ITEM No …11………..

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 AUGUST 2024**
REPORT ON:	**DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB43-2024**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Improvement Plan for 2023/24 and seek approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2024/25

2.0 RECOMMENDATIONS

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

2.1 Notes the progress in implementing the Dundee Primary Care Improvement Plan (PCIP) 2023/24 (attached as Appendix 1) and the key achievements as described in Section 4.

2.2 Approves the proposed actions for Dundee Health & Social Care Partnership for 2024/25 as described in Appendix 1 and notes the proposed allocation of funding as detailed in Section 3.

2.3 Notes that aspects of the Plan which have been directed by the Scottish Government to be fully implemented continue to have ongoing gaps, for a range of reasons outlined.

2.4 Instructs the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1.

2.5 Notes the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund to the Dundee Primary Care Improvement Group as noted in Section 3.7.

2.6 Instructs the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Improvement Plan 2024/25 to a future IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 The Plan is supported by funding – Primary Care Improvement Fund (PCIF) - from the Scottish Government linked to the General Medical Services (GMS) 2018 contract. The spend has increased in 2023/24 as teams have continued to develop services and recruit staff to deliver the services.

3.2 A comparison of 2023/24 planned spend and actual spend is detailed in Table 1. And the year-on-year increased spend and service growth is shown in Table 2.

Table 1 2023/24 spend against allocation

	Approved PCIF Planned Spend	Actual Funding / Expenditure
	£'000	£'000
SG Allocation	***5,706***	**5,659**

Plus B/F Reserves	***32***	**32**
Forecast Expenditure -		
VTP	*482*	482
Pharmacotherapy	*905*	769
CT&CS	*1,930*	1,862
Urgent Care	*956*	800
FCP / MSK	*517*	527
Mental Health	*273*	307
Link Workers	*237*	291
Other	*442*	641
Total	***5,738***	**5,678**
Year End Carry Forward	***0***	**13**

Table 2 Summary of Year-on-Year actual spend

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	£'000	£'000	£'000	£'000	£'000	£'000
VTP	76	157	171	220	441	482
Pharmacotherapy	208	352	494	589	758	769
CT&CS	50	355	772	890	1,585	1,862
Urgent Care	43	125	241	377	690	800
FCP / MSK	0	150	255	359	407	527
Mental Health	6	81	157	126	246	307
Link Workers	0	153	192	192	220	291
Other		88	247	201	698	641
Total	**383**	**1,461**	**2,528**	**2,955**	**5,046**	**5,678**

3.3 The allocation letter for 2024/25 has recently been received and is in line with the previously intimated plan that national core funding would be stable at £170m i.e. there is no expected increase.

3.4 As anticipated, Reserves brought forward from 2023/24 (£13k) are to be used to contribute to this year's overall allocation.

3.5 The Planned spend for 2024/25 is noted in Table 3 below, including some further anticipated recruitment where teams are not yet at full capacity. Indicative spend for 2025/26 (and recurringly) is also noted in this table, based on the assumption that all teams are fully recruited for the entire year.

3.6 Whilst 2024/25 pay award is not yet known, it is assumed that additional funding will be made available from Scottish Government to fund this.

Table 3 Proposed 2024/25 Financial Plan

	2024/25 Planned Spend	Indicative Full Year Cost (Recurring)
	£'000	£'000
SG Allocation *	**5,933**	**5,933**
Utilisation of b/f Reserves	**13**	
Forecast Expenditure -		
VTP	497	497
Pharmacotherapy	960	1,263
CT&CS	1,989	2,020
Urgent Care	925	1,094
FCP / MSK	570	570
Mental Health	260	299
Link Workers	239	240
Total	**5,440**	**5,982**

Strategic Earmark / Contingency / (Slippage)	263		-49
Additional Non-Recurring			
Other **	243		
Total	**242**		**0**
Projected Total Annual Spend	**5,946**		**5,982**

*Including receipt of locally agreed inter-IJB reallocation of funding from Angus IJB and Perth & Kinross IJB
** Expenditure levels being reviewed, and alternative sources of funding being sought

3.7 Recruitment challenges have been experienced across most teams but remain most significant in Pharmacotherapy. The anticipated slippage in 2024/25 provides some flexibility across the wider funding allocation to continue to fund some non-recurring costs and allow consideration of alternative short-term spend for any other current year priorities. This will continue to be overseen by the Dundee Primary Care Improvement Group. A modest funding gap is indicated for future years; however, it is anticipated this can be managed within the overall resources.

3.8 The expectation from Scottish Government remains that all areas of the Memorandum of Understanding (MOU) will be delivered but the greatest focus is on 3 areas as noted in previous reports: pharmacotherapy, care and treatment services and vaccination transformation, and these will become legally required.

3.9 The financial management of the Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director, as agreed previously, with the monitoring of this budget overseen by the Dundee Primary Care Improvement Group. The Local Medical Committee remains core to this process and has to agree all plans, including finance.

3.10 There remains a short-term commitment to support GP recruitment and retention. The anticipated number of GPs in the career start pathway for this financial year is not yet known so there is a degree of uncertainty around this cost. PCIF is not a long-term funding source for GP recruitment and retention spend so other sources of funding are being sought, although no progress has been made with this in the past year. It has been highlighted to Scottish Government as a gap and related risk.

3.11 Local Transitionary payments - a payment to general practice for work they continue to undertake that should now be delivered by other teams within the HSCP/NHS Tayside - may be required to practices for the 3 agreed core areas which could have been implemented from April 2023. Guidance was issued by the BMA to practices with a template letter which could be given to patients where the practice were no longer responsible for the service delivery but the local HSCP is not delivering the service. This is due to the lack of any transitionary payments process being agreed nationally. No additional funding is available to support this and any locally agreed arrangements would need to come from the existing PCIF envelope. The majority of work in the 3 core areas has transferred in Dundee and we are not aware of the letter being used but are aware it may be if further progress is not made. To date, no Transitionary Payment arrangements have been required for Dundee Primary Care Improvement Fund services.

4.0 MAIN TEXT

4.1 Background

4.1.1 The current changes to the GMS contract were introduced in 2018, when a Tayside Primary Care Implementation Plan and a local delivery plan for Dundee were both introduced. There have been a number of changes agreed with the Scottish Government in relation to national expectations of implementation over that time, partly due to the impact of the pandemic. The initial 3-year timescale was extended for this with implementation for 3 core areas due to be fully in place by April 2023 (and not 2021 as originally planned).

4.1.2 The IJB has previously considered papers setting out the context and challenges within primary care and this has set a context for the approval by the IJB of the annual Primary Care Improvement Plan. This paper provides an update to those previous plans.

