

ITEM No ...5.....
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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
30 MARCH 2018

**REPORT ON:** DUNDEE INTEGRATION JOINT BOARD 2018/19 BUDGET

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB17-2018

## 1.0 PURPOSE OF REPORT

The purpose of this report is to advise Dundee Integration Joint Board of the implications of the proposed delegated budget for 2018/19 from Dundee City Council and indicative budget from Tayside NHS Board and to seek approval for the range of interventions required to set a balanced budget for Dundee Health and Social Care Partnership for 2018/19.

## 2.0 RECOMMENDATIONS

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

- 2.1 Notes the implications of the proposed delegated budget to Dundee Health and Social Care Partnership from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2018/19.
- 2.2 Notes the implications of the change in the risk sharing agreement as set out within the Integration Scheme and referred to in paragraph 4.1.5 of this report.
- 2.3 Formally adopts the prescribing budget subject to a number of caveats and notes the risks associated with this as set out in paragraph 4.3.
- 2.4 Approves an uplift of 1% for 2018/19 to rolling contractual arrangements with the third sector for the provision of health and social care services as outlined in paragraph 4.9 in addition to required uplifts to implement the Scottish Living Wage and Sleepover payments at the Scottish Living Wage.
- 2.5 Approves the extension of services funded by the Integrated Care Fund from June 2018 to March 2019 as set out in paragraph 4.12 and Appendix 3 of this report.
- 2.6 Approves the range of interventions set out in Appendices 1 and 2 of this report in order to provide a balanced budget.
- 2.7 Approves the delegated budget proposed by Dundee City Council.
- 2.8 Instructs the Chief Finance Officer to report back to the IJB following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implications of the finalisation of hosted services budgets and the Large Hospital Set Aside.
- 2.9 Notes the current position in relation to additional Scottish Government funding for Mental Health, Primary Care Transformation and Alcohol and Drug Partnership Funding as set out in paragraph 4.7 and instructs the Chief Finance Officer to report back to the IJB with the implications of these once determined at a local level.
- 2.10 Instructs the Chief Finance Officer to progress the Transformation Efficiency Programme to the next stage in partnership with relevant stakeholders including Trade Union and Staff Side representatives.

### **3.0 FINANCIAL IMPLICATIONS**

The proposals outlined in this report set out an overall budget for 2018/19 for Dundee Health and Social Care Partnership of £224.1m as noted in section 4.13 of this report.

### **4.0 MAIN TEXT**

#### **4.1 Background**

4.1.1 Dundee IJB considered report DIJB1-2018 (Scottish Government Draft Budget 2018/19 - Implications for Dundee Integration Joint Board) at a special meeting of Dundee IJB held on 24th January 2018. This report set out to the IJB for the first time the potential range of additional costs which could impact on the delegated budget and the anticipated level of funding to be provided to the IJB from NHS Tayside and Dundee City Council following the Scottish Government's Draft Budget 2018/19.

4.1.2 The IJB was provided with an update at its meeting on 27<sup>th</sup> February 2018 (Report DIJB13-2018 – Dundee Integration Joint Board 2018/19 Budget Progress Report) which further refined the estimated financial position following discussion and negotiation with Dundee City Council and NHS Tayside. This report outlined that Dundee City Council had set its Revenue Budget, the implications of which is a net flat cash settlement for the delegated budget to Dundee Integration Joint Board.

4.1.3 Since then, further discussions have taken place with NHS Tayside around the financial assumptions included in the delegated budget including the level of anticipated spend within the Prescribing budget and level of anticipated funding to the IJB. In addition, officers have been working through the range of interventions required to deliver a balanced budget for the IJB in 2018/19.

4.1.4 The factors noted above and subsequent negotiations have shaped the development of Dundee Health and Social Care Partnership's proposed 2018/19 budget and includes the range of interventions and Transformation Programme with associated risks which is set out within the following sections.

4.1.5 A significant issue to note for the delegated budget for 2018/19 is a change in the risk sharing agreement as outlined in the Integration Scheme whereby at the end of the first two years of the integrated budget, any residual financial risks are shared proportionately between Dundee City Council and NHS Tayside rather than these being picked up by the party from which the overspend is generated.

#### **4.2 Proposed NHS Tayside Delegated Budget**

4.2.1 NHS Tayside's Financial Plan 2018/19 continues to be developed and is expected to be signed off by Tayside NHS Board early into financial year 2018/19 therefore the figures contained in this report are indicative at this stage. NHS Tayside continues to be faced with unprecedented financial challenges with significant cost pressures and the need to identify substantial financial savings. In relation to the delegated budget, funding to support pay increases is likely to be provided from a general inflationary uplift of 1.5% with further funding from the Scottish Government for pay awards above 1% for Agenda for Change staff, and a 1.5% uplift applied to other costs including an uplift to the prescribing budget. Therefore it is anticipated that these uplifts will fully fund general increases in expenditure in 2018/19 with the exception of prescribing. However, there are a range of legacy funding issues within the delegated budget and through the impact of hosted services which need to be addressed. This includes the need to shift historical savings from a non-recurring to a recurring basis and the prescribing budget shortfall.

4.2.2 Given the scale of NHS Tayside's financial challenges, and in recognition of the changes to the risk sharing agreement from 2018/19 onwards, Tayside NHS Board has requested that as part of their financial recovery plan, each of the IJBs identifies and implements measures to bring their delegated budgets in balance, thereby removing financial risk to NHS Tayside in 2018/19.

### 4.3 Prescribing

4.3.1 As reported during 2017/18 through the financial monitoring process, the prescribing budget continues to be the highest financial risk area within the delegated budget. The IJB has chosen not to accept the prescribing budget and associated risks over the first two years of the delegated budget on the basis of it being insufficient to meet the level of anticipated expenditure. However over that period, a co-ordinated response to the financial challenge has been developed through the Tayside wide Prescribing Management Group (PMG) and locally through the Dundee Medicines Management Group, with a programme of cost reductions and service changes designed to restrict and reduce price and volume growth, reducing the financial risks around prescribing. It should be noted however that a number of these changes have high risks associated with them. Furthermore, it is anticipated that additional resources will be added to the Dundee prescribing budget in 2018/19 to recognise the impact of changes in the national resource allocation formula (NRAC) with the result of closing the prescribing gap further. This assumption is built in to the figures noted below. The combined effect of these is anticipated to see the Dundee prescribing budget with a funding gap of around £560k, compared to the current overspend position of £2.1m. This gap is included in the funding shortfall set out in Appendix 1.

