services we deliver as a whole in Fife. It has given us the opportunity to communicate with Scottish Care, Fife Council and External Providers together to input ideas and suggestions across to help each other and the people we care for.’

The collaborative makes use of a GPS tool called ‘Pin-Point’ which is a live dashboard of services used to manage commissioning. The IJB is able to manage capacity across the whole system by using monitoring and escalation systems that are connected to the collaborative.

A recent self-evaluation saw that previous recruitment and retention issues encountered by providers have been continuously improving and attributable to the success of the Collaborative.

Source: Fife Health and Social Care Partnership



Appendix 2

Methodology

Previous work

In [2022](#) and in [2023](#), the Accounts Commission published bulletins setting out the financial performance of IJBs. Together with the Auditor General for Scotland and Audit Scotland, we have reported more widely on the progress of health and social care integration and social care in Scotland. This includes reports in [2015](#) and [2018](#) setting out improvements needed by integration authorities. Our work in [2014](#) and [2017](#) set out the progress of the self-directed support legislation implementation and found while implementation was happening successfully in some areas, not everyone was getting the choice and control in their social care support envisaged in the legislation. In January 2022, a joint [Social Care briefing](#) set out the significant ongoing challenges impacting the delivery of social care services.

We aim to answer the following audit questions in this report:

- How well are IJBs responding to contextual challenges and improving their performance and the outcomes for people?
- How financially sustainable are IJBs and how are they responding to the financial challenges they face?
- How are IJBs using commissioning and procurement to improve performance and deliver improved outcomes in the lives of people who use social care services?

Our findings are based upon:

- the 2022/23 audited accounts and annual audit reports of IJBs and supplementary returns provided by appointed auditors
- the 2022/23 annual performance reports and Chief Social Work Officer reports of IJBs
- national data sets including core integration indicators and the Local Government Benchmarking Framework (LGBF)
- a review national reports and guidance
- a review of relevant published research
- interviews with key stakeholders including IJB chief officers and chief finance officers.

In February 2024, we hosted a roundtable discussion bringing together key stakeholders to consider the critical issues for IJBs and in particular

the provision of social care. The discussion covered immediate challenges as upcoming issues in the medium and long term. The discussion helped to inform this report and also identify future work for the Accounts Commission. The additional output sets out a summary of discussion.

Advisory Group

To support our work, an Advisory Panel was established to provide challenge and insight at key stages of the audit process. Members sat in an advisory capacity only and the content and conclusions of this report are the sole responsibility of Audit Scotland.

Members of the group included representatives from Health and Social Care Scotland, COSLA, Care Inspectorate, The ALLIANCE, Coalition of Care and Support Providers Scotland, Scottish Care and SPICe. We would like to thank them for their support.

Integration Joint Boards

Finance and performance 2024



Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
Phone: 0131 625 1500 Email: info@audit.scot
www.audit.scot

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ITEM No ...15.....

DIJB60-2024

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2024 TO DECEMBER 2024

Organisation	Member	Meeting Dates January 2024 to December 2024							
		31/01*	21/02	27/03	17/04	19/06	21/08	23/10	11/12
NHS Tayside (Non Executive Member) (Chair)	Bob Benson					✓	✓		
Dundee City Council (Elected Member) (Vice Chair)	Cllr Ken Lynn	A	✓	✓	✓	✓	✓		
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓	✓	A	✓	✓	✓		
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓	✓	✓	✓	✓	✓		
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓	✓					
NHS Tayside (Non Executive Member)	Sam Riddell	✓	✓	✓					
NHS Tayside (Non Executive Member)	Beth Hamilton	✓	✓	✓	✓	✓	✓		
NHS Tayside (Non Executive Member)	David Cheape				✓	✓	✓		
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓						
Dundee City Council (Chief Social Work Officer)	Glyn Lloyd			A	✓	✓	A		
Chief Officer	Vicky Irons	A	A	A	A	A	A		
Chief Finance Officer/Acting Chief Officer	Dave Berry	✓	✓	✓	✓	✓	✓		
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Dr David Wilson	A	✓	A	✓	✓	✓		
NHS Tayside (Registered Nurse)	Suzie Brown	✓	✓	✓	✓	✓	✓		
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton	✓	A						
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr Sanjay Pillai			A	✓	✓	A		
Trade Union Representative	Jim McFarlane	✓	✓	✓	✓	A	✓		
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	A	A	✓		
Voluntary Sector	Christina Cooper	A	✓	✓	A	✓	✓		
Service User Representative	Liz Goss	✓	✓	✓	✓	✓	✓		
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	A	✓	A		
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	✓	A	✓	A	✓		
Clinical Director	Dr David Shaw	✓	A	A	✓	A	✓		
Acting Chief Finance Officer	Christine Jones			✓	✓	✓	✓		

- ✓ 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

*Special Meeting

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