4.1.3 The following are the nationally agreed priorities for the primary care improvement plans:

- The Vaccination Transformation Programme (VTP)

- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care
- Additional professional roles - such as musculoskeletal focused physiotherapy services and mental health
- Link Workers (often referred to as social prescribers).

4.1.4 The Dundee Primary Care Improvement Group (DPCIG) was established in 2018 with a remit to develop the Dundee Plan and take responsibility for implementation going forward. The Tayside General Medical Services Contract Implementation and Advisory Group (CIAG) supports work at a regional level, ensuring sharing of good practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board. There are also a number of regional and local subgroups which lead the development of the service areas. Given the breadth of services that sits within this overall context this is broad ranging and a number of these have much wider links.

4.1.5 Reporting to the Scottish Government continues every 6 months for both financial governance and more detailed progress of delivery.

4.2 Progress in 2023-24

4.2.1 Progress is outlined in Appendix 1. Some key points to note are:

- The vaccination service has fully moved from general practice to central teams for both adults' and children's vaccines and immunisation. Travel vaccinations have also moved. The adult service has been linked closely with Covid vaccine delivery, but it is unclear going forward if this will continue. The adult vaccination team continue to deliver vaccines that are not part of the VTP programme, and there is an increasing number of vaccines in this category.
- First Contact Physiotherapy, (FCP) have continued to review their role and how it supports patient care including issuing Fit for Work certificates, directly requesting investigations and looking at how to maximise the use of both physiotherapy and GP appointments. Demand continues to be partly met by the team and partly by practice staff.
- There has been limited development with the Pharmacy Locality Team due to difficulty with recruitment and staff turnover as noted in Appendix 1. This is despite novel approaches to role development. This is the area of delivery which is the most detailed in the contract. There remains significant areas of work which have limited or no ability to move to the pharmacy team currently. This creates a gap in a key area for GP workload. This is not unique to Dundee or Tayside and there are ongoing national discussions.
- The Care and Treatment Team have continued to expand the chronic disease monitoring it delivers but some practices continue to manage some or all of this internally. There has also been an increase in clinics for those with leg ulcers which has reduced the waiting time to get into this part of the service. A test of ECGs being done in local settings is progressing but has continued to create challenges.
- The Urgent Care Team remains focussed on supporting those living in care homes and all practices and care homes are now supported by this model. Feedback from GPs on this model is very positive. Wider work on urgent care pathways continues with opportunities for early intervention across teams a key area.
- The Patient Assessment and Liaison Service (PALMS) nursing team was fully recruited but a number of issues with short- and longer-term absence have impacted on service delivery with a number of practices currently receiving a limited service.
- The social prescribing Link Workers continue to support all practices. There remains a waiting time of several weeks to access the service.
- There have been further grants/funding to a number of practices across the city to create more clinical and training space.

4.2.2 Both the PALMS team and the Link Workers are partly funded via Action 15 Mental Health funding as well as PCIF. There has been no further funding for Mental Health in Primary Care and this seems unlikely now to happen. Linked work re mental health and wellbeing in primary care is focusing how we maximise what we can deliver with current funds, identifying how pathways can be developed that support care, and identifying any key gaps, for both adults and children. The delivery plan linked to this was presented to the IJB in Dec 2023.

4.2.3 Space in primary care remains a challenge as outlined in the GP Premises Strategy which was previously presented to the IJB. Opportunities for co-location with practices continue to be sought but with limited progress for this due to demands on clinical space. Space in practices is reviewed when opportunities arise to reconfigure underused space to support more appropriate clinical and admin space.

4.2.4 The opportunity for the Care and Treatment model lends itself to a wider community approach including use by services who are based in secondary care, who may wish to use this model to support community delivery of services currently provided from acute settings, for example having blood taken to monitor a long-term condition. There is a development for diabetes care that is looking to test this model. Expansion of this may create demands the service cannot currently meet and there are issues finding suitable space, and funding transfers, to allow this to develop further.

4.2 5 Funding has been identified for a two-year period to support the development of nursing roles in general practice. This development increases the roles at advanced practice and nurse practitioner level within the practice team and supports an increase in overall capacity in practices particularly around urgent demand. It can also support more nurse led care for long term conditions and areas such as sexual health. There was very limited uptake of this in 2023/2024 but we anticipate this will increase in 2024/2025.

4.2.6 Funding was also utilised to increase awareness of the services offered by the wider teams within primary care and how they can support peoples' care, including TV screens in waiting areas. The information used for this will be shared more widely in other settings going forward. Alongside this, training for reception and admin staff in practices was delivered to support the development of their role as care navigators. They have a critical and demanding role assessing who is the best first point of contact for any issue that presents to the practice team, which may not be in the practice. Supporting this role is important as many practices are seeing a high turnover in their admin staff as this becomes an increasingly complex role, with very high public expectations.

4.2.7 The GP Career Start programme continued to recruit positively to posts including for Dundee. Review demonstrates that GPs who complete the programme do in the majority of cases stay in Tayside for a number of years. The funding noted in section 3.10 also supports practices who have challenges with GP capacity as specific posts can be promoted.

4.2.8 A number of practice-based innovations have been supported including testing a number of new digital tools in a small number of practices, as well as equipment to allow expansion of roles particularly for nurses in the practice, such as practice nurses undertaking some sexual health roles traditionally done by GPs. Some practices are also looking at how they can use their practice websites more dynamically to support their patients' care, including supporting self-care and management.

4.3 Plans for 2024-25

4.3.1 The Dundee Primary Care Improvement Plan for 2024-25 is detailed in Appendix 1, along with the associated finance. There continues to be ongoing challenges for teams in delivering a consistent service at all times given the limited staffing for many of these aspects of care.

4.3.2 The service area which remains with a significant gap between the GMS contract ambition and delivery is pharmacotherapy. Local and regional actions continue to be developed to try to support this. Creating attractive roles which use the skills of the staff involved is key to this and the current roles are being reviewed to assess how best to support this, while meeting the very detailed specification outlined in the contract.

4.3.3 As noted in section 3.11 further guidance or instruction on any transitional payments will impact on progress and finance if it requires to be funded locally.

4.3.4 The GP IT reprovisioning programme has progressed with all practices who were on the Vision system now with the update, while those on EMIS are due to move later this year. There have been a number of recent issues which have had a significant impact for practices. Dealing with these issues has led to some of the developments which would more directly support the wider primary care team not yet being progressed.

4.3.5 Our continued work with the citizens of Dundee indicates that understanding of the wider group of professionals in primary care remains limited, with feedback that many people are unaware of these newer services. A Tayside Communication Plan is being developed to further enhance our communication and engagement work.