**Table 1 – Dundee GP Prescribing Budget Projections 2018/19**

	£000
Share of Prescribing Budget (incl additional NRAC allocation)	33,451
2018/19 Anticipated Baseline Spend	35,354
2018/19 Anticipated Growth (inc Price Increases)	515
Anticipated Spend 2018/19	35,869
Less:	
Price Changes / Drugs Off Patent	(1,253)
Tayside Wide Active Interventions	(601)
Revised Anticipated Spend	34,015
Projected Funding Shortfall	564

4.3.2 Following NHS Tayside's request for each IJB to fully meet their costs in 2018/19, the IJB needs to consider whether sufficient progress has been made in relation to closing the prescribing gap to enable it to confidently manage the prescribing budget on an ongoing basis and formally accept the budget. For 2018/19 it is proposed that the IJB accepts the budget and financial risks but with the following caveats:

- the final GP prescribing budget delegated by NHS Tayside is, as a minimum, set at the level noted in Table 1 above
- the IJB will not be held responsible for any overspends incurred on account of the PMG actions not being delivered at the scale and pace set out in the associated cost reduction plan;
- the IJB will not be responsible for significant changes in price increases (drug tariffs) against those estimated in the prescribing plan.

4.3.3 The IJB would take responsibility for the level of volume growth and the impact of the local interventions as part of the Dundee Medicines Management Plan.

### 4.4 Legacy Savings

4.4.1 Dundee IJB has through its Transformation Programme, managed to reduce year on year the impact of a range of historical financial cost pressures and funding shortfalls inherited through the NHS budget and moved to do so on a recurring basis. Within the current 2017/18 budget, the level of non-recurring savings remaining sits at £1.140m. For 2018/19, it is proposed that the IJB formally removes these historical savings on a recurring basis through applying resources released from previous decisions such as the remodelling of Royal Victoria Hospital bed base and formally recognising the level of staff turnover within the

operational services base budget based on historical patterns with the balance coming from non-investment in change funds as set out in Appendix 1.

#### 4.5 Impact of Hosted Services – Mental Health Inpatient Services

- 4.5.1 Perth & Kinross IJB continues to work in partnership with Dundee, Angus and NHS Tayside, to reduce the cost pressures associated with the Mental Health Inpatient Service and General Adult Psychiatry which has had a considerable funding gap over the last two years, partly met through non-recurring funding from NHS Tayside. Reducing this gap is associated with the major service redesign programme which the IJB supported in December 2017 (Report DIJB49-2017, Mental Health & Learning Disability Redesign Transformation Programme – Consultation Feedback Report) however this will take time to implement. The range of interventions to address these cost pressures have not as yet been concluded however there is a risk of these not being delivered in full over 2018/19. The impact to Dundee of any residual overspend for these services would be around 40% of the total Tayside figure and the Chief Finance Officer will bring back to the IJB a full risk assessment of the position once known.

#### 4.6 Large Hospital Set Aside

- 4.6.1 Dundee IJB adopted a financial saving in 2017/18 in relation to the Large Hospital Set Aside, to reflect the planned change in usage of the Dundee population of unscheduled admissions to hospital. This is in line with the Scottish Government's intentions around shifting the balance of care to community based settings. Given the significant financial challenges facing NHS Tayside however, the IJB formally advised NHS Tayside during 2017/18 that it would not implement the £500k net saving planned in year and would absorb this saving from its operational budget. It is proposed that Dundee IJB suspends this saving again in 2018/19 and covers the cost of this to the delegated budget through non-recurring savings. Work is continuing nationally and locally to re-calculate an updated and appropriate value for the Large Hospital Set Aside, the implications of which will be presented to the IJB in due course.

#### 4.7 Impact of Additional National Funding

- 4.7.1 The local allocation of additional funding being provided nationally in Primary Care, Mental Health Services and Alcohol and Drug Partnerships is yet to be determined by the Scottish Government and the impact of this on the delegated budget will be highlighted to the IJB once known. The national figures are shown below for information:

Fund	2017/18 £m	2018/19 £m	Increase £m
Primary Care Transformation	60	110	50
Mental Health	30	47	17
Alcohol and Drug Partnerships	53.8	73.8	20

#### 4.8 Dundee City Council Budget Implications

- 4.8.1 As noted in 4.1.2 above, Dundee City Council's budget offer is a net flat cash position for 2018/19 with resources passed on to the delegated budget to cover pay inflation, elements of third party inflation and to fund new national legislative and other policy requirements such as the implementation of the Carers Act, payment of the Living Wage, payment of Sleepovers at the living wage and increases in Free Personal and Nursing Care payments, totalling £3.1m. The Council then applied a reduction to the delegated budget of £3.1m. Given the level of the National Care Home Contract agreed uplift for 2018/19 is set at 3.39%, this adds to the additional level of funding the IJB needs to identify to balance the budget by around £300k. The additional funding for new legislative and other policy requirements is set out as follows:

Policy Initiative	Estimated Cost 2018/19 £000
Living Wage	900
Sleepover Costs at Living Wage	304
Carers Act	350
Free Personal Care Payment Uplift	56
Sensory Impairment / British Sign Language Scotland Act 2015	20
Total	1,630

#### **4.9 Provision for 3<sup>rd</sup> Sector Rolling Contract Uplifts**

4.9.1 The delegated budget funds a range of health and social care services provided by the third and voluntary sector on behalf of the Health and Social Care Partnership. These arrangements are governed by contractual frameworks with baseline funding agreed at the commencement of the service through the tendering process. Subsequent increases in the level of contractual funding for these (other than to reflect changing needs of individual service users) are a matter for the commissioning body to decide. The majority of these arrangements have not had any uplifts applied in the last few years with reductions applied in recent years by Dundee City Council as part of its budget process.

4.9.2 Care providers continue to face a number of financial challenges and in recognition of this and the important contribution the services they provide make to the overall health and social care service landscape, it is proposed to provide a 1% increase in these contractual funding levels for 2018/19 at a cost of approximately £390k. In addition, any impact of the next phase of implementing the payment of the Living Wage and Living Wage for Sleepover arrangements will also be funded.

#### **4.10 Dundee IJB Proposed Interventions and Transformation Programme**

4.10.1 The impact of all the elements in the previous sections on the proposed delegated budget is noted in Appendix 1 attached. This highlights that the IJB needs to identify efficiency savings and interventions to the value of approximately £5m in 2018/19 to provide a balanced budget.

4.10.2 Appendix 1 also sets out the range of interventions and efficiency Transformation Programme initiatives for consideration by the IJB in order to balance the 2018/19 budget. Given the scale of the financial challenge ahead, the range of service redesign initiatives deliverable over the next 12 months will not be sufficient to provide the IJB with the confidence to balance the budget therefore it is recommended that the IJB utilises its uncommitted reserves to provide it with the time to develop and implement further service redesign and cost reduction in the provision of services. These initiatives are designed to reduce the financial risk to Dundee IJB, NHS Tayside and Dundee City Council.

4.10.3 Further details as to the nature and impact of the proposed interventions are set out in Appendix 2, including more detailed reports as appropriate.

