



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

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

**REPORT BY: CHIEF OFFICER**

**REPORT NO: DIJB24-2022**

## **1.0 PURPOSE OF REPORT**

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

## **2.0 RECOMMENDATIONS**

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

2.1 Note the content of this report for information only.

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

## **3.0 FINANCIAL IMPLICATIONS**

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

## **4.0 MAIN TEXT**

### **4.1 Background**

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

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

- Review the impact of the existing facilities with a view to specifying a new portfolio of properties that will better meet the future demands of flexibility, safety, efficiency and sustainability.
- 4.1.2 The project aims to provide a modern regional, person centred and easily accessible facilities for services currently operating in Royal Victoria Hospital and Kingsway Care Centre. There is an outstanding need for:
- Inpatient accommodation that is both modern and fit-for-purpose which will support the delivery of redesigned, person centred services.
  - Sufficient inpatient capacity to meet existing clinical need and projected demand from patients.
  - Improved ability to ensure appropriate onward care journeys for people who have physical and/or mental health needs.
  - Ambulatory care facilities (incorporating specialist outpatient clinics) for patients with neurological conditions that need treatment by an integrated specialist team but do not require inpatient care.
- 4.1.3 The redevelopment of accommodation and redesign of the services will markedly improve the quality of the service that is provided and much improves the environment for both patients and staff. It will also allow the individual services to reduce the likelihood of delayed discharge and to cope with predicted future demands.

## **4.2 Current Project Status**

- 4.2.1 Dundee Health and Social Care Partnership (DHSCP) completed a Strategic Assessment for the Reshaping Non-Acute Care project in 2018. It was agreed that an Initial Agreement should be developed and submitted to Scottish Government Capital Investment Group (CIG) for consideration. The Strategic Assessment has recently been reviewed to ensure that the scope of the project remains accurate.
- 4.2.2 A Project Manager and Construction and Development Manager from the New Works Department have been allocated to the project. A governance structure has been established for the project and both Project Team and Project Board meet on a regular basis. All baseline project documentation has now been created and is fully operational.
- 4.2.3 The NHS Scotland Design Assessment Process (NDAP) has commenced for the project. The AEDET workshop facilitated by Health Facilities Scotland was held on 8<sup>th</sup> February 2022. The Design Statement Workshop took place on 15<sup>th</sup> February 2022. Both workshops were supported by a wide variety of Clinicians as well as Patients/ Carers. A further workshop is currently being arranged to select the images that populate the Design Statement. This workshop will be facilitated by Architecture and Design Scotland.
- 4.2.4 Work is currently underway to organise the Solutions Appraisal exercise for the project. A draft long list of solutions has been created and is currently being discussed by the Project Team. Once agreed the stakeholder group will be invited to a Solutions Appraisal Workshop where each item on the long list will be discussed and scored with a short list of solutions created for the project.

## **4.3 Timescales**

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

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

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

## 5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. An integrated impact assessment is attached.

## 6.0 RISK ASSESSMENT

This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

|  |  |
|--|--|
| <b>Risk 1 Description</b>  | There is a a risk that there will be insufficient capital funding available from the Scottish Government to fully develop the project as funding is yet to be secured.   |
| <b>Risk Category</b>   | Financial  |
| <b>Inherent Risk Level</b>   | Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)   |
| <b>Mitigating Actions</b><br>(including timescales and resources ) | Completion of key milestones in line with planned timescales including completion of Initial Agreement and NHS Scotland Assure Process (October 2022)<br>Follow up with Scottish Government on prioritisation of funding |
| <b>Residual Risk Level</b>   | Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)  |
| <b>Planned Risk Level</b>  | Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)   |
| <b>Approval recommendation</b>                                     | The impact of the mitigating actions will result in the planned risk being at an acceptable level  |

|  |  |
|--|--|
| <b>Risk 2 Description</b>  | There is a risk that there will be insufficient revenue funding available to support the new model of care   |
| <b>Risk Category</b>   | Financial  |
| <b>Inherent Risk Level</b>   | Likelihood 3 x Impact 4 = Risk Scoring (High Risk)   |
| <b>Mitigating Actions</b><br>(including timescales and resources ) | Comprehensive financial planning undertaken throughout the project to identify all anticipated costs of new service provision as well as efficiencies arising from the new model of care either within the service or through knock on impact on other services.<br>Explore further investment opportunities |
| <b>Residual Risk Level</b>   | Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)   |
| <b>Planned Risk Level</b>  | Likelihood 1 x Impact 3 = Risk Scoring 3 (Low Risk)  |
| <b>Approval recommendation</b>                                     | The impact of the mitigating actions will result in the planned risk being at an acceptable level  |

## 7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service – Health and Community Care and the Clerk were consulted in the preparation of this report.