4.4 Next Steps

4.4.1 The Primary Care Improvement Group will continue to support and monitor the development of the programme and its impact. Actions will be progressed as outlined in Appendix 1 to implement the plan.

4.4.2 The current gap in the GP pharmacy team gives an opportunity to look at how funding can be used on an interim basis this year and next year to support care delivery. A number of options are being reviewed in terms of feasibility, impact for patients and GP practices, and if they can be time limited as there is no funding capacity longer term. This is challenging given the issues with recruitment in some areas, the skills development required for others, or the service pressures that would be created if a new or expanded role was successful but had no long-term funding.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

The risks noted below have all been reported in previous updates but have been updated to reflect the current position. More detailed operational risks will be identified and managed within each service in more detail and managed by the Dundee Primary Care Improvement Group.

Risk 1 Description	There is a significant risk that Dundee may not recruit, develop or retain the workforce to deliver all of the commitments in this plan given the scale and breadth of the plan. This applies across a number of professions, particularly pharmacy, and is impacting on both the delivery of services and the GP workload.
Risk Category	Workforce, operational, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	All services are planning with this risk at the forefront and looking to maximise skill mix as much as possible to reduce this. Longer term national work to provide increased undergraduate training, for example for pharmacists, will support this but not within the timescales of this year's plan. Local support to develop Advanced Practitioners is underway and a range of tools to support this are in place. However, there is limited resource for further advanced practitioners within the funding for urgent care.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 2 Description	There is a risk that we will have inadequate infrastructure to support the delivery of the plan, both in terms of IT infrastructure and systems, and capacity within suitable buildings/premises. This risk remains but the premises risk is now greater than the IT risk as a number of aspects of the IT issues have been resolved. The risk regarding lack of suitable premises remains. The lack of progress for lease assignations to NHS Tayside creates a risk for practice sustainability and delivery of PCIP.
Risk Category	Technological, Environmental, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	The IT infrastructure is largely in place with some ongoing risk and issues but with reduced impact. A number of planned developments to the Vision Anywhere system, such as allowing a “tasks” module which would improve communication with practices, have not progressed. Some space has been able to be identified and a number of projects are underway that will create small amounts of additional space. This is not always in the most desirable locations in terms of patients’ access. Capital allocations for NHS Tayside premises or practice owned buildings have helped create capacity along with premises improvement grants for privately leased or owned buildings. This has created space for a range of things, including in some practices space for services such as the pharmacy team or care and treatment team. We will continue to provide grants in 2024/25 if there is funding and the criteria are met. The NHST property team have made limited progress with space utilisation assessments but are developing a lease assignation process. When recruited the DHSCP property manager will lead the strategic planning of space for the HSCP including practices. We are seeking to assess the benefits of using NHS Tayside capital funding for buildings hosting primary care services (but where there is no GP practice). The risk for premises is higher for the wider impact on practice sustainability than directly for delivery of the PCIP workstreams.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 – High (NB this score is for delivery of PCIP and not overall sustainability of practices)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9 - High
Approval recommendation	This risk should be accepted.

Risk 3 Description	There is a risk that the finance allocated via the primary care improvement fund will not adequately meet all the costs to implement the plan, and that resource will have to be identified from other sources, or services will need to be smaller than anticipated.
Risk Category	Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	Other sources of funding will be identified as opportunities arise recognising the current challenge this creates.

	Most services have recruited to the level budgeted for. Further recruitment and delivery could be developed if additional resource could be identified on a recurring basis, and opportunities to do this will be sought. Scottish Government have indicated that the current level of funding is now guaranteed annually (plus additional to support Agenda for Change pay uplifts for recruited staff), with a view towards baselining funding from 2026/27. This gives greater confidence for planning into future years.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 4 **Description**	The workforce issues noted above have delayed aspects of implementation of the PCI plan locally. Transitional payments i.e. payments to practices for work they are still undertaking that should have been transferred may be required in 2024/25.
Risk Category	Operational, Political, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	There are limited actions that can be taken at this time point to reduce this risk beyond the actions noted in the risks above. Budgets have been reviewed to focus on the 3 core areas for delivery that will trigger transitional payments, while aiming to not reduce or withdraw any of the other services which have been developed. We have worked closely with the GP Sub Committee and the Local Medical Committee with regards to this. There is wide acknowledgment of the challenges which create the current position nationally.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12
Planned Risk Level	Likelihood (2) x Impact (4) = Risk Scoring 8
Approval recommendation	This risk should be accepted.

Risk 5 **Description**	Challenges with recruitment mean there is risk of a financial underspend. This creates a political and reputational risk at a time when general practice teams are under huge pressure, and where there is an increasing demand on these teams including due to supporting care while waiting for secondary care input.
Risk Category	Operational, Political, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	An ability to flex and maximise spend in-year noting the likely slippage and turnover, allows the budget to be optimised and minimise the risk of funding being reduced in forthcoming years, noting there is likely to be in-year slippage linked to recruitment and turnover of staff. The change to allocation in 2022/23 which effectively removed the reserves held has reduced the risk of any underspend and has led to the planned

	urgent care model developments being significantly reduced because of affordability. The change of approach by the Scottish Government to underspends means that there is increased flexibility in use of the funding and the ability to use broader criteria, reducing this risk. Short term projects are challenging with the current financial climate unless they are clearly time limited or can be sustained via wider service redesign. In the context of PCIP this is a limited opportunity.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring -9
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring -6
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

7.1 The Clinical Director, Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. The Dundee Primary Care Improvement Group, which has members from the GP Subcommittee/Local Medical Committee has developed the paper at Appendix 1.

7.2 As noted in section 4 there is ongoing work to engage with the public who will use these services, and gain feedback on any improvements that can be made within the 7 services outlined in the plan. This is closely linked to wider work to sustain practices longer term and other strategic plans agreed by the IJB for primary care.

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	x
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Interim Chief Officer

DATE: 23 July 2024

Shona Hyman
Senior Manager
Service Development & Primary Care
Dundee HSCP

David Shaw
Clinical Director
Dundee HSCP

Frank Weber
Lead GP
Dundee HSCP

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB43-2024
2	Date Direction issued by Integration Joint Board	21 August 2024
3	Date from which direction takes effect	21 August 2024
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes – DIJB48- 2023
6	Functions covered by direction	Specific actions relevant to NHS Tayside in the Tayside Primary Care Improvement Plan and Dundee action plan.
7	Full text of direction	Dundee IJB directs NHS Tayside to implement, with immediate effect, the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan (Appendix 1).
8	Budget allocated by Integration Joint Board to carry out direction	£5,946k
9	Performance monitoring arrangements	Performance will be reviewed on a regular basis, (currently 2 monthly) by the Dundee Primary Care Improvement Group
10	Date direction will be reviewed	March 2025 (or earlier if required).