#### **4.11 Reserves Position**

4.11.1 At the end of the IJB's first year of operation (2016/17), the IJB created a reserve of approximately £5m, primarily as a result of a carry forward of historical Change Funding (£4m) to support transformational change and an underspend of around £1m in its social care budget. A further £1m of resources sit within NHS Tayside as historical legacy funding taking the non-recurring resources available to £6m. Over 2017/18 the IJB has made decisions which commit significant elements of this, such as to provide bridging finance to support the developing Dundee Enhanced Community Support Acute model. In addition, the Integration Scheme risk sharing agreement notes that should there be any residual overspend in operational services at the end of 2017/18, reserves should be drawn on prior to overspends being picked up by the partner bodies (except prescribing). The level of currently uncommitted reserves are noted in the table below and it is recommended that £2,337k of this is applied in 2018/19 on a non-recurring basis to deliver a balanced budget.

In doing so however, the IJB reduces its capacity to support further transitional funding to support tests of change or to respond to unexpected financial challenges in year.

**Table 2 - IJB Reserves Position (as at 31 March 2018)**

	£000
Value of Reserves/Legacy Allocation	6,017
Less: Already Committed	(2,739)
Balance Available	3,278

#### 4.12 Change Fund Investment

- 4.12.1 Dundee Integration Joint Board has continued to invest its Change Fund resources in tests of change since its establishment in 2016. This followed on from previous agreements between Dundee City Council, NHS Tayside and the voluntary and private sector to invest additional Scottish Government funding in innovative, integrated ways of working designed to improve outcomes for service users, primarily through the Reshaping Care for Older People Funding. The successful tests of change have supported a transformation from more traditional forms of care to new models, unlocking resources and enabling further re-investment. The IJB has already made decisions about committing some of these resources to mainstreaming elements of tests of change, such as the Dundee Enhanced Community Support Acute model and at the special IJB meeting in January 2018 (Report Number DIJB4-2018, Integrated Care Fund Recommendations) agreed to extend the funding of a range of projects until June 2018, pending the outcome of the budget process.
- 4.12.2 With the extent of the financial challenges facing the IJB's delegated budget it is unlikely that further tests of change can be sustained in a similar way to the past few years. It is therefore proposed that the residual recurring Change Funding is used to support a number of different elements which the IJB will need to cover across its total resources as follows:

**Table 3 – Change Fund Remaining Balance**

	£000
Recurring Uncommitted Change Funding Available as at April 2018	3,484
Less: Funding to Manage Anticipated Demographic Growth/New Commissioned Services Committed to in 2018/19	(750)
Less: Contribution to Delegated Budget Savings (Recurring)	(1,000)
Less: Extension to Current Projects to June 2018 as per January IJB Decision	(348)
Less: Other Projects Omitted from January Report	(31)
Balance Available	1,355
Funding Required to Extend Current Projects to March 2019	1,138
Provision Available for 2018/19 Tests of Change	217

- 4.12.3 Given the reliance on non-recurring interventions proposed to be applied in 2018/19 to deliver a balanced budget, it is proposed that the IJB defers making any decisions to mainstream current tests of change until the IJB has sufficient confidence that the Transformation Programme developing over the course of 2018/19 will deliver sufficient recurring savings to clear the non-recurring element of the budget in 2019/20 and beyond. It is anticipated that this would be presented to the IJB as part of the 2019/20 budget setting process. It is proposed that funding for the projects noted in Appendix 3 are approved until March 2019.

#### 4.13 Proposed Dundee IJB Delegated Budget 2018/19

Factoring all of the above against the delegated budget results in a proposed position for 2018/19 as noted in Table 4 below.

**Table 4 – Dundee Health & Social Care Partnership Proposed Delegated Budget 2018/19**

	Dundee Council	City	NHS Tayside (indicative only)	Total Proposed Budget 2018/19
	£m		£m	£m
<b>2018/19 Baseline Budget</b>				
Hospital & Community Based Services	73.5		71.8	145.3
Family Health Services Prescribing			32.5	32.5
General Medical Services			44.2	44.2
Large Hospital Set Aside (value tbc)			tbc	tbc
<b>Total Baseline Budget</b>	<b>73.5</b>		<b>148.5</b>	<b>222</b>
Add:				
Inflationary Uplifts	1.6		2.1	3.7
Investment in New Scottish Govt Legislation/National Policy (share of £66m)	1.6			1.6
Primary Care/ Mental Health Innovation Funding/ADP Funding			tbc	tbc
Less: Funding Reduction	-3.2			-3.2
<b>Total Proposed Budget 2018/19</b>	<b>73.5</b>		<b>150.6</b>	<b>224.1</b>
Note:*				
Hosted Services Transfer Out			tbc	tbc
Hosted Services Transfer In			tbc	tbc

Note\* - Figures to be confirmed once NHS Tayside final budget agreed.

#### 5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues at this stage however, the financial position will continue to be monitored throughout the financial year.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
<b>Risk Category</b>	Financial
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 4 = 16 (Extreme)
<b>Mitigating Actions</b> (including timescales and resources )	Developing a robust and deliverable Transformation Programme. Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 4 = 12 (High)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 4 = 12 (High)
<b>Approval recommendation</b>	Although the risk levels remain high, the range of interventions identified generally have a medium to low risk of delivery in 2018/19 therefore it is recommended that the risks be accepted. Risks around the Prescribing budget will be continually monitored and reported to the IJB throughout the year.

## 7.0 CONSULTATIONS

The Chief Officer, Executive Director of Corporate Services - Dundee City Council, Deputy Director of Finance - NHS Tayside and the Clerk were consulted in the preparation of this report.

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

None.



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## DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB17-2018
2	Date Direction issued by Integration Joint Board	30 March 2018
3	Date from which direction takes effect	1 April 2018
4	Direction to:	NHS Tayside & Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes
6	Functions covered by direction	All delegated services.
7	Full text of direction	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to provide health and social care services as commissioned by Dundee Integration Joint Board within the resources allocated as set out in this report, subject to formal notification from NHS Tayside as to the level of budget offer. Further Directions will be issued by Dundee Integration Joint Board during 2018/19 as to the future provision of these services.
8	Budget allocated by Integration Joint Board to carry out direction	Dundee City Council – £73.5m NHS Tayside - £150.6m
9	Performance monitoring arrangements	Through regular financial monitoring reports to Dundee Integration Joint Board.
10	Date direction will be reviewed	N/A

