



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 4 MAY 2016
REPORT ON: PLANNING FOR ADDITIONAL RESOURCES
REPORT BY: CHIEF OFFICER
REPORT NO: DIJB15-2016

1.0 PURPOSE OF REPORT

The purpose of the report is to advise the Integration Joint Board of the available additional resources and how these will be allocated to take forward the key priorities.

2.0 RECOMMENDATIONS

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

- 2.1 Note the confirmed Dundee partnership allocation of the Integrated Care Fund, the Delayed Discharge Fund and the Integration Fund;
- 2.2 Approve the proposed approach to the allocation of the resources against four work areas (as at Appendix 1);
- 2.3 Approve the proposed governance arrangements for the management of the resources as at paragraph 4.4.2;
- 2.4 Approve the proposed funding recommendations for years two and three of the Integrated Care Fund (as at Appendix 3);
- 2.5 Instructs the Chief Officer to issue directions to Dundee City Council and NHS Tayside in respect of these matters;
- 2.6 Instruct the Chief Officer to seek new proposals for the balance of the Integrated Care Fund to meet the priorities of the Dundee Strategic and Commissioning Plan.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The additional resources total £7.76m in 2016/17 and 2017/18 and is anticipated to reduce to £4.66m from 2018/19 following the cessation of the Integrated Care Fund. The Financial Plan for the allocation of these funds is detailed in Appendix 1 and this shows these resources, supplemented by carry forward of uncommitted funding from previous years, will be sufficient to meet the planned spend over the majority of the Strategic Planning period. Resource release from other services will be required midway through the plan in order to sustain the strategic shifts in later years.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Over the last five years, the Scottish Government has invested in partnership arrangements to tackle a range of demographic pressures and organisational change. These resources were aligned to specific work streams and most required to be approved by the four sectors within the partnership (NHS Tayside, Dundee City Council, Third Sector Interface, Scottish Care). While the monies were identified as time limited (Reshaping Care Change Fund 2011 - 2014,

Integrated Care Fund 2015 - 2017), the Scottish Government have recently confirmed that both the Delayed Discharge Fund (2015 – 2017) and the Integration Fund (2016) will be included within the mainstream resources available to the partnership.

4.1.2 Reshaping Care for Older People was launched in 2011 and was aimed at improving services for older people by shifting care towards anticipatory care and prevention. To support this programme of redesign, a Change Fund was introduced by the Scottish Government which spanned the period 2011 – 2014. The Dundee partnership proposed an ambitious programme of change which included the development of new models of working. In developing the Change Plan, assumptions were made as to potential resource release to support the sustainability of the projects. This included a reduction in inpatient facilities and care home placements. The final year of the Change Fund was 2014/15, however as a result of slippage, Change Fund monies were carried forward into 2015/16. The anticipated resource release was not realised to the extent originally projected and to fully fund the projects will require a redistribution of other resources available to the partnership.

4.1.3 The Scottish Government announced that an additional £100 million was to be made available to integrated authorities to support the delivery of improved outcomes (Integrated Care Fund, 2015). In March 2015, the Scottish Government confirmed that the Integrated Care Fund would continue to be available through 2016/17 & 2017/18 and reiterated the change focus of this resource. Of the £100m national resource, the allocation to the Dundee partnership is £3.1m per annum. The fund was to be used as a lever to facilitate change, by supporting a wider set of innovative and preventative approaches to reduce future demand, support adults with multi-morbidity and address issues related to the inverse care law. Building on the strategic stakeholder events, the Dundee partnership developed an Integrated Care Plan which was signed off by the partners in January 2015. The first six monthly report was submitted to the Scottish Government in October 2015.

4.1.4 The Integrated Care Fund was used in Dundee for two purposes:

- To support the expansion and further testing of projects initially developed through the use of the Reshaping Care Change Fund to include adults;
- To test new change programmes.

This program of change has completed its first year and project evaluations were submitted to the Change Fund/Integrated Care Fund Monitoring Group for consideration. A range of projects were recommended for further funding into year two and in some cases, for year three. The full resource was not committed moving into years two and three.

4.1.5 Tackling delayed discharge remains a priority for the Scottish Government and in January 2015, the Scottish Government announced funding to increase social care capacity, help reduce the number of people waiting to be discharged from hospital and help prevent admission and attendances at A&E. The additional annual resource for the Dundee partnership is £930k. The partnership Delayed Discharge Fund plan was aligned to the priorities set out within the Dundee Delayed Discharge Improvement Plan. This included a resource to support winter planning and seasonal pressures within hospital settings.