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
1: **Vaccination Transformation Programme (regional approach)** **Lead Officer:** Daniel Chandler, Immunisation Co-ordinator	**Actions Completed** Central Vaccination Service well established Group with a governance structure reporting to the Vaccination Steering Group (known formerly as Tayside Immunisations Steering Group (TISG)). Annual vaccination programme activity includes: COVID-19, Adult Flu, Shingles, Pneumococcal and unscheduled vaccinations. Travel vaccinations are now delivered solely by the Central Vaccination Service. Community pharmacies ceased with this provision in April 2024. Tayside data monitoring indicates approximately 3,011 assessments for travel including vaccinations in 2023/24	Due to being unable to secure City Centre venues under the financial budget, the Dundee Central Venue is moving to Wallacetown Health Centre by the 12th August. The benefits include disabled access, on local bus route with on-site parking which will mitigate issues with the LEZ.	£482k	Facilitation & promotion of General Practice Nurse recruitment to NHST Bank Nurse to enable support of Winter 24 vaccination campaign Monitor vaccine uptake and citizens feedback on the Wallacetown location. A multidisciplinary children's immunisation improvement group is being established to support and remove barriers to accessing vaccination for families with low levels of uptake, which is lower in Tayside than Scotland average An Inclusivity group has been established within the Immunisations Governance structure to improve accessibility of all vaccination programmes and services and maximise uptake of adult vaccines	£497k	Current Covid/Flu funding from SG is nonrecurring currently for 2023/24 and therefore commitment remains unknown. Health care support workers (HCSWs) National protocol for vaccination has been extended to 2026. Potential risk to vaccine uptake due to change from city centre venue. Risk to securing local community venues to support accessibility.
2: **Pharma-cotherapy Services (regional approach)** **Lead Officer: Elaine Thomson/ Jill Nowell**	**Actions completed** All clusters now have a Hub up and running to deliver Level 1 work with a Pharmacy Support worker in place in each hub Recruitment/training of technicians is now an ongoing part of the team	Continue to look at how to diversify roles in the team and use skills in most appropriate way, but it remains difficult to both recruit and retain staff.	£769k	Recruitment to vacant posts Maximise Hub working by using technician and support worker roles, and reducing pharmacist time for roles delivered via Hub, releasing time for more locally focussed aspects of the role. i.e. "pharmacist-light"	£960k	Risk of inability to recruit to pharmacist posts still exists- Pharmacy Service Level risk being managed Staffing well below national average Expectation of what the contract defines remains unrealistic and this

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	Skill mix and roles continue to evolve. Staff engagement and training events x 3 Equipment purchased for staff including dual screens and risers to allow improved working environment **Actions partially completed.** Active recruitment for all roles, including Band 7's, but with no increase in staffing overall due to those in post leaving**.** Stakeholder engagement to improve efficiency/workflow has been undertaken in some practices but not all **Actions outstanding** Defining the proportion of the service that is deliverable has not been progressed due to the complexity and variation across practices.			Develop the more clinically focussed aspects of pharmacists roles to support patient care and balance the role more effectively to support recruitment and retention Final pharmacist in team to commence independent prescribing qualification All staff to have active Job Plans to deliver an effective satisfying job role Service Improvement plan priorities to be delivered • Shortage Management • Primary/Secondary care interface		creates negativity from practice teams
3. **Musculoskeletal (MSK) Services First Contact Physio** **Lead Officer:**	**Actions completed.** Monthly sharing of FCP dashboard with all practice managers highlighting current capacity and numbers of	Some practice staff are shadowing FCP clinics, and FCP clinicians attending practices to discuss service to increase understanding	£527k	FCP training posts recruited to and started in July. These posts will work alongside established FCP clinicians to develop necessary skills to develop into	£570k	Appointment availability can fluctuate significantly with absence/annual leave – with additional trained FCP staff can hopefully reduce variability.

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
Matthew Perrott, Integrated Manager (Occupational Therapy & Physiotherapy – Outpatients) Chris Taylor, FCP Clinical lead - Dundee	patients being booked per practice. **Actions partially completed** Ongoing training with GP practices and care navigators – involved in a quality improvement sprint to take place in coming months looking at accessibility of service Access to bloods investigations to allow physios to request this directly – progressing but some alterations required prior to sign off from GP subcommittee Patient Reported Experience Measure in process – results to be collated and analysed **Actions outstanding** Outcomes manager – not easily navigated as current dashboards	of how each component works and maximise use of appointments. Outcomes manager to support clinical monitoring is on hold at present – because of wider changes to GP IT systems.		FCP roles – predicted to take 12-18 months and will not impact on FCP capacity short term and will increase capacity longer term. Core funding utilised for these posts. FCP staff to continue to offer/be involved in training with primary care teams A short life group will be set up to discuss how can develop integration of FCP clinicians into primary care teams.		Reduced access to clinical space on GP public holiday/PLT dates.
4. Mental Health Services – PALMS: Dundee **Lead Officers:** Dr Helen Nicholson-Langley, Consultant	**Actions completed** All posts recruited to with 10 clinicians equating to 8.0wte, band 6 nursing workforce established; Agenda for Change band 6 Job description agreed.	From 26/03/2023 1 practice was without 0.4wte PALMS provision until successful recruitment and service reinstated November 2023. Scrutiny of contact data has highlighted	£307k	Continue to deliver PALMS to all adults over 16 years; **to remove upper age criteria in last 2 GP practices**. To finalise work with Mental Health & Wellbeing (MH&W) practitioners in primary care to establish and strengthen referral pathways to a range of low	£260k	PALMS development must be fully integrated with wider MH&WB strategic work in Dundee. Ongoing consistent involvement in operational and strategic planning groups is vital not just in Primary Care but wider partnership and