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Dundee Integration Joint Board - Delegated Budget 2018/19		Appendix 1
<b>Projected Financial Position as at March 2018</b>		
		<b>Integrated Resource Total £000</b>
<b>Estimated New Cost Pressures 2018/19</b>		
Pay Inflation		2,433
Other Inflation (including National Care Home Contract)		1,020
Net Prescribing Growth / Inflation		515
New Scottish Government Policy Commitments		1,630
<b>Total New Cost Pressures</b>		<b>5,598</b>
<b>Funded by:</b>		
Estimated Funding Uplifts		(5,297)
Funding Reductions		3,182
<b>Net Funding Pressures 2018/19</b>		<b>3,483</b>
	Risk Assessment of Delivery	
<b>Previous Years Budget Shortfalls</b>		
Non-Recurring Savings to Recurring		1,140
Hold for 2018/19 Only - Large Hospital Set Aside Saving		500
Less: Reshaping Care for Older People	Low	(400)
Less: 2017/18 Reduced Operational Budgets Spend	Low	(500)
<b>Total Previous Years Shortfalls</b>		<b>740</b>
Provisional Prescribing Shortfall Net of Tayside Initiatives		564
<b>Net Anticipated Budget Shortfall 2018/19</b>		<b>4,787</b>
<b>Proposed Interventions to Deliver Balanced Budget</b>		
<b>Decisions Already Taken by IJB:</b>		
Reduction in Cost of Commissioning DCC Homecare Service (part year)	Medium	125
Resource Release from Change Funds	Low	750
		<b>875</b>
<b>Further Options for Consideration:</b>		
<b>Recurring:</b>		
Increase Take Up Levels of Self Directed Support Options 1 and 2	Medium	200
Further Develop Local Prescribing Initiatives	Medium	200
Review Non-Residential Care Charging (part year)	Medium	125
Additional Vacancy Management Initiatives	Low	300
Non investment of Change Funding	Low	250
		<b>1,075</b>
<b>Non Recurring:</b>		
Recognise Natural Slippage in Roll Out of Enhanced Community Support Model	Medium	500
Application of Reserves	Low	2,337
		<b>2,837</b>
<b>Total Potential Options</b>		<b>4,787</b>

**Dundee Integration Joint Board Proposed Budget Interventions****Reduction in Cost of Commissioning DCC Homecare Services - £125,000**

The principles behind this change have already been agreed by the IJB which expects to see Dundee City Council deliver additional capacity within its homecare service at a lower cost. £500,000 has previously been removed from this budget with further increased efficiency opportunities in direct service delivery of mainstream Social Care remaining. The financial saving will be dependent on the pace of change of the new arrangements, following workforce terms & conditions.

**Resource Release from Change Funds - £750,000**

The investment of Change Funding has supported the development of a range of community based services and interventions which have enabled the redesign of traditional models of service delivery and has therefore contributed to resource release in these areas.

**Further Development of Local Prescribing Initiatives - £200,000**

In addition to the work being carried out across Tayside through the Prescribing Management Group, there is a local Dundee workplan which is overseen by the Dundee prescribing management group. This includes the impact of quality prescribing visits, changes to wound management and tests of change around reducing wasted medicines.

**Additional Vacancy Management Initiatives - £300,000**

It is proposed to formally reflect in the base budget the effect of further staff turnover incurred within the delegated staff costs budget on a recurring basis.

**Non Investment of Change Funding - £250,000**

It is proposed to apply further unallocated Change Fund resources to support the delivery of a balanced budget. This will reduce the IJB's ability to support further tests of change, which will in future be funded from service redesign initiatives.

**Roll Out of Enhanced Community Support Model – Slippage - £500,000**

Dundee IJB agreed Report DIJB37-2017 in October 2017 which set out proposals for a reduction in the bed base at Royal Victoria Hospital with resources being released to invest in rolling out the Enhanced Community Support Model over the course of 2018/19. These arrangements are underway however it is recognised that the recruitment process will result in a staged process of implementation with corresponding slippage incurred throughout the course of the year.

**Application of Reserves - £2,337,000**

It is proposed to utilise a significant proportion of the IJB's reserves in 2018/19 to balance the budget as set out in section 4.11 of the report on a non-recurring basis.

**REPORT ON: PERSONALISATION PROGRAMME (SELF-DIRECTED SUPPORT)**

**REPORT BY: CHIEF FINANCE OFFICER**

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to provide information on how a greater uptake in the use of Direct Payments, as one of the options within self-directed support, can result in better outcomes for individuals requiring social care support as well as effectively contributing to budgetary targets. This follows on from the report on Personalisation and Self Directed Support (DIJB3-2018) presented to the Integration Joint Board at its meeting of the 27<sup>th</sup> February 2018.

## **2.0 RECOMMENDATION**

It is recommended that the IJB:

- 2.1 Notes the content of this report including the opportunities to achieve a more responsive and efficient use of resources as a result of an increase in the number of service users choosing a Direct Payment Option.

## **3.0 FINANCIAL IMPLICATIONS**

It is anticipated that an increased take up in the number of service users choosing a Direct Payment will result in a financial benefit to the delegated budget of approximately £200,000 in 2018/19.

## **4.0 MAIN TEXT**

- 4.1 The Scottish Government and COSLA set out their commitment to support a cultural shift in the way that social care was provided to those who required support through the development and introduction of a National Strategy for Self-directed Support (2010–2020).
- 4.2 The National Strategy set out an ambition to see self-directed support becoming the mainstream approach for delivering social care in Scotland and the National Strategy not only embraces the personalisation of care, but also firmly places the individual requiring support at the centre of all decision making. The success of this approach is based on collaboration and builds upon the assets of the individual, their carers and communities.
- 4.3 Dundee Health and Social Care Partnership's Strategic and Commissioning Plan also sets out a range of actions to support the Partnership's ambition to improve health and social care services and improve outcomes for individuals living in Dundee. Strategic Priority 3 specifically focusses on Person Centred Care and Support, with a specific suite of actions against Self-directed Support including increasing the numbers of people electing to use a Direct Payment to provide them with greater choice and control as to how their care and support needs and personal outcomes are met.
- 4.4 Each of the Partnership's specific care group strategic and commissioning plans also reflect this priority and ambition to personalise services and supports for individuals.
- 4.5 A Direct Payment is an agreed amount of money that is given to an individual, by the Partnership or Council, to buy the support that they have been assessed as requiring, in order to meet their personal outcomes. This is in lieu of services being directly provided to them by the Partnership or Council. The individual manages and directs their own support through either employing their own staff or commissioning with an Agency. Experience, to date, highlights that most Direct Payment recipients choose to employ their own staff. This provides the service user with the ability to access the services they require when they need it and is therefore more responsive to their needs.