4.1.6 As part of the 2016/17 Finance Settlement, the Scottish Government announced a package of funding of £250m nationally to be provided from the Health Budget to integration authorities for social care. Of the £250 million, £125 million (first tranche) is provided to support additional spend on expanding social care to deliver the objectives of integration. This additionality reflects the need to expand capacity to accommodate growth in demand for services as a consequence of demographic change. The balance of £125 million (second tranche) is provided to help meet a range of existing costs faced by local authorities in the delivery of effective and high quality health and social care services in the context of reducing budgets.

4.1.7 The allocation of the national £250m additional resources for the Dundee partnership is £7.65m. Of this, £3.8m is available to invest in services to meet demographic pressures and advance the priorities for the Strategic Plan while amending charging thresholds as required to reduce the burden of social care charges for those on low incomes (anticipated to cost around £100k).

4.2 Planning for Additional Resources

- 4.2.1 This report brings together the additional resources allocated to the partnership to effect change and propose a governance framework for the different funding priorities. In streamlining the funding distributions, the IJB will be able to clearly demonstrate the true allocation of resources, for both reporting requirements to partner agencies and to monitor progress against the Strategic and Commissioning Plan. It also supports the IJB to consider the fund as a total resource and shift the balance of spend across the work streams in line with change/pressures.
- 4.2.2 The partnership has successfully planned for the use of new monies by drawing on the strategic information available to support decision making. This has resulted in the production of plans which are recognised and endorsed by partners and which provide a base for further development. As the additional resources were introduced, the priorities included within each plan reflected this developing position and as a result, expanded projects were resourced from a range of funding streams. In taking forward this next stage of planning the funding was aligned as follows:
- Mainstreamed projects – primarily projects developed through the Reshaping Care Change Fund (CF) which have moved from tests of change to mainstream services and which should now be monitored through normal management/contractual arrangements. This will be a permanent arrangement.
 - Delayed Discharge – this includes committed resources for current tests of change originally funded through all funding streams but which have a specific focus on services and infrastructures to support discharge from hospital and/or to reduce unscheduled admissions. This will also include an uncommitted resource to support the planning for winter pressures. These projects will reflect the priorities of the new Dundee Delayed Discharge Improvement plan.
 - Innovation and Development - this will include the resources committed for current tests of change (ICF) and an uncommitted resource for further tests of change. It is anticipated that future projects will be aligned to the strategic shifts and priorities identified through the Dundee Health and Social Care Strategic and Commissioning Plan.
 - Demographic Growth and Short Term Strategic Plan Bridging Finance – this will be modelled in line with anticipated pressures arising from demographic changes and in supporting services through the transition to new models of service provision as part of the Strategic Planning process.
- 4.2.3 Appendix 1 provides details of how the three current funding streams plus the residual balance from Reshaping Care for Older People Change Fund will be allocated to the above areas over a five year period. As the planned spend progresses, we would anticipate that the balance of spend across the four areas will shift to take into account the ending of specific funding sources, the shift from building based care to community based support, a shift to preventive care and the profile of demographic growth.

4.3 Managing the Strategic Shifts

- 4.3.1 The Dundee Health and Social Care Strategic and Commissioning Plan identified the strategic shifts required to deliver the priorities. The financial framework identified within the plan included the deployment of the additional resources to effect change. To develop our understanding of current commitments, the allocated additional resources were mapped against the strategic priorities (Appendix 2). This table demonstrates where current investment is focused and where there is a lack of future investment in taking forward change.
- 4.3.2 The Dundee Integrated Strategic Planning Group (ISPG) is developing an implementation plan to progress the actions contained in the Strategic and Commissioning Plan. Part of the SPG's considerations will be the prioritisation of the additional resources against the strategic priorities over the period of the plan. This information will shape the decision making process for the uncommitted innovation and development fund.