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Clinical Psychologist & Dr Lucie Jackson/Dr Katy Mitchell	PALMS provision established in all 21 GP practices in Dundee All PALMS clinicians are trained and able to refer to Distress Brief Interventions (DBI). New referral pathways established to:- Psychiatry of Old Age & Older People Psychology; Change up and Building Confidence group interventions for adults (group low intensity interventions for adults offered at Dundee Adult Psychological Therapies Service DAPTS); CONNECT (Early Intervention for Psychosis Team) **Actions partially completed**. Removal of the upper age limit in all but 2 GP practices in Dundee. PALMS has been accessible to all adults aged 16 (and not in school) with no upper age limit since October 2023. Collaboration with the Listening Service and Sources of Support to establish a shared guide to support navigation between services (for patients and staff).	consistently un-utilised appointments in some practices and resource reallocated accordingly to meet demand. This coincides with a practice closure. This has helped with redistribution of resource and reduced impact of long-term absences within the team.		intensity interventions and to help navigate within practice options. Deliver a programme of engagement with local community to increase patient awareness and support patient direct booking with PLAMS (to reduce reliance on within practice staff to encourage PALMS rather than GP appointments); reduce DNA rates Effectively reduce high DNA rate and improve efficiency and utilisation of appointment booking through Hub & Spoke Model. Establish safe processes for IT access to support Hub & Spoke working, allowing better use of 'empty' appointments to be offered/available across practice		Mental Health services (e.g. MAT9 work with DDARS) Physical space in practices remains limited. The primary care environment is described by staff as 'challenging' with reduced experience of collaborative or whole team working. This contributes to staff reporting low job satisfaction, feeling isolated from colleagues and increased stress and burnout. We continue to work with IT to address challenges (around accessibility and communication) which exist in the current infrastructure and will need to be resolved for an effective Hub & Spoke Model to work. Retention of staff and management of long-term absence continues to be an issue for the service. Within the limited resource PALMS currently has, sustaining

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	Commenced programme of service promotion including update to service leaflets and posters; pop up stalls in non-primary care and community venues to promote patient awareness and proactive approach to patient booking *before* they book GP appointments in the practice; update of informatics and screen advertising within practices **Actions outstanding: Implement a Hub & Spoke model of PALMS** – initially a pilot in one cluster before wider implementation. This would be a more flexible and efficient model with some capacity for cross cover reducing the impact of planned/unplanned leave. Work continues with IT **to establish appropriate IT infrastructure to support Hub & Spoke work**. Where unable to resolve IT access issues to establish protocols to safely mitigate risk. Specific communication between systems SCI-Gateway and TrakCare to facilitate/follow up patient referral.	PALMS is unable to develop this with long term absences and without efficiency anticipated with a Hub & Spoke model. However, referral pathways to low intensity group interventions have been established at DAPTS				consistent and equitable provision is at risk. Exploration of options, for example bank staff, will come with an additional cost

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	Establish brief low intensity intervention approach, allowing up to 4 sessions for tailored low intensity support within practice to establish stepped care and reduce need for onward referral. **Reduce inefficiency of high DNA rate**					
5: Link Workers/Social Prescribing **Lead Officers:** Theresa Henry/Anne Winks	**Actions completed:** The quality improvement work focussing on the different roles of the Link Worker and Associate Practitioner has been completed with increased definition of the roles and responsibilities, decision making and accountability. The GP resource pack was completed and will be reviewed on a quarterly basis for GP practices. A one off community version was also produced. Ref Guide Profile on NHS Tayside website completed supporting clearer referrals from practices. **Actions partially completed:**	Funding secured to retain Support Worker on 2 day per week contract for next 12 months. Recruitment campaign for new Associate Practitioner will commence in the year ahead. Discussions have taken place re roll out of direct bookings with another identified cluster. However, this action remains outstanding and will form focus for the year ahead. There has been slight restructuring of Link Worker practices due to new Link Worker starting in post. Continuing to embed	£291k	To build on the learning from test of change at cluster two and discuss direct bookings through Vision 360 with another identified cluster. Continue to build healthy working relationships with practices, and to work with practices to embed the Link Worker into wider practice team. As an addition to previous action, roll out training for reception teams in each GP practice to build knowledge of service and triaging process following successful test of change in one GP practice. Recruit another FT Associate Practitioner. To continue to work with Public Health Scotland to finalise data collection dashboard for service.	£240k	Increased referrals are anticipated if a complete move to direct booking by practices.

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	Continue to work with E-health to review our data collection processes. A dashboard is being tested to support monitoring. An additional 2 associate practitioner funding has been secured on an interim basis but there remains a wait to be seen. Continue to build healthy working relationships with all GP practices. Continue to work with practices to embed the Link Worker into wider practice team. **Actions outstanding:** To build on the learning from test of change at cluster two practices and discuss direct bookings through Vision 360 with another identified cluster	and build relationships with practice staff therefore remains an ongoing focus for the year ahead. All publicity information has been finalised following input from Development Team / Infographics. Ref Guide and Staff Net profiles are due to go live Work closely with Programme Manager in Primary Care to support current work in GP practices and other developments such as Community Wellbeing Centre, developing close links with other teams		A draft dashboard has been created based on test within cluster 2 practices.		
6: Urgent Care **Lead Officer:** Allison Fannin (Integrated Manager – Urgent Care)	**Actions completed.** Roll out of Care Home Visiting Service to all practices/Care Homes in Dundee complete. Lead ANP post in place on fixed term basis.		£800k	Review of CNS role Further recruitment to ANP posts SOP re ANP assessment/care planning as part of integrated DECAHT model agreed – to be implemented April 2024	£925k	IT systems do not support fully integrated working. Systems do not easily allow for extraction of performance information. Lack of electronic prescribing routes leads

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	Actions partially completed. Skill mix review ongoing – trial of CNS role underway Governance Framework in development Lead ANP recruited on fixed term basis. Performance dataset to be agreed as part of urgent care/CIAG work. **Actions outstanding** Full recruitment to ANP vacancies Full integration into DECAHT			Full integration into DECAHT Referral pathways to be reviewed. Governance framework to be agreed.		to excess travel time etc. with an impact on clinical capacity
7. Care and Treatment Services **Lead Officer:** Libby Smith, Nurse Manager, DHSCP	**Actions Completed:** All practices in Dundee have full access to CTACS for phlebotomy and CDM. These appointments can include, bloods, BP, height, weight, urine sampling and diabetic foot checks as part of diabetic review. 111 sessions per week in 17 locations. All practices have access to CTACS for wound care /dressings, removal of	Despite all practices having access not all practices are fully utilising CTACS. There will be a requirement to increase capacity should all practices decide to move further CDM. There remains a lack of clinic premises in the north and east of the city meaning patients from these areas need to	£1,862k	ECG's rolled out to all practices as part of new hypertension diagnosis. Ongoing engagement with general practice staff to help with future planning for CDM and to improve communication. Agreement around wound care and phlebotomy for children and young people (age 2-16) and whether this work will be undertaken by CTACS in its	£1,989k	