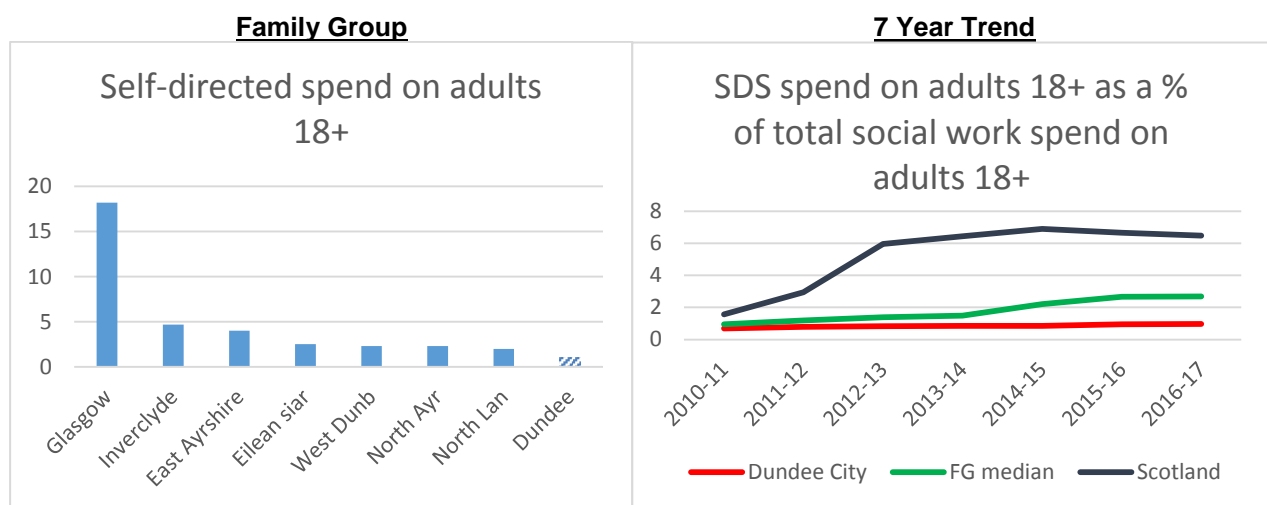
4.6 Direct Payments are financially resourced from the budget that would have normally provided the service that the individual was to receive. For example, home care, day care, respite care budgets etc and the aim of the national policy is to see a shift from investment in these more traditional types of provision to a growth in arrangements which provide more choice and control to the service user.

4.7 Individual Direct Payment arrangements are subject to an internal robust financial review and monitoring system and this ensures that any unused funding is brought back into the Partnership's budget. Unused funding can occur for a number of reasons including delays in the recruitment process, hospital admissions and as a result of the Direct Payment recipient carefully managing and controlling their support arrangements. On average the internal review process typically sees over £100,000 per year, based on historical take up of Direct Payments, coming back into the overall social care budget. This is on the basis of a spend in 2016/17 on Direct Payments of £1080k.

4.8 It is therefore recognised and accepted that the more individuals who choose to use a Direct Payment, the less funding is used and it is this difference that enables reinvestment of funding into other areas of social care to take place. In effect this approach can see a reutilising of social care funding, benefiting more people whilst promoting personal outcomes.

4.9 In reality, however, our actual uptake of Direct Payments, as reported through both an internal audit and through regular Local Government benchmarking information, clearly highlights that Dundee performs poorly in this area, when benchmarked against the following indicator. The following table illustrates this.

4.10 The indicator used is "Self-Directed Support Spend On Adults 18+ as a % of Total Spend"



4.11 The Personalisation and Self Directed Support Report discussed at the February IJB meeting highlighted a range of service improvements, including the recruitment of a dedicated, Self Directed Support Team in order to increase the take up locally of all the self directed support options, but particularly around Direct Payments. It is therefore projected that the number of Direct Payment recipients will increase significantly over 2018/19 and beyond.

**REPORT ON: REVIEW OF CHARGING POLICY FOR NON-RESIDENTIAL CARE AND SUPPORT SERVICES**

**REPORT BY: CHIEF FINANCE OFFICER**

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to provide Dundee Integration Joint Board with an overview of the current inequities and variation with national guidance which exists within Dundee City Council's current non-residential charging policy for social care and support and to request that the Council undertakes a review of this policy during 2018/19.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board:

- 2.1 Notes the contents of this report.
- 2.2 Requests that Dundee City Council review its non-residential charging policy for social care and support with a view to removing the current inequities which exist and bring the policy in line with national guidance.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 It is estimated that providing an equitable charging system across all client groups could result in a net increase in income of around £250,000 in a full financial year (£125,000 in 2018/19).

## **4.0 MAIN TEXT**

- 4.1 The Social Work (Scotland) Act 1968 and the Mental Health (Care and Treatment) (Scotland) Act 2003 allows charges to be made for certain social care and housing support services. Charges made for services are used to contribute to funding the provision of care services in Dundee. Charges levied are based on the type of service delivered as a result of an individual's care assessment. As part of this care assessment, a financial assessment and benefits check is offered to make sure that individuals are receiving all of the welfare benefits they may be entitled to (nb income maximisation). Charging for social care is not a delegated function to Integration Joint Boards therefore any changes in charging need to be considered by local authorities. Charges are reviewed annually and agreed by Dundee City Council's Policy and Resources Committee as part of the Council's Revenue Budget setting process.

### **4.2 National Strategy & Guidance**

- 4.2.1 COSLA produces its National Strategy and Guidance for Charges on an annual basis.
- 4.2.2 The current charging policy in Dundee has developed following the COSLA guidance at that time, where practicable. Given the incremental development of charging for non-residential services and the development of new types of care services, inequities have developed and challenges of discrimination are now possible, between different service groups and within service types. The incremental development of the current policy has resulted in a lack of transparency over what is chargeable and what is not, resulting from protections having been put in place, without time limitation, for certain conditions.

- 4.2.3 Councils have the power to charge for the following adult non-residential care services:

- care at home
- day care
- lunch clubs

- meals at home
- wardens in sheltered housing
- community alarms and telecare
- laundry services
- aids and adaptations for disabled people
- after care services for people with a mental illness
- care and support services for those who have or have had a mental illness.

What cannot be charged for:

- Charges cannot be made for criminal justice social work services,
- Advice and information about the availability of services, and assessment of care needs or care management.
- Nursing Care and Personal Care for people aged over 65
- Preparation of food for people aged over 65
- Services to Carers.

Other:

- Administration expenses can be charged
- The COSLA guidance encourages Councils to exempt people who are terminally ill. In Dundee, charges would normally be waived for end-of-life care using local discretion.

4.2.4 The level of social care budgets are supported by significant levels of planned income from charging for social care services. In 2016/17 actual income from non-residential charges for Dundee amounted to £2.7m

### 4.3 Inequities in the Current Dundee City Charging System

There are a range of inequities within the current charging system which it is recommended need to be reviewed in order to provide a fair system of charging.

- Although most charges are based on ability to pay, there is a maximum charge above which no-one is charged for non-residential services. This is inequitable to those on lower incomes who may be paying their maximum eligible income, but those with a higher eligible income have a cap on charges.
- There is an additional maximum charge for respite care charges of £200, which does not relate to any other charge, exemption or charging principle for social care services.
- Charging for adults who receive accommodation with support and enabler services is mixed, with some services being charged for and others not as services have developed over time.
- A range of exemptions exist for some groups of service users which are not applied to others, such as the provision of community alarms.
- There is no formal provision within the charging policy to exempt those in receipt of end of life care from charging (although this is applied on a discretionary basis).