4.4 Governance Arrangements

- 4.4.1 The Dundee partnership has an established governance framework which supports both decision making and monitoring of resources.
- 4.4.2 The Integrated Care Fund Monitoring Group manages the Integrated Care Fund and the carried forward balance of the Change Fund. This multi-agency/representative group monitors both the progress of projects and the evaluation of outcomes against the available resources. The group has the devolved responsibility for agreeing changes to current projects, including investment/disinvestment and makes recommendations for the continuation funding of projects and allocation of funding to new projects. The group considered and made proposals for those projects which should be made a permanent service. It is proposed that this group continues to manage the Innovation and Development Fund. The Monitoring Group is required to prepare annual reports for agreement by the IJB as part of its reporting arrangements for the Scottish Government.
- 4.4.3 The Delayed Discharge Management Group developed the Delayed Discharge Improvement Plan (2013 – 2016). The group maintains a watching brief on the performance against delayed discharge targets and has historically managed the proposals for winter pressures monies and was responsible for developing the partnership plan to release the Delayed Discharge fund for Dundee (2015/16). The Management Group membership includes statutory partners only. A review of the membership of this group would further strengthen both the links to acute services and to community services. It is proposed that this group manages the Delayed Discharge resources and assumes similar devolved responsibility for the investment/disinvestment in current projects and makes recommendations for the allocation of additional/winter pressure resources. This improvement plan will be presented annually to the IJB.
- 4.4.4 The care group Strategic Planning Groups (SPG) are developing strategic commissioning statements which address service redesign. These statements will describe the strategic shifts from building based care to community care and are based on needs assessments. The strategic planning groups will hold lead responsibility for changes to manage demographic growth and to address the gap between service demand and capacity. For this work, the SPG's will report to the Integrated Management Team and indirectly to the ISPG. The monitoring of demographic pressures will be a feature of the financial and performance reporting frameworks to the IJB.
- 4.4.5 Through the development of the implementation plan, the Integrated Strategic Planning Group will identify and agree the leads for priority workstreams and/or actions. While a number of the specific actions will overlap with the four areas described in section 4.2, there may be strategic priorities which will sit outwith the current arrangements in the early stages of development (locality working). The programme lead for each strategic priority will take direct responsibility for managing any allocated resources and report to either the Integrated Care Fund Monitoring Group, if this includes tests of change and/or the ISPG. The ISPG will take overall responsibility for reporting on the performance against the Strategic and Commissioning Plan to the IJB.

4.5 Funding Recommendations

- 4.5.1 The Integrated Care Funding Monitoring group considered the funding allocated to projects over 2015/16. This included the projects which continued to be funded through the Change Fund and those new projects funded through the ICF. The project leads confirmed to the Monitoring Group whether or not additional funding was requested for 2016/17. The projects provided a self evaluation and were assessed against achieved project outcomes, proposals for continued funding and the delivery against strategic priorities. Where a project lead submitted a request which was considered a 'new' bid, this was deferred to allow the completion of the Strategic and Commissioning Plan and the identification of priority spend for the first two years of the plan. The Monitoring Group also made recommendation for permanent funding of projects.
- 4.5.2 The recommendations of the Monitoring Group are included in Appendix 3. The IJB is asked to consider these recommendations and instruct the Chief Officer to confirm their decisions as

to the continuation of funding to project leads. In addition, the Chief Officer will seek to deploy the remaining ICF resource to progress the priorities contained within the Strategic and Commissioning Plan.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. An EQIA is attached.

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 4 April 2016

	2016/17	2017/18	2018/19	2019/20	2020/21
	£'000s	£'000s	£'000s	£'000s	£'000s
Funding					
Health & Social Care Integration Fund :					
First Tranche	3,730	3,730	3,730	3,730	3,730
Integrated Care Fund	3,100	3,100			
CF & ICF Brought forward funding	1,554				
Delayed Discharge Fund	930	930	930	930	930
Brought forward from previous year		2,520	2,668	1,444	370
Total	9,314	10,280	7,328	6,104	5,030
Planned Expenditure					
Mainstream					
Housing with Care	348	348	348	348	348
Mental Health Officer	15	15	15	15	15
Nursing	376	376	376	376	376
Social Care	180	180	180	180	180
Homecare	725	725	725	725	725
Pharmacy	33	33	33	33	33
Private & Voluntary Sector	264	267	267	267	267
Carers	238	240	240	240	240
Inequalities	50	520	520	520	520
Sub-total	2,229	2,704	2,704	2,704	2,704
Delayed Discharge					
Delayed Discharge - Mainstream	304	304	304	304	304
Delayed Discharge - Test of Change	429	166	166	166	166
Provisional allocation - additional Test of Change	0	260	260	260	260
Seasonal Pressures Contingency	200	200	200	200	200
Sub-total	933	930	930	930	930
Innovation & Development Plan					
Nursing	10	0	0	0	0
Telehealth	41	54	0	0	0
Private & Voluntary Sector	695	491	0	0	0
OD / Integration	105	83	0	0	0
Enhanced Community Support	840	840	0	0	0
Physical Disability / Centre for Brain Injury Rehabilitation	104	0	0	0	0
Welfare Rights	72	68	0	0	0
Pharmacy	99	99	0	0	0
Social Care	272	195	0	0	0
Allied Health Professionals	28	13	0	0	0
Provisional allocation / contingency	117	536	0	0	0
Provisional allocation - additional Strategic projects	500	600	1,000	600	200
Sub-total	2,882	2,978	1,000	600	200
Demographic Growth - Provisional allocation	500	750	1,000	1,250	1,500
Short Term Strategic Plan Bridging Finance	250	250	250	250	0
Sub-total	750	1,000	1,250	1,500	1,500
Total planned expenditure	6,794	7,612	5,884	5,734	5,334
Carry forward / (Resource Release to be identified)	2,520	2,668	1,444	370	-305