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	sutures/staples and for administration of injections. 61 sessions in 9 locations. All practices have access to CTACS for leg ulcer management. 23 sessions per week from 4 locations. We also have 4 sessions for leg ulcer assessment which allows us to fully assess 4 patients per week for compression bandaging/ hosiery suitability. All practices have access to CTACS for ear irrigation. 17 sessions per week from 8 locations **Actions partially completed** CDM - not all practices fully utilising CTACS. ECG's – currently test of change rolled out to 2 GP clusters. Progress has been slow due to IT issues and poor uptake from practices. **Actions outstanding** Phlebotomy/wound care for children/young people under 16 years of age	travel to clinic appointments. There is ongoing work with HR/staff-side (organisational change) around children/young people work-streams. Two new projects in Tayside – transforming diabetes and i-diabetes to start soon (no date confirmed). This will mean all type 1 and type 2 diabetic patients will now need 2 x yearly diabetic review with work up at CTACS. (type 1's previously seen in secondary care) Engagement meetings with practices and transforming diabetes project manager ongoing with mixed engagement from practices. This will have considerable impact on available capacity within CTACS if all practices decide to send all diabetic patients for twice yearly review. Work on going to try and secure new clinic sites. Currently working with		current set up or not. Preparation underway with all staff completing Level 2 child protection modules on Learnpro. Staff engagement underway with questionnaires asking for staff concerns to be documented. Following this there will be a face-to-face engagement event with HR and staff side to support. New project in Tayside – transforming diabetes/i-diabetes to start soon (no date confirmed). This will mean all type 1 and type 2 diabetic patients will now need 2 x yearly diabetic review with work up at CTACS. (type 1's and complex type 2's previously seen in secondary care) Engagement meetings with practices and transforming diabetes project manager ongoing with mixed engagement from practices. This will have considerable impact on available capacity within CTACS if all practices decide to send all diabetic patients for twice yearly review. Senior team are about to undertake a quality improvement project (PC collaborative) with HiS. Initial discussions the team would like to decrease the number of wrongly booked appointments each week. Patients frequently call asking for		

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		vaccination team to see if we could arrange some collaborative working in city centre vaccination centre. Senior team are about to undertake a quality improvement project (PC collaborative) with HiS.		an appointment for bloods only when it should have been a LT condition appointment – this means patients need to be rebooked for part of their appointment. Improvement work to improve communication between practices and patients so the correct appointment is always requested. Agree further outcome measures for the service for reporting. Currently we have wound healing rates, reduction in waiting list time for leg ulcer assessment appointments, patient feedback, staff feedback through imatter Completion of CTACS data dashboard which will be used for monthly reporting – work currently ongoing with LIST team. This will be an improvement on current data reporting. Development of quarterly CTACS newsletter to share and celebrate some of our success stories across the H&SCP. SLWG with all staff grades represented from the service have met for the first time and work has commenced. First issue planned for August. Blood Bikes Scotland (registered charity) to commence daily		

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				afternoon blood/specimen pickups for the service. This will significantly increase our afternoon clinic capacity and will save significant costs on travel expenses as the service will be free of cost. 3rd NMP (none medical prescriber) to commence course September 2024. Having 3 prescribers in the service will significantly reduce the need for requests going to practices via clinical portal (docman) for antibiotics and topical steroids. Plan for 4th the following year meaning each locality will have a prescriber.		
8: Premises and Infrastructure & I.T. Systems **Lead Officer:** Shona Hyman, Senior Manager Primary Care. Mark Mudie Property asset Manager, NHS Tayside Tracey Wyness, Senior Project	**Actions completed** Practices were able to submit an application for a grant and a number were awarded to allow development /improvement of space for clinical or training purposes within practices. **Actions partially completed** Work is underway to develop a lease process for practices but this is still in progress. Phase 2 of the work for Broughty Ferry Health Centre was over budget when costed so the work was split and the	This is being led by NHS Tayside Property Asset Management team. Revised works had to be tendered again and delayed start of works		Once it is clear if there is any remaining funding for local improvement grants a process will be progressed to manage this opportunity in line with the previous processes, recognising the original intention of the Scottish Government funding. Work will continue with colleagues in the asset management team on both the lease process and space utilisation. Progress the priority requests for lease assignations.		A number of requests for lease assignations have been received from Dundee practices. There is a financial risk for NHS Tayside as these progress. Changes to capital funding at Scottish Government level will impact on decision making for local leases as it is less likely there will be opportunities over the coming years to secure funding for buildings

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Manager, Digital Directorate	clinical rooms progressed initially. Work had started but not completed at year end. (Although has now been completed.) A tool to assess a range of factors in relation to buildings which have general practices has been developed, tested and is being refined. This does not necessarily give information as to whether a building is fit for purpose going forward and the condition of the building and space utilisation are not current/detailed. A number of digital solutions are being reviewed and practices encouraged to use these where they are already available, or to test where these are new but may help. **Actions outstanding**	Work to establish space utilisation has started in Tayside but no Dundee practices yet part of this work. An opportunity to review digital tools which may support patient access and practice capacity are being considered by a small number of practices.		Develop plans and identify funding for the 3rd phase of works in Broughty Ferry Health Centre. Continue to develop the assessment tool for practice buildings as we increase our knowledge of this tool in practice. Work with colleagues across Tayside to utilise opportunities for NHS Tayside capital funding which is earmarked for general practice.		which would replace current practices which have an environment that does not suit modern health care. Funding to improve current premises becomes more important and there is no clear source of funding for this.
9: Workforce Planning and Development	**Actions completed** Funding for career start programme was secured for 23-4 but not on an ongoing basis as from underspend in PCIF. Funding was agreed from PCIF to support nurses in general practice move towards ANP	The need for secure funding for career start continues to be highlighted including to colleagues in Scottish Government. Only one application for funding towards ANP		Funding for career start should be secured on an ongoing basis. Continue to offer opportunities for nurses to develop towards advanced practice care within general practice. Promote the culture of this role being seen as		The funding for Career Start can be higher than anticipated if the GPs spend less time in practice than anticipated due to issues such as sick leave or maternity leave. Creates a financial risk.