### 4.4 Inconsistencies with COSLA Guidance

Areas where the Dundee charging policy does not fully follow national guidance are as follows:

- COSLA guidance recommends that a partner's income should not be routinely included in a financial assessment, only the "reasonable" proportion should be accounted for.
- COSLA recommends that income from all welfare benefits paid for or on behalf of a dependent child should be disregarded in the calculation of eligible income for charging purposes.
- COSLA recommends that people in receipt of high rate care component of DLA/Personal Independence Payment or the highest rate of Attendance Allowance and who do not have night time services should only have the lower rate considered in their financial assessment.

It is therefore recommended that in order to bring the charging policy in line with national guidance and to ensure fairness in the charging system that Dundee City Council undertakes a review of the policy and brings forward to the council recommendations for approval.

## Appendix 3

<b>Innovation &amp; Development Plan</b>	<b>Full Year Funding £'000s</b>	<b>3 Months Funding 2018/19 (Already Approved) £'000s</b>	<b>9 months Funding 2018/19 Requested £'000s</b>
<b>1. Community Capacity Building</b>			
Capacity Building Fund			
Dundee Supporting Your Recovery Service	45	11	34
Community Cars (Dundee Community Transport)	47	12	35
Community Companion	37	9	28
Small Grants Fund	80	20	60
Good Governance Awards	42	11	32
<b>2. Prevention</b>			
Welfare Rights in Primary Care	68	17	51
Do You Need to Talk? Listening Service	19	5	14
<b>3. Protecting People</b>			
Dundee Recovery Partnership Co-ordinator/Albert St Hub Coordinator	40	10	30
<b>4. Carers</b>			
Caring Places	111	28	83
Carers (Scotland) Act Implementation Officer	32	8	24
<b>5. Community Assessment Model</b>			
Step Down to Assess for 24 Hour Care & Moving Assessment into Community	87	22	65
<b>6. Models of Care</b>			
Housing With Care - Intermediate Care / Respite Site	255	64	191
Telehealth/Equipment - Comm officer	47	12	35
Community Treatment Centre (Leg Ulcer Clinics)	77	19	57
The development of a resource to support the management of malnutrition in the community	63	16	47
<b>7. Workforce Development/Engagement - Learning &amp; Org Dev</b>			
OD / Integration	20	5	15
Organisational Development Localities	61	15	46
<b>8. Community Rehabilitation Models</b>			
ECS - Speech Therapy Input (2.0 WTE Band 6)	81	20	61
ECS - Pulmonary Rehabilitation (1.0 WTE Band 4)	26	7	20
ECS - Falls Co-ordinator Development Post (0.6 WTE Band 4)	21	5	16
AHP Roving Team	87	22	65
Implementing Community Falls Prevention Exercise Classes	13	3	10
<b>9. Independent Sector</b>			
New Opportunities: Scoping the Contribution of Independent Sector Home Care and Care Homes	35	9	26
* Safezone: Provision of up to £40,000 to continue support	40	10	30
* Provision to increase capacity within ECS model	85	21	64
Total planned ICF expenditure	1,518	379	1,138
* Not included within January 2018 Report			



**INTEGRATED CARE FUND PROJECT DESCRIPTIONS**

Project Name	Project Description	Provider Status
Dundee Supporting Your Recovery Service	<p>Royal Voluntary Service introduced a Home from Hospital Service in Dundee supporting older people ages 65yrs+ with their transition back home into their home and community after a hospital stay. With the support of over 50 trained volunteers we offer a bespoke support Service to older people targeting outcomes related to:</p> <ol style="list-style-type: none"> <li>1. Prevention of ongoing health and social care provision</li> <li>2. Reducing readmission to hospital</li> <li>3. Improving the rehabilitation and socialisation of service users</li> <li>4. Enabling access to wider facilities, social opportunities and support services</li> </ol>	Third Sector
Community Cars	<p>Community Cars is a volunteer-delivered door-to-door transport project for elderly and vulnerable people living across Dundee who are at risk of social isolation due to lack of accessible transport. We enable people to access medical appointments, social activities and day to day activities like shopping, thus supporting their independence and wellbeing. In addition we develop and train a team of volunteers, adding to the rich skills base of volunteers across the city.</p>	Third Sector
Community Companions	<p>Community Companions is a befriending service for adults who experience or have the potential to experience social isolation and/or loneliness. The emphasis is placed on creating a friendship between the volunteer and the person in need of support, which makes the matching process crucial. Companions visit their match (Companionee) once a week for an average duration 2 hours. It is up to both parties how they spend the time, whether it is going out for a coffee, joining in with a social group or staying in for a chat. There are various activities that the volunteers and their Companionee's participate and all are person-centred for both parties. The project adopts an assets based approach, which encourages both the Companion and the Companionee to learn from one another as well as use their skills and knowledge to benefit others within their community.</p>	Third Sector
Small Grants Fund	<p>The Small Grants Fund aims to build the capacity of communities to deliver services, which ensure people are able to look after and improve their own health and wellbeing and live in good health for longer. The fund has allowed groups to test new ways of working for their organisation in priority areas. The small grants project encourages and promotes activities, resources and support that strengthen the skills, abilities and confidence of people and community groups to take effective action and leading roles in the development of communities. All funded organisations have involved the community in the shaping and development of projects. The small grants panel is now made up of Third Sector Reps and Community Members in order for the community to be involved at every stage of the process.</p>	Third Sector

Project Name	Project Description	Provider Status
Good Governance Award	<p>The Good Governance Award (GGA) was launched in the Spring of 2017 after a successful two-year pilot called Healthy Organisations Quality Matters Award. It is the only quality standard designed specifically for Scottish charities and supported by the Office of the Scottish Regulator (OSCR) and Scottish Council for Voluntary Organisations (SCVO). The GGA provides funders with confidence that organisations are well-governed, meeting their regulatory and legal requirements as well as their service user needs. This in turn provides individuals with more choice and higher quality services, improving their health care and wellbeing.</p> <p>Evidencing good governance can be difficult, and charities are under increasing pressure to improve transparency and demonstrate their efficiency. The Good Governance Award has been developed to support and celebrate governance best practice, recognising the importance of good management to the sustainability and effectiveness of an organisation.</p>	Third Sector
Welfare Rights in Primary Care	<p>The project tackles health inequalities and mitigates the impact of welfare reform by co-locating Welfare Rights Officers in GP practices with consensual access to individual medical records in order to limit the impact of socio-economic issues on people's health and wellbeing.</p> <p>The project supports Welfare Rights Advisers co-located within 5 GP surgeries in Dundee (Taybank, Lochee, Wallacetown, Douglas and The Crescent Whitfield). The project aims were to test the efficacy of delivering Welfare Rights services by co-locating within the primary care environment, build partnership links with health professionals and compare outcomes with those currently being delivered within a local authority structure.</p>	Statutory
Do You Need To Talk? Listening Service	<p>NHS Tayside Spiritual Care Department has developed this listening service in GP surgeries and other healthcare facilities over the last several years. This funding was to help embed the service and expand further. Four new sites have been established so far with a further five planned by March 2018. This funding provided back fill for the Senior Chaplain: Professional Lead for Person Centred Care allowing them to further develop the service by training, developing and supervising volunteers; meeting with practice managers and third sector organisations to expand the service; to gather evidence as to the effectiveness of the service.</p> <p>The service offers fifty minute sessions to patients to talk through anxieties and concerns relating to life rather than medical conditions. Most patients return for further appointments until they become more confident in their own coping mechanisms and more resilient. The service is provided in the main by carefully selected, trained and supervised volunteers, supported by experienced chaplains.</p>	Statutory

