ITEM No ...7......



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - 21ST

AUGUST 2024

REPORT ON: TRANSFORMATION FUNDING FOR COMMUNITY FACING PALLIATIVE

CARE SERVICES

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB47-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to outline proposed developments in the Specialist Palliative Care Service and to seek transformational funding to further explore and create collaborations with all care providers, statutory and otherwise, to strengthen community facing care to support the patients and their families, safely and effectively in their own homes.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the transformational nature of the proposed developments outlined in this report and the contribution to the strategic aims of continuous improvement of community facing palliative care services.
- 2.2 Approves the release of £115,083 of funding from transformation reserves to support the proposal outlined in Section 3.1 of this report.
- 2..3 Instructs the Chief Officer to provide a progress report prior to the end of the 18 month period to the IJB.
- 2.4 Instructs the Chief Officer to issue the direction as attached at Section 8 of this report to NHS Tayside.

3.0 FINANCIAL IMPLICATIONS

A bid was submitted to the Tayside Unscheduled Care Board in 2022 to support an Enhanced Community Care model. The bid was successful as it aligned to the Unscheduled Care Board key priority of Care Closer to home. The service was awarded £138,980 to recruit the staff required to begin the creation of an Enhanced Community Care Model. The evidence from the initial project demonstrates an improved quality of care for people in the community with complex specialist palliative care needs but has not yet been developed sufficiently to deliver a reduction in bed base which would support ongoing funding of community facing services. The aim is to reduce the need for inpatient beds in Dundee and use some of the savings to facilitate further integrated working to achieve quality cost effective Palliative and end of life care (PEOLC) for the citizens of Dundee.

- 3.2 Funding of £115,083 would support a Band 7 Clinical Nurse Specialist over 18 months to lead this work to map current provision, identify any gaps and develop a whole systems pathway ensuring effective co-ordination of care. This figure is inclusive of travel and necessary IT equipment.
- 3.3 Alternatively retaining the current bed base, the workload tools note to meet the safe staffing legislation requirements would incur an additional recurring cost pressure of circa £277k.

4.0 MAIN TEXT

- The development and focus of the strategic planning group for Community Palliative care in Dundee, inclusive of all key stakeholders, is to gain greater understanding of how services work across the city to meet the needs of people requiring palliative and end of life care or support. To support, influence and facilitate the development of clear integrated, multidisciplinary pathways in community settings to enable the shift in the balance of care away from acute hospital and inpatients settings. This would enable Specialist Palliative care services to provide appropriate periods of support and intervention whilst enabling the primary care givers to feel confident and competent to care for people in the place of their choice. A key priority of the group is to understand the unmet need across the city and create links with all services who provide palliative and end of life care to enhance the person and their families experience.
- 4.2 Realistic Medicine champions the need for partnership decision making and a personalised approach to our patient population to ensure person-centred care is delivered. Palliative and End of Life Care requires open and honest communication at a pace that the person and their family are ready to receive it. Ensuring that the care that they need is delivered by the right person at the right time and in the place of the patient's preference. Innovation and creativity are actively encouraged through Realistic Medicine, by encouraging teams to consider how support can be delivered differently, incorporating evidence-based practice, evaluating progress through data collection, whilst respecting the person's needs and opinions.
- 4.3 The project described in section 3.1 demonstrated that across Dundee there are teams that are comfortable and confident to provide high standards of Palliative and End of Life Care (PEOLC), however, there was not always cohesive partnership working to support patients and families whilst at home. It is recognised that to enable patients who require palliative and end of life care (PEOLC) in the community they require care delivery from the right people, in the right place at the right time, and this requires co-ordination and creation of the infrastructure that is competent and confident in delivering person centred PEOLC. To enable services to connect, requires skilled facilitation, education, and support through a network of appropriate services who can collaborate to establish the pathways of care.
- 4.4 Through interfacing with acute services, early identification of people who have a life limiting illness can be supported timeously to ensure future care planning and holistic care needs are met early in the person's journey. This approach focuses on reducing associated risk of readmission to hospital in the last 6 months of life. By shifting the balance of care away from hospital delivered care, community-based resources can be focussed to the place of greatest need and impact.
- 4.5 Through this identified post the leadership and clinical expertise in PEOLC, will map, network, understand the current provision of care whilst recognising where limitations and gaps may arise for the population of Dundee city. With direction and guidance from the strategic group, it is envisaged that the multi-disciplinary, integrated pathway of statutory and partner agencies can be enhanced to allow for those who require complex PEOLC from specialist services to receive this.
- 4.6 To understand the impact of this community facing pathway will necessitate the ability to measure changes in the quality of care for those people who receive it. The quality of care should reflect value for money and the investment in this 18-month post will create sustainable models of care with no expected additional resource required following completion. Through