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	qualification with support for training and also clinical mentorship and support from the urgent care team. Senior Nurse Primary Care has met with some practices to support nursing workforce planning, recruitment & development. Particularly linked to changes in their role. **Actions partially completed** Some work has progressed re communication of the evolving role of the receptionist in practice but mostly still in development. **Actions outstanding**	was received. Unclear of the reasons for this. Senior Nurse for general Practice Nursing has also been developing a model job description and competency framework to support these roles in practice.		core to care with in general practice. Link to wider HSCP workforce planning processes, and feed into Scottish Government planning. Continue to encourage practices to review opportunities to recruit and retain new general practice nurses Review opportunities for all teams to be more part of an integrated team supporting care for people, rather than stand alone services. Pursue opportunities to promote a positive culture of integrated working, recognising the challenge of this but also the advantages for care, and staff wellbeing. Consider if any further opportunities to develop and test new roles, both within current teams and those that may sit alongside.		
10: Sustainability/ scalability	**Actions completed** **Actions partially completed** A regional stakeholder event, and ongoing dialogue informs			Continue to review how CTAC is developing, how to ensure efficiency while providing local access, and improving		

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	the discussions re the scope and range for the pharmacy team, and how to create more rewarding jobs for the team. But this is still in development and has had little impact on recruitment and retention. Discussion re access to CTAC for those with diabetes who would be seen in a secondary care setting is ongoing. This is a complex change process with several aspects causing challenges. **Actions outstanding** We have not been able to secure additional funding from any other sources to recruit extra posts/expand teams where we could do so.	Several aspects of diabetes care are being changed at the same time which has increased the complexity of the change noted here.		communication with the team and practice. Assess the impact of any secondary care generated work and ensure it is appropriately agreed and funded, and assess if there is space to integrate any additional aspects. Consider if there is possible underspend due to slippage in some areas which would allow expansion of service delivery in other areas, supporting patient access, and helping improve overall capacity. Assess any risk associated with this in terms of expectations of the service going forward and finance risks if this is none recurring funds.		
11: Practice Staff Development	**Actions completed** GPN network established with regular meeting to support clinical &professional development As noted funding for nursing staff to work towards ANP level, with support from experienced ANPs has been agreed and offered – with limited uptake. **Actions partially completed**	A model of identifying practice nurse who want to develop towards advanced practice internally has been developed to maximise		Continue to support the development of roles within practice, including for reception and nursing staff		

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	Care navigation training has been commissioned and has started which will enhance the skills of reception staff around communication and engagement in this key area, which is complex and demanding in an environment with very limited clinical capacity **Actions outstanding**	the impact and retention after training.				
12: Evaluation **Lead Officer:** Service Leads PH Intelligence Team LIST	**Actions completed** The survey for practice based staff, and employed teams, has been undertaken and Tayside level reports produced. (With local reports to follow) Teams continue to review their provision in a range of ways. **Actions partially completed** A plan to develop measures across the wider team have been started but not yet completed. **Actions outstanding** The patient survey was not repeated as there has been limited communication to increase awareness and understanding of the evolving teams and what that means for people accessing practices for care.			Work to agree across Tayside relevant measures will continue to evolve. The use of Care Opinion can now be considered for Dundee and this will be promoted by teams. Use local and national networks to review and develop locally.		

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13: Communication & Engagement **Lead Officer:** NHST Comms Team	**Actions completed** Work to increase awareness and understanding of support linked to mental health and wellbeing has been agreed and shared widely. This includes a test with the ambulance service. Additional funding was agreed to support sharing information on key services within practices with the use of digital screens. **Actions partially completed** Screens delivered to practices but not yet fully up and running. Slides of key information for core services linked to PCI almost final. Plans to develop next phase of information underway. Initial discussion with communications team re support for PCI. **Actions outstanding** A communications plan for Tayside and Dundee not yet in place			Scope opportunities to share information on the expanding team and what that means for the public – incorporate into Tayside and local plans. Should include practice websites as well as NHST communications and other partners. Finalise the installation of screens in practices and provide training to use the screens for a range of purposes. Scope opportunities to share information on other linked services who support PC access for the screens.		

Dundee Integration Joint Board Integrated Impact Assessment

Dundee Health & Social Care Partnership

There are 2 steps in this Integrated Impact Assessment process. **Step1** is a pre-assessment screening tool which should be completed for every IJB report. **Step 2** is the Integrated Impact Assessment record to be completed when screening has indicated that IIA is required.

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

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

Document Title	Primary Care Improvement Plan Update – Appendix 2					
Type of document	Policy		Plan	x	Other- describe	
Date of this Pre-Integrated Impact Assessment Screening	17 July 2024					
Date of last IIA (if this is an update)	31 July 2023					

Description of Document Content & Intended Outcomes, Planned Implementation & End Dates

The report and Plan update on progress with Primary Care Improvement Plan and the Actions and funding for 2024/5. It will be reviewed in 12 months.

Lead Officer/Document Author (Name, Job Title/Role, Email) Shona Hyman, Senior Manager, Service Development and Primary Care shona.hyman@nhs.scot

Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email) Shona Hyman, Senior Manager, Service Development and Primary Care shona.hyman@nhs.scot

Job Title of colleagues or name of groups who contributed to pre-screening and IIA

Primary Care Improvement Group

Primary Care Clinical Management Team

Note- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that may not require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.

Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	**Yes**	**No**
A document or proposal that requires the IJB to take a decision	X	
A major Strategy/Plan, Policy or Action Plan	X	
An area or partnership-wide Plan	X	
A Plan/Programme/Strategy that sets the framework for future development consents		X
The setting up of a body such as a Commission or Working Group		X
An update to an existing Plan (when additional actions are described and planned)	x	

Will the recommendations in the report impact on the people/areas described below? When the answer is yes to any of the following an IIA must be completed	**Y**	**N**

Dundee Integration Joint Board Integrated Impact Assessment

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

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

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

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

Anticipated Date of IJB	210824	**IJB Report Number**	DIJBxx-24
Date IIA completed	170724		

Dundee Integration Joint Board Integrated Impact Assessment

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

STEP 2 -Impact Assessment Record
Conclusion of Equality, Fairness and Human Rights Impact Assessment *(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*
Overall, this Plan will have a positive impact, particularly for health, given the services developed and the way they are delivered. For some people, some of the time, the potential for increased travel may be a negative impact but more people will have reduced travel than increased overall. The direct benefits for all of the services will have a generally positive impact.