Project Name	Project Description	Provider Status
Dundee Recovery Partnership Co-ordinator/Albert Street Hub Co-ordinator	<p>The Albert Street Community Hub has now been in operation for four years and continues to provide a range of services, supports and recovery focused interventions to individuals, families and communities affected by substance misuse. The Coordinator has been in post for two and half years and continues to support the development and day to day operational management of the Hub. Throughout this period the Coordinator has supported regular team communication, implemented agreed objectives from the operational steering group and attended local community meetings, driving forward recovery and developing meaningful relationships.</p> <p>The continued development and partnership working with the Pharmacy has created positive and trusting relationships ensuring we are quick to recognise and act on individuals needs and vulnerabilities, creating a positive Hub and Pharmacy environment. The Hub and Coordinator in their roles continue to support individuals to help to reduce their health inequalities, build capacity and resilience, promote recovery within the local community and support them to develop and build links in their own communities.</p>	Third Sector
Caring Places	<p>Caring Places was established in response to engagement work with carers and stakeholders on how carers services should be delivered in future. The Team was established in November 2016 and have been operating for 12 months the aims of the work were identified as follows.</p> <p>Improve the health and wellbeing outcomes for carers within localities and to:</p> <ul style="list-style-type: none"> <li>• Identify all carers in specific localities in Dundee</li> <li>• To design and construct a locality information framework</li> </ul>	Third Sector
Carers (Scotland) Act Implementation Officer	<p>The ICF funded a Development Officer post to support the Dundee Carers Partnership and the wider Health and Social Care partnership in preparation of the Carers (Scotland) Act 2016. The key objectives of the work where identified as follows;</p> <ul style="list-style-type: none"> <li>• Developing guidance and information which sets out local arrangements for implementing the Act</li> <li>• Further develop the 'Carers of Dundee' brand as a coordinating function</li> <li>• Co-ordinating the work of the work streams that have been established based on the key requirements of the Act</li> <li>• Develop a communications plan for the implementation of the Act</li> <li>• Develop a workforce development strategy with partners and co-ordinate a training programme to support implementation</li> </ul>	Third Sector

Project Name	Project Description	Provider Status
	<p>The Development worker has successfully implemented a reporting framework for the Act which will also now dovetail with the Dundee Carers Partnership Strategic Outcomes Plan 2017 -2020 to ensure that local actions are being monitored and the Partnership is aware of progress and risks. The worker is currently taking forward the Communications Plan and the multi-agency guidance however a significant amount of the time has been spent on the delivery of the 'What's Best for Dundee Carers?' pilot.</p>	
<p>Step Down to Assess for 24 Hour Care &amp; Moving Assessment into the Community</p>	<p>The majority of people who move into 24 hour care do so from hospital. Work to remodel locality teams will hopefully reduce this and allow assessment to take place at home however this won't always be possible. Where it is not clear if someone will be safe to go home this proposal will allow them to be assessed out of hospital in a more homely setting. This will support a more patient focussed assessment in a more homely environment with greater patient and carer satisfaction. It will also support capacity and flow across hospitals and with more people being supported at home.</p> <p>Bluebell Intermediate Care Unit is a 23 bedded step down rehabilitation unit. An additional 5 beds have been included within this contract to allow for a Step Down to Assess for 24 care model. We are concurrently undertaking a test of change with Menzieshill House for a similar model testing the long term viability of a step down unit within this environment. This project places additional AHP and Nursing resource to support the assessment of patients across both units and also to support the transition to home, or other care environments, via the community nursing and AHP teams.</p>	<p>Statutory</p>
<p>Housing with Care – Intermediate Care/Respite Site</p>	<p>Housing with Care is supported accommodation predominantly for older people in Dundee. Dedicated staff are onsite in each site from 7.30am to 10pm each day. Having dedicated staff means that the service is able to offer users of the service a more flexible care package. This is particularly beneficially for individuals who have varying health or social care needs where their levels of interventions may need increased on a short term basis. In addition, the providers of Housing with Care have scheduled increased activities in each site where local communities or also welcome to join in.</p> <p>Housing with Care is part of the strategic shift assisting people to stay in their own home rather than a care home or institutional setting. There is aim to have 100 housing with care flats in place by 2019 which will be located across Dundee. It is hoped the geographical spread will help individuals to remain in the part of Dundee which they are most familiar and have community connections.</p>	<p>Statutory</p>

Project Name	Project Description	Provider Status
Telehealth/Equipment – Comm Officer	The Project began in August 2015. The aims were to spread information about telecare and telehealth; gather views about the use of technology in health and care; help to promote the Independent Living Centre and the Social Response 24 Services; look for new ideas locally, nationally and internationally and bring them to the TEC Strategic Planning Group. The Scottish Government is promoting telehealth and telecare with the intention of improving care and, where possible, creating efficiencies. The Dundee TEC Project’s activities are all designed to complement the national programme.	Third Sector
Community Treatment Centre (Leg Ulcer Clinics)	The scope of this project is to review, propose and deliver a revised model of care and patient pathway for non-housebound patients with chronic venous leg ulceration. The model aims to provide an easily accessible specialist service within the local community that will reduce healing rates, reduce recurrent problems and improve quality of life by ensuring all patients receive the same high standard of care in any setting across Tayside. The work of this project will support the development of the locality hub model and potential changes to service provision .The first Community Leg Ulcer Clinic opened on 10 <sup>th</sup> September 2015 in the West of Dundee. There are two further phases of work.	Statutory
Development of a Resource to Support the Management of Malnutrition in the Community	<p>The project aims to reduce the incidence of undernutrition in older people living in the community by:</p> <ol style="list-style-type: none"> <li>1 Using co-production methodology to identify community asset based approaches in Lochee and Coldside, which empower communities to self-manage their own nutritional well-being.</li> <li>2 Enabling health and social care partners in order for them to understand the risks of undernutrition, recognise the signs, provide appropriate ‘food first’ nutrition advice and signpost appropriately.</li> </ol>	Statutory
Organisational Development/Integration	The purpose of this dedicated resource was to continue the programmes developed in the lead up to the introduction of the health and social care partnership, to support the implementation of the Workforce and Organisational Development Strategy, to support the restructuring and integration of current services as they transition to the new arrangements and to support the move towards locality working.	Statutory
Organisational Development - Localities	This project stems from an original 2015 bid. The project consists of a full-time Senior Advisor, Learning & Organisational Development who is employed by Dundee Voluntary Action but works across the whole Health & Social Care Partnership. The post holder is a member of DCC’s Learning & Organisational Development Service’s Management Team and has built strong links with NHS colleagues, 3 <sup>rd</sup> and Independent Sector colleagues and organisations. The focus over the past year has been to support the	Third Sector