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons  
Chief Officer

DATE: 25<sup>th</sup> March 2022

Dave Berry  
Chief Finance Officer

Jenny Hill  
Head of Service

**Committee Report No:**

**Document Title:** Reshaping Non-Acute Care Project

**Document Type:** Report

**New/Existing:** New

**Period Covered:** December 2021 – April 2022

**Document Description:** This is a report which provides an update on the Reshaping Non-Acute Care project.

**Intended Outcome:** To request continued support to develop the Initial Agreement for the Reshaping Non-Acute Care Project.

**How will the proposal be monitored:** The project will be monitored through the Dundee Integration Joint Board and NHS Tayside's Asset Management Group.

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**Name:**

**Title:**

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## A. Equality and Diversity Impacts:

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

### Equality and diversity Implications:

The project will contribute to improving outcomes for people affected by all of the above characteristics.

### Proposed Mitigating Actions:

Not applicable

Is the proposal subject to a full EQIA? : No

## B. Fairness and Poverty Impacts:

|  |           |
|--|-----------|
| <b>Geography</b>   |           |
| <b>Strathmartine (Ardler, St Mary's and Kirkton):</b>        | Positive  |
| <b>Lochee(Lochee/Beechwood, Charleston and Menzieshill):</b> | Positive  |
| <b>Coldside(Hilltown, Fairmuir and Coldside):</b>            | Positive  |
| <b>Maryfield(Stobswell and City Centre):</b>                 | Positive  |
| <b>North East(Whitfield, Fintry and Mill O' Mains):</b>      | Positive  |
| <b>East End(Mid Craigie, Linlathen and Douglas):</b>         | Positive  |
| <b>The Ferry:</b>  |           |
| <b>West End</b>  | Positive  |
| <b>Household Group</b>                                       |           |
| <b>Lone Parent Families:</b>                                 | No Impact |
| <b>Greater Number of children and/or Young Children:</b>     | No Impact |
| <b>Pensioners - Single/Couple:</b>                           | Positive  |
| <b>Single female households with children:</b>               | No Impact |
| <b>Unskilled workers or unemployed:</b>                      | No Impact |
| <b>Serious and enduring mental health problems:</b>          | Positive  |
| <b>Homeless:</b>   | No Impact |
| <b>Drug and/or alcohol problems:</b>                         | No Impact |
| <b>Offenders and Ex-offenders:</b>                           | No Impact |

|   |           |
|---|-----------|
| <b>Looked after children and care leavers:</b>      | No Impact |
| <b>Carers:</b>                                      | Positive  |
| <b>Significant Impact</b>                           |           |
| <b>Employment:</b>                                  | No Impact |
| <b>Education and Skills:</b>                        | No Impact |
| <b>Benefit Advice/Income Maximisation:</b>          | No Impact |
| <b>Childcare:</b>                                   | No Impact |
| <b>Affordability and Accessibility of services:</b> | Positive  |
| <b>Fairness and Poverty Implications:</b> No Impact |           |
| <b>Proposed Mitigating Actions:</b> Not Applicable. |           |

## **C. Environmental Impacts**

|   |          |
|---|----------|
| <b>Climate Change:</b>                            | Positive |
| <b>Mitigating greenhouse gases:</b>               | Positive |
| <b>Adapting to the effects of climate change:</b> | Positive |

|   |           |
|---|-----------|
| <b>Resource Use</b>   |           |
| <b>Energy efficiency and consumption:</b>   | Positive  |
| <b>Prevention, reduction, re-use, recovery or recycling waste:</b>  | No Impact |
| <b>Sustainable Procurement:</b>   | No Impact |
| <b>Transport</b>  |           |
| <b>Accessible transport provision:</b>  | No Impact |
| <b>Sustainable modes of transport:</b>  | No Impact |
| <b>Natural Environment</b>  |           |
| <b>Air, land and water quality:</b>   | No Impact |
| <b>Biodiversity:</b>  | No Impact |
| <b>Open and green spaces:</b>   | No Impact |
| <b>Built Environment</b>  |           |
| <b>Built Heritage:</b>  |           |
| <b>Housing:</b>   | No Impact |
| <b>Is the proposal subject to Strategic Environmental Assessment</b>  |           |
| No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005. |           |
| <b>Proposed Mitigating Actions:</b> Not applicable.   |           |
| <b>Environmental Implications:</b>  |           |

## **D. Corporate Risk Impacts**

### **Corporate Risk Implications:**

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

|   |
|---|
| <b>Corporate Risk Mitigating Actions:</b> |
|   |