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

Date	Activity/Activities	People/groups	By whom
	Previous activities not repeated		
ongoing	Meetings which review progress for programme and workstreams, including feedback	Primary Care Improvement Group.	
ongoing	Community groups	To be added	J Martineau

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- **Impact Assessment Record** (continued)

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

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

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

Age		**Explanation, assessment and potential mitigations**
Positive	x	Older people may perceive that some services are less accessible than when directly delivered by their practice. An example of this is flu vaccine which is likely to be in a small number of locations. However, this is once a year, and vaccination (and longer journey) would not be expected to be undertaken when experiencing periods of ill health. Other aspects will have better geographical access such as people who need blood tests taken regularly to monitor a condition. People can access this from any of the locations used across the city – currently 17 – with most people having access within 1500m of their home in this case. Previously people travelled across the city to their practice in many cases. There are also now Saturday and Sunday clinics for some things potentially increasing (working) carers and family members opportunity to support the older person.
No Impact		
Negative	x	
Not Known		
Disability		**Explanation, assessment and potential mitigations**
Positive	x	Those with a disability may perceive that some services are less accessible than when directly delivered by their practice. An example of this is flu vaccine which is likely to be in a small number of locations. However, this is once a year. Other aspects will have better geographical access such as people who need blood taken regularly to monitor a condition. People can access this from any of the locations used across the city – currently 17 – with most people having access within 1500m of their home in this case. Previously people travelled across the city to their practice in many cases. There are also now Saturday and Sunday clinics for some things.
No Impact		
Negative	x	
Not Known		
Gender Reassignment		**Explanation, assessment and potential mitigations**
Positive		No specific impact for this group.
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership		**Explanation, assessment and potential mitigations**
Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		
Pregnancy and Maternity		**Explanation, assessment and potential mitigations**
Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		
Religion & Belief		**Explanation, assessment and potential mitigations**

Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		
Race & Ethnicity		**Explanation, assessment and potential mitigations**
Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		
Sexual Orientation		**Explanation, assessment and potential mitigations**
Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		

Describe any Human Rights impacts not already covered in the Equality section above.
Describe any Children's Rights impacts not covered elsewhere in this record.

There is a potential that the changes will increase likelihood of people accessing their right to a healthy life. Health inequalities linked to socioeconomic deprivation is a key factor for the changes in the plan. Early access to those with specialist expertise, and services such as social prescribing link workers, supports these challenges. Less travel for common things like blood tests reduces costs and time which can also positively impact.

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

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

Identified Areas of Deprivation -				
	Positive	**No Impact**	**Negative**	**Not Known**
Strathmartine (Ardler, St. Mary's & Kirkton)	x			
North East (Whitfield, Fintry & Mill O'Mains)	x			
Lochee (Lochee Beechwood, Charleston & Menzieshill)	x			
Coldside (Hilltown, Fairmuir & Coldside)	x			
East End (Mid Craigie, Linlathen & Douglas)	x			
Maryfield (Stobswell & City Centre)	x			
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End	x			
The Ferry	x			

Description of impacts on Fairness-. Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.
A number of the workstream developments give early access to specialist expertise – such as a mental health practitioner or physiotherapist. This increases access to advice for self-care and self-management, more specialist advice and referral to the right pathway if required. This has an overall positive impact on health. The majority of teams are based in practice or are spread across the city in several locations to ensure local access for people. When we are planning teams we looked at needs across the city and aim to deliver high volume things close to people. The ability for some services to be accessed in any of the locations – like having blood taken – it decreases travel, and therefore costs and time for people. A small number of people may have to travel further than if still in practice, but the majority are closer.

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- **Impact Assessment Record** (continued)

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

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

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

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

		Explanation, assessment and any potential mitigations
Care Experienced Children and Young People		
Positive		No specific impact for this group. The workstream developments are focussed on adults other than vaccines.
No Impact	x	
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers **and** carers who support a family member or friend without pay)		
Positive	x	Carers often have to travel to support access to care and if this is more local in some cases this will use less time. Some services also have more available time slots – such as weekends – which can help with flexibility.
No Impact		
Negative		
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive	x	Travel for monitoring of long-term conditions, more common in older people, will be reduced.
No Impact		
Negative		
Not Known		
Serious & Enduring Mental Health Conditions		
Positive	x	Mental health practitioners, as part of this work, do not directly support severe and enduring mental health but many in this group will also have stress, anxiety and depression which they do support. GPs and others in the practice also have direct access to advice which can support and improve care.
No Impact		
Negative		
Not Known		
Homeless (risks of Homelessness)		
Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		
Drug and/or Alcohol issues		
Positive	x	Social prescribing link workers and the Mental Health practitioner may see people in this group in the practice and provide early support around a range of issues.
No Impact		
Negative		
Not Known		
Offenders and Former Offenders		
Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- **Impact Assessment Record** (continued)

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

Socio-Economic Disadvantage and Inequalities of outcome – *consider if the following circumstances may be impacted for individuals in the following conditions/areas.*		
		Explanation, assessment and any potential mitigations
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive	x	For those who attend regularly for things like having blood taken there is less travel time for the majority of people, and more likely to be able to walk, reducing travel costs. The social prescribing link workers focus on those with a number of wider social issues, including low income and can offer a range of supports for this.
No Impact		
Negative		
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive	x	The link workers also consider fuel poverty if they are aware of it and will refer and support access to other agencies re this if required.
No Impact		
Negative		
Not Known		
Earnings & employment-including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive	x	Link workers consider employment and support towards employment as part of their service.
No Impact		
Negative		
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive		
No Impact	x	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to **Child Health**		
Positive	x	Early access to specialist services is positive for health. The changes are also aimed at releasing GPs to focus on more complex patients and that should increase health more broadly. The mental health practitioners provide assessment and advice as a first point of contact, they have expertise in how people are best supported, and clear links to other parts of the wider MH team if required.
No Impact		
Negative		
Not Known		
Life expectancy		
Positive	x	Improving access and support to a range of services should have a positive long-term impact on life expectancy, although it is difficult to measure this.
No Impact		
Negative		
Not Known		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive	x	Supporting access to the primary care team offers opportunities to consider weight and promote a range of activities to improve this for individuals.
No Impact		
Negative		
Not Known		
Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		No specific impact for this
No Impact	x	
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive	x	Where services are provided more locally than a practice may be for people it promotes active travel (i.e. people can walk or possibly cycle)
No Impact		
Negative		
Not Known		

NOW COMPLETE THE
CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2

Step 2- Impact **Assessment Record**(continued)

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	x	As noted, less travel for many people is positive but for some there is a negative impact. (e.g. concerns raised by those registered with Muirhead practice.) Teams continue to look for opportunities to deliver more services locally.
No Impact		
Negative	x	
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive		No specific impact for this
No Impact	x	
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		No specific impact for this
No Impact	x	
Negative		
Not Known		
Sustainable Procurement		
Positive		No specific impact for this
No Impact	x	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		No specific impact for this
No Impact	x	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		No specific impact for this
No Impact	x	
Negative		
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- **Impact Assessment Record** (continued)

There is a requirement to assess plans that are likely to have significant environmental effects.

Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/

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

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

End of Impact Assessment Record.

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

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

Additional Information and advice about impact assessment can be found at

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

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

https://www.dundeecity.gov.uk/sites/default/files/publications/20220131_iia_guidance_2022_v1.1.pdf

This form was last updated in February 2024.