understanding the impact on unplanned/unscheduled admissions to hospital and co-ordination with the front door model test of change, Community Nursing redesign and with Hospital Palliative care team data collection we anticipate reduced readmission rates in the last 6 months of life and improved performance in meeting citizens' choice for preferred place of care and death.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Inadequate understanding of palliative and end of life care pathways across inpatient and community settings can lead to poor experience and quality of care at the end of life.	
Risk Category	Political Social	
Inherent Risk Level	Likelihood 4x Impact 4 = Risk Scoring 16	
Mitigating Actions (including timescales and resources)	Initial work has improved the experience for people within the scope of the project and identified a need for more detailed understanding of the range of services delivering PEOLC and the need for greater co-ordination of care and support. The wider scoping exercise will give cohesion for staff, people and families supporting and experiencing palliative and end of life care in Dundee	
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12	
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6	
Approval recommendation	Given the high level of risk, intervention is recommended.	

Risk 2 Description	Long term sustainability of the service. Currently the service budget is overspent, and the workload tools recommend significant investment to comply with safe staffing legislation.			
Risk Category	Financial			
Inherent Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12			
Mitigating Actions (including timescales and resources) Currently Clinical Fellows from overseas are supported via extended but this end in August 2024. Supplementary staffing is used to additional staffing requirements.				
Residual Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12			

Planned Risk Level Likelihood 2 x Impact 3 = Risk Scoring 6	
Approval recommendation	Given the high level of risk, intervention is recommended.

7.0 CONSULTATIONS

7.1 The Chief (Finance) Officer, the Clerk, Urgent and Unscheduled Care Board, Macmillan, Marie Curie, Scottish Ambulance Service and Cluster leads were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

DATE: July 25 2024

9.0 BACKGROUND PAPERS

9.1 Presentations.

Dave Berry Acting Chief Officer, Dundee IJB

Fiona Barnett Associate Locality Manager

Only to be completed if a direction is required



DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB47-2024
2	Date Direction issued by Integration Joint Board	21st August 2024
3	Date from which direction takes effect	21st 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)	No
6	Functions covered by direction	Specialist Palliative Care Services
7	Full text of direction	Provide for a Band 7 Clinical Nurse Specialist to the above service over 18 months to map current provision, identify any gaps and develop a whole systems pathway ensuring effective co-ordination of care as outlined in this report
8	Budget allocated by Integration Joint Board to carry out direction	£115,083
9	Performance monitoring arrangements	Through HSCP service management arrangements
10	Date direction will be reviewed	February 2026 (18 months)

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Part 1 - Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firm Step Process must be used.

This word document can be completed and information transferred to Firm Step if required.

Title of Report/Project/Strategy	Community Facing Palliative Care service
Lead Officer for Report/Project/Strategy (Name and Job Title)	Fiona Barnett Associate Locality Manager
Name and email of Officer Completing the Screening Tool	Fiona Barnett Fiona.Barnett@nhs.scot
List of colleagues contributing information for Screening and IIA	Fiona Barnett Kirsty McQuarrie
Screening Completion Date	25/07/2024
Name and Email of Senior Officer to be Notified when Screening complete	Jenny Hill

Is there a clear indication that an IIA is needed? Mark one box only		
X	YES	Proceed to IIA
	NO Continue with Screening Process	

Is the purpose of the Committee document the approval of any of the following Mark one box either Yes or No NB When yes to any of the following proceed to IIA document.					
	Yes		No)	
A major Strategy/Plan, Policy or Action Plan	Yes	Proceed directly		(Continue with
		to IIA		9,	Screening Process
An area or partnership-wide Plan	Yes	Proceed directly		(Continue with
		to IIA		9	Screening Process
A Plan, programme or Strategy that sets the	Yes	Proceed directly		(Continue with
framework for future development consents		to IIA		9	Screening Process
The setting up of a body such as a		Proceed directly	No)	Continue with
Commission or Working Group		to IIA		9,	Screening Process
An update to a Plan		Proceed directly	No) (Continue with
-		to IIA		3	Screening Process

There a number of reports which do not <u>automatically</u> require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist on following page.