* Spend against Innovation & Development Plan projects to be reconsidered from 2018/19, depending on availability of adequate funding (including Resource Release) and progress against Strategic and Commissioning Plan

	2016/17	2017/18	2018/19	2019/20	2020/21
	£'000s	£'000s	£'000s	£'000s	£'000s
Funding					
Health & Social Care Integration Fund :					
First Tranche	3,730	3,730	3,730	3,730	3,730
Integrated Care Fund	3,100	3,100			
CF & ICF Brought forward funding	1,554				
Delayed Discharge Fund	930	930	930	930	930
Brought forward from previous year		2,520	2,668	1,444	370
Total	9,314	10,280	7,328	6,104	5,030
Strategic Plan Priorities					
1. Health Inequalities	63	523	520	520	520
2. Early Intervention/Prevention	2,110	1,907	648	648	648
3. Person Centred Care & Support	46	0	0	0	0
4. Carers	245	249	240	240	240
5. Localities & Engaging with Communities	278	283	225	225	225
6. Building Capacity	401	361	0	0	0
7. Models of Support, Pathways of Care	2,035	1,669	1,541	1,541	1,541
8. Managing Our Resources Effectively	50	25	0	0	0
Provisional Allocation for further Project and Delayed Discharge funding	617	1,396	1,260	860	460
Sub-total	5,844	6,412	4,434	4,034	3,634
Seasonal Pressures Contingency	200	200	200	200	200
Demographic Growth - Provisional allocation	500	750	1,000	1,250	1,500
Short Term Strategic Plan Bridging Finance	250	250	250	250	0
Total planned expenditure	6,794	7,612	5,884	5,734	5,334
Carry forward / (Resource Release to be identified)	2,520	2,668	1,444	370	-305

	2016/17 Proposed Allocation	2017/18 Proposed Allocation	Comments
SERVICES TO BE MAINSTREAMED			
Housing With Care	348	348	
MHO Resources / Guardianship	15	15	
Nursing Input - Peripatetic Team	66	66	
Nursing Input - POA Liaison Team	122	122	
Nursing Input - Discharge Team	25	25	
SW Input to CMHTOP	112	112	
Additional Homecare Hours	500	500	
Nursing Input - Community Nursing	163	163	
Dundee CHP Enablement	85	85	
Community care and Assessment Co-ordinators	68	68	
Pharmacy Technician (Enablement)	33	33	
Early Intervention Service / Virtual Wards	41	42	
Third sector capacity building (DVA RC team)	98	98	
Third sector capacity building (Volunteer Centre RC team)	125	127	
Short Breaks Service	238	240	
Reducing Health Inequalities	50	520	2017/18 subject to report detailing breakdown of increased funding
Increase Commissioned Homecare hours	140	140	
PROJECTS TO BE CONTINUED / APPROVED			
Community Treatment Centre (Leg Ulcer Clinic)	10	0	3mth funding in 2016/17 to allow evaluation report
Community Treatment Centre (Leg Ulcer Clinic) - expansion (provisional allocation)	29	0	Provisional allocation for remaining 9mths 2016/17, subject to review of outcomes
Telehealth/Equipment - Dev officer	34	45	
Integrated OT Service & Equipment Service (Community Integration Project)	15	0	Final period of 18 month fixed term project (commenced 2015/16)
Moving & handling & Telecare For Carers	7	9	
Capacity Building Fund	95	95	
Safe Zone	40	40	
Organisational Development Localities	55	58	
Community Hubs for Older People (HOPE)	74	74	2017/18 subject to review of outcomes
Community Companion	38	38	
Small Grants Fund	130	130	
Sources of Support - Volunteer Project	44	44	
Early Intervention and Enhanced Community Support	840	840	
Supported and Rehabilitative Transitions from CBIR into the Community via the Mackinnon Centre	104	104	2017/18 subject to review of outcomes
New Opportunities: Scoping the Contribution of Independent Sector Home Care and Care Homes	43	43	
Parish Nursing Project	3	3	
Healthy Organisation Awards	46	46	2017/18 subject to review of outcomes
Hospital Ward Volunteering	17	0	6 month funding to allow evaluation report
Hospital Ward Volunteering - continuation (provisional allocation)	17	34	2nd half 2016/17 & 2017/18 - Subject to review of outcomes
Organisational Development - Sensory Services	47	24	18 month post through 2016/17 & part 2017/18
Welfare Rights in Primary Care	72	68	
Pharmacy Technician (Enablement) - expansion	99	99	
Administration of Medication by Social Care Workforce	116	39	Additional set up costs to be incurred in 2016/17
The development of a resource to support the management of malnutrition in the community	40	40	
Implementing Community Falls Prevention Exercise Classes	13	13	
Alcohol & Older People	17	0	Project anticipated to be self-sustaining with no further need for funding in 2017/18
Prevention of Homelessness for Young Adults	91	40	2017/18 subject to review of outcomes
Dundee Recovery Partnership Co-ordinator	10		6mth funding to 30/9/16 only to allow project evaluation
Dundee Recovery Partnership Co-ordinator - continuation (provisional allocation)	23	46	2nd half 2016/17 and provisional allocation 2017/18 subject to evaluation report
Organisational Development / Integration	50	25	Proposed reduction in Transition events
Contingency	48	76	
Total Spend	<u>4,495</u>	<u>4,776</u>	

EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of Assessment:	22/04/16	Committee Report Number:	DIJB15-2016
Title of document being assessed:		Planning for Additional Resources	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input type="checkbox"/>		This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input checked="" type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.		The report seeks agreement from the IJB to progress the current and future spend proposals for the new monies made available to the integrated authority.	
3. What is the intended outcome of this policy, procedure, strategy or practice?		The new monies will be used to implement the Integrated Strategic Commissioning Plan, address any demographic needs, tackle delayed discharge and support tests of change and innovation. It is anticipated that these changes will improve health and social care outcomes for individuals.	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.		The Scottish Government has produced guidance to accompany most of the new monies and this sets out the requirement to support proposals which address inequalities and preventive approaches. In planning the Integrated Plan and the use of the ICF monies, reference was made to the city wide needs assessments prepared by NHS Tayside and Dundee city Council to support targeted use of monies to address inequalities.	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.		The proposals were developed through a process of wide consultation with a range of stakeholders and users of services. The financial planning is lead by three working groups which contain stakeholder and service user involvement.	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)		In addition to the officers involved with the groups above, the report writers were: Diane McCulloch Christine Jones Dave Berry	

<p>7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?</p> <p>(Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)</p>	No
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Part 2: Protected Characteristics

Which protected characteristics communities will be positively or negatively affected by this policy, procedure or strategy?

NB Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.

If the impact on a protected characteristic communities are not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.

	Positively	Negatively	No Impact	Not Known
Ethnic Minority Communities including Gypsies and Travellers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with a disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, Gay and Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Socio-economic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Impacts/Monitoring

<p>1. Have any positive impacts been identified?</p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>The monies were used/will be used to support a range of developments which include the following. Local supports were developed through the use of the ICF monies which have improved the level and range of options at a community level. The ICF and Delayed Discharge resources have improved both the health and social care supports for adults and older people leading to improved health and wellbeing, interventions at an earlier stage and more community support. A portion of the resource has been used to directly tackle health improvements and supports for cares.</p>
<p>2. Have any negative impacts been identified?</p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>None</p>
<p>3. What action is proposed to overcome any negative impacts?</p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	<p>N/A</p>
<p>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>N/A</p>
<p>5. Has a 'Full' Equality Impact Assessment been recommended?</p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>	<p>No</p>

<p>6. How will the policy be monitored?</p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	<p>The impact of the use of the resource will be monitored through three multiagency/ stakeholder groups:</p> <ul style="list-style-type: none"> ICF Monitoring Group Home from Hospital Transition Group Integrated Strategic Planning Group
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Part 4: Contact Information

Name of Department or Partnership	Health and Social Care Partnership
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Type of Document	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Manager Responsible	Author Responsible
Name: Diane McCulloch	Name: Diane McCulloch
Designation: Head of Service – Health and Community Care	Designation: Head of Service – Health and Community Care
Base: Claverhouse	Base: Claverhouse
Telephone: 01382 438302	Telephone: 01382 438302
Email: diane.mcculloch@dundeecity.gov.uk	Email: diane.mcculloch@dundeecity.gov.uk

Signature of author of the policy:	Diane McCulloch	Date: 22/04/16
Signature of Director/Head of Service:	David W Lynch	Date: 22/04/16
Name of Director/Head of Service:	David W Lynch	
Date of Next Policy Review:	April 2017	