Project Name	Project Description	Provider Status
	workforce and organisations to better adapt their service and delivery models to embrace locality working and other responses to community engagement in service design and delivery.	
Enhanced Community Support – Speech Therapy Input	<p>The medicine for the elderly speech and language therapy team have transformed the delivery of services to those with communication and/or difficulties with eating and drinking, and to those who care for them, across all settings in Dundee. Informal feedback from hospital and community colleagues continues to indicate a real appreciation of the positive improvements, and the services ability to respond quickly, and with appropriately skilled staff, to referrals and queries, at all stages of the patient journey, supporting prevention of admission to hospital and facilitating discharge from hospital.</p> <p>The flexible pattern of working has allowed individuals to be followed by the same therapy team across the care pathway across hospital, care home and home settings, and increased support and confidence of formal and informal carers, who are more aware of how to access help when required. The work has now become embedded in services to older people within Dundee, allowing flexibility to respond to changing patterns of care within health and social care.</p>	Statutory
Enhanced Community Support – Pulmonary Rehabilitation	This project focuses on patients with Chronic Obstructive Pulmonary Disease (COPD) and has developed a system for those who suffer an acute exacerbation and require admission to hospital. The team attend to ward and explain the role of rehabilitation during the inpatient stay. The patients are followed up at home by the same staff and are supported to attend for pulmonary rehabilitation sessions. This prevents the significant loss to the service of patients who fail to attend for rehabilitation and are not able to manage their condition as successfully over the long term. NICE 2016 guidelines state 'Starting a pulmonary rehabilitation programme within 4 weeks of hospital discharge after an acute exacerbation reduces the short-term risk of hospital readmission, and improves the quality of life and the short-term exercise capacity of people with COPD'.	Statutory
Enhanced Community Support – Falls Co-ordinator Development Post	<p>The Falls Service is a triage, advice and signposting service used by health and social care staff: annually, 1,400 referrals come into the service from a variety of health and social care routes. The aim is to ensure that both prevention and management of falls is integral to those at risk.</p> <p>Patients who have fallen who presented through A&amp;E or community alarm service are triaged, via a multifactorial assessment, to determine the appropriate pathway and services. Staff attend A&amp;E daily to source information of those who have attended A&amp;E after a fall. In 2016 1167 patients were triaged, 31 patients were triaged to falls class, 74 directed to the physio service, 436 were given a falls pack. Others were directed to GP, District nursing service, or OT Services.</p>	Statutory

Project Name	Project Description	Provider Status
	This service is accessible to anyone who feels they may be at risk of falls and referrals are accepted from patients, carers and professionals.	
Allied Health Professionals Roving Team	<p>The physiotherapy Roving team was formed in October 2015 and the Occupational Therapy roving team in October 2016 and aimed to:</p> <p>Work closely with the Dundee Discharge Team to work in partnership with acute and community care providers to ensure that care is planned, is of high quality and right for the individual.</p> <p>The Roving team physiotherapy team lead works across both the Physiotherapy team and Dundee Discharge team to enhance integrated working and achieve better outcomes for patients.</p>	Statutory
Implementing Community Falls Prevention Classes	<p>There is strong qualitative evidence of improved quality of life across the falls service, in particular evidence of individuals who were previously housebound – because of pain, lack of confidence or mental health issues – going outside again.</p> <p>Evidence based Otago falls classes, aimed at people who have fallen or who have a fear of falling, are now well established, and are held within community venues in Dundee, led by physiotherapists or AHP HCSW trained in Otago. There are currently 6 fall prevention classes held each week in three locations – Broughty Ferry (Mackinnon Centre) Kings Cross Hospital and Royal Victoria Hospital accepting self, carer and professional referrals. The location of falls classes will be reviewed in line with locality plans and neighbourhood level data about falls.</p> <p>The classes improve strength, balance, confidence and function. Clinical outcomes for individuals referred show clear improvement, including Tinetti scores increasing from 22 (moderate falls risk) to 26 (low falls risk) and Falls Efficacy Scales improving from 11 to 9.</p>	Statutory
Scoping the Contribution of Independent Sector - Home Care and Care Homes	<p>The Integrated Care Fund provides an opportunity to look at how independent sector homecare and care home agencies could better work together with each other and with multi-disciplinary health &amp; social care partners to further develop integrated care as part of the integrated care pathway.</p> <p>The project aims to:</p> <ul style="list-style-type: none"> <li>• enhance the contribution of the independent sector to integrated health and care services in Dundee; and</li> <li>• scope the potential contribution of the independent sector to developing new models of</li> </ul>	Independent Sector

Project Name	Project Description	Provider Status
	integrated care and support and making better use of local assets.	
Safe Zone	<p>Dundee Safe Zone is a multi-agency partnership project, consisting of: Tayside Council on Alcohol (TCA), Police Scotland, Scottish Ambulance Service, CAIR Scotland, Rock! Street Chaplains, British Red Cross, Xplore Dundee, Dundee City Council and NHS Tayside. Dundee Safe Zone operates in Dundee City Centre on Friday &amp; Saturday nights, between 10pm and 4am. Each shift is staffed by a paid Team Leader who supports volunteers from TCA and British Red Cross, along with officers from Police Scotland.</p> <p>Dundee Safe Zone provides a safe space for anyone who needs to it, typically assisting those who may be vulnerable due to alcohol or drug consumption to sober up and find a safe route home. Minor injuries can be treated by first aiders and volunteers are trained to assist those who are emotionally distressed or who are in mental health crisis. This impacts positively on the emergency services, who are then freed up to deal with other matters.</p>	Third Sector
Provision to Increase Capacity Within the Enhanced Community Support Model (Enablement Support Workers)	<p>The role of the Enablement Support Workers is for short term work. It is a brief intervention model where a relationship is built up to gather info, provide advice and support and facilitate independence. To make a link between the enablement assessment and locality teams prior to transfer over for reviewing.</p> <p>The workers become involved once enablement and OT assessment has taken place and it has become apparent that the service user will require a long term package of care. This could be as early as two weeks into the assessment process if it is determined quickly that there is no likely rehab potential.</p>	Statutory