These include: An annual report or progress report on an existing plan / A service redesign. / A report on a survey, or stating the results of research. / Minutes, e.g. of Sub-Committees. / A minor contract that does not impact on the wellbeing of the public. / An appointment, e.g. councillors to outside bodies, Senior officers, or independent chairs. / Ongoing Revenue expenditure monitoring. / Notification of proposed tenders. / Noting of a report or decision made by another Committee including noting of strategy, policies and plans approved elsewhere.

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found here.

PART 2- Assessment

Report Author	Fiona Barnett		



Pariace integration contract and gratea impact / 1000001110111		
Author Title Associate Locality Manager		
Dundee Health and Soc	Dundee Health and Social Care Partnership	
Author Email	Fiona.Barnett@nhs.scot	
Author Telephone	07971032640	
Author Address	Offices at ward 4/5 RVH Jedburgh Road Dundee	

IJB Chief Executive	Vicky Irons	
Email	icky.irons@dundeecity.gov.uk	
Telephone	1382 434000	
Address	Claverhouse East, Jack Martin Way, Dundee	

Document Title	Specialist Palliative Care Services Remodelling
IJB Report Number	
Document Type	IJB Report re remodelling of service
New or Existing Document?	New
Document Description	The purpose of this report is to inform the IJB of the remodelling work being undertaken within Specialist Palliative Care Services. This work is detailed in the body of this report and with the accompanying presentations
Intended Outcome	Improve service provision for patients who require SPCS
Planned Implementation Date	Test of Change started 2023
Planned End Date	
How the proposal will be monitored and how frequently	Regular evaluation of Test of Change and analysis of the Data by Senior Managers and Clinicians
Planned IIA review dates	Annual
IIA Completion Date	07/06/2023
Anticipated date of IJB	21/06/2023

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

Officer	People/groups	Activity/Activities	Date
Fiona Barnett		Discussed with Consultants, Primary care teams, Community Nursing teams. Social Care organisers. Nurse Consultants.	17/06/2024

Equality and Fairness Impact Assessment Conclusion

(complete after considering impacts through completing questions on next pages)

This development is expected to benefit people with Palliative Care needs by providing high quality complex care in their homes. People in most protected characteristics will be positively impacted (or not be subject to negative impact).

People who are experiencing low household income may be adversely affected by increasing household costs will be identified at an early stage of assessment and money advise and financial help sought. There will be increased employment and career opportunities for Health and Social care workforce.



PART 2- Assessment (continued)

When assessing impacts throughout this document an explanation is required when a positive, negative or not known impact is selected. There may be positive and negative impacts for the protected group described. For not known this should indicate if further research is needed and if not, why not. When there is No Impact identified, no narrative is required.

Equality, Diversity & Human Rights Indicate Yes or No by marking Y or N in each Box

		n Rights Indicate Yes or No by marking Y or N in each Box
Age	Y/N	Explanation, assessment and any potential mitigations
Positive	Υ	The understanding of the population needs for palliative care across the
No Impact		city of Dundee and what range of services are available will support more
Negative		people to achieve their ReSPECT wishes and future care plan wishes.
Not Known		Earlier access to Specialist Palliative Care for support and advise to
		improve the patient journey. May advantage older peoples health
		requirements as more likely to access this services
Disability	Y/N	Explanation, assessment and potential mitigations
Positive	Υ	Should be more accessible for disabled patients who cannot travel to
No Impact		outpatient appointments or for treatment for management of symptoms will
Negative		be supported at a place more convenient to them.
Not Known		
Gender	Y/N	Explanation, assessment and potential mitigations
Reassignment		
Positive		
No Impact		
Negative		
Not Known	Υ	
Marriage & Civil	Y/N	Explanation, assessment and potential mitigations
Partnership		
Positive		
No Impact	Υ	
Negative	†	
Not Known	1	
Race & Ethnicity	Y/N	Explanation, assessment and potential mitigations
Positive	Y	By understanding the services available to provide Palliative care all
No Impact	†	patients regardless of race and ethnicity should receive seamless high
Negative	+	quality palliative care with easy access to Specialist interventions if
Not Known		required.
Religion & Belief	Y/N	Explanation, assessment and potential mitigations
Positive	Y	By understanding the services available to provide Palliative care all
No Impact	+'	patients it is envisaged that all patients regardless of religion or beliefs will
Negative	+	have better access to palliative care services closer to home
Not Known	+	That's soller account to palliality care solvitoes closel to florito
Sex	Y/N	Explanation, assessment and potential mitigations
Positive	1/11	Explanation, assessment and potential initigations
	Υ	
No Impact	T	
Negative		
Not Known	MAI	Fundamental and
Sexual	Y/N	Explanation, assessment and potential mitigations
Orientation		
Positive		
No Impact	Υ	
Negative		
Not Known		
Describe any Huma	an Righ	ts impacts not already covered in the Equality section above.



None

PART 2- Assessment (continued)

Fairness & Poverty Geography - Describe how individuals, families and communities are affected in each areaparticular consideration is needed where there are previously identified areas of deprivation.

	ner Yes or no (Y or N) in each box
Y or N	Area
Y/N	Strathmartine (Ardler, St. Mary's & Kirkton)
Υ	Positive
	No Impact
	Negative
	Not Known
Y/N	Lochee (Lochee Beechwood, Charleston & Menzieshill)
Υ	Positive
	No Impact
	Negative
	Not Known
Y/N	Coldside (Hilltown, Fairmuir & Coldside)
Υ	Positive
	No Impact
	Negative
	Not Known
Y/N	Maryfield (Stobswell & City Centre)
Υ	Positive
	No Impact
	Negative
	Not Known
Y/N	North East (Whitfield, Fintry & Mill O'Mains)
Υ	Positive
	No Impact
	Negative
	Not Known
Y/N	East End (Mid Craigie, Linlathen & Douglas)
Υ	Positive
	No Impact
	Negative
	Not Known
Y/N	The Ferry
Υ	Positive
	No Impact
	Negative
\//\:	Not Known
Y/N	West End
Y	Positive
	No Impact
	Negative
l	Not Known

Fairness Explain Impact / Mitigations / Unknowns (Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)

As this project is scoping and connecting services across the city of Dundee who provide palliative care to those who require it. Through the creation of a community of palliative care practice it is believed that people would receive the right care by the right person at the right time. Early access if required to Specialist Palliative care for support and intervention would help achieve positive patient reportable outcomes.

The professional teams who are visiting patients at home will have greater insight into how to effectively co-ordinate the social and financial positions of those patients they will be able to help find supportive measures to address those needs. Eg Macmillan grants for heating. And ready access to special equipment such as hospital beds, commodes and other personal care equipment.





Dundee Integration Joint Board Integrated Impact Assessment Household Group- consider the impact on households and families may have the following people included.

		pact on nousenoids and families may have the following people included.
Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
Υ	Positive	Through co-ordinated service provision and understanding of
-	No Impact	what is available to support people and their families, Children
	Negative	
	Not Known	should feel supported with early access to support for young
266		people affected by life limiting illnesses.
Y/N	Carers	Explanation, assessment and potential mitigations
Υ	Positive	This will enable a partnership approach to care for the carer with
	No Impact	the professionals, the team will identify and support the carer's
	Negative	with any needs that they may have.
Y/N	Not Known Lone Parent Families	Evaluation accomment and nativation mitigations
1/IN	Positive	Explanation, assessment and potential mitigations
Υ	No Impact	
ı	Negative	
	Not Known	
Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
1714	Positive	Explanation, assessment and any potential intigations
Υ	No Impact	
r i	Negative	1
	Not Known	
Y/N	Young Children and/or	Explanation, assessment and potential mitigations
,,,,	Greater Number of Children	Explanation, accomment and potential integrations
	Positive	
Υ	No Impact	
	Negative	
	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
Υ	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Unskilled Workers and	Explanation, assessment and any potential mitigations
	Unemployed	
	Positive	
	No Impact	
Υ	Negative Not Known	
Y/N	Serious & Enduring Mental	Evaluation accomment and notantial mitigations
1/11	Health	Explanation, assessment and potential mitigations
Υ	Positive	Gives option for anyone who has serious and or enduring Mental
	No Impact	
	Negative	health needs to be cared for at home if they have palliative care
	Not Known	needs.
Y/N	Homeless	Explanation, assessment and potential mitigations
	Positive	,, p
	No Impact	
	Negative	
Υ	Not Known	
Y/N	Households of Single	Explanation, assessment and any potential mitigations
	Female with Children	
	Positive	
Υ	No Impact	
	Negative	
	Not Known	
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
	Positive	
Υ	No Impact	
	Negative	
		4
	Not Known	
Y/N	Not Known Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
	Not Known Offenders and Ex-Offenders Positive	Explanation, assessment and any potential mitigations
Y/N Y	Not Known Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations

Dundee Health & Social Care Partnership

Soci	o-Economic Disadva	antage- consider if the following circumstances may be impacted
Y/N	Employment Status	Explanation, assessment and any potential mitigations
	Positive	
	No Impact	
	Negative]
Υ	Not Known	
Y/N	Education & Skills	Explanation, assessment and any potential mitigations
Υ	Positive	Can provide job opportunities for unskilled local people to upskill and
	No Impact	provide career framework.
	Negative] '
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
Υ	Positive	If patient remains at home for care they will reduce travel costs, and
	No Impact	fluctuations in disability income due to hospital admissions.
	Negative	
	Not Known	
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
Υ	Positive	Patients in fuel poverty may struggle to heat their house. This can be
	No Impact	identified early through their early assessment and can remedial action.
	Negative	
	Not Known	
Y/N	Caring	Explanation, assessment and any potential mitigations
	Responsibilities	
3.5	(including Childcare)	
Υ	Positive	Patient who maybe a carer can receive advise and care at home so not
	No Impact	impacting on their caring responsibilities. The patients carers will be
	Negative	supported by the team
>//b1	Not Known	
Y/N	Affordability&	Explanation, assessment and any potential mitigations
	Accessibility of	
Υ	Services	All comice provision is non chargeable. Criteria for comice is for any
Y	Positive	All service provision is non chargeable. Criteria for service is for any
	No Impact	person who has a life limiting illness and is experiencing symptoms that
	Negative	are burdensome.
	Not Known	

Ineq	Inequalities of Outcome- consider if the following may be impacted		
Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations	
	Positive		
Υ	No Impact		
	Negative		
	Not Known		
Y/N	Income / Benefit	Explanation, assessment and any potential mitigations	
	Advice / Income		
	Maximisation		
Υ	Positive	The care providers will have early assessment and can signpost and	
	No Impact	refer to money advise services and financial support grants	
	Negative		
	Not Known		
Y/N	Employment	Explanation, assessment and any potential mitigations	
	Opportunities		
	Positive		
	No Impact		
	Negative		
Υ	Not Known		





Dundee Integration Joint Board Integrated Impact AssessmentPART 2- Assessment (continued)

Y/N	Education	Explanation, assessment and any potential mitigations
Y	Positive	Through understanding what current service provision is for providing
ı	No Impact	
	Negative	palliative care for patients, education provision can be easily arranged for
	Not Known	teams to enhance their knowledge and skills whilst improving confidence.
Y/N	Health	Explanation, assessment and any potential mitigations
Y	Positive	Early access and increased access for positive health support
-	No Impact	Larry access and increased access for positive fleatiff support
	Negative	
	Not Known	
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
V	Positive	Understanding service provision and co-ordination of services can
У	No Impact	
	Negative	support people to seek support and intervention earlier and improve life
	Not Known	expectancy
Y/N	Mental Health	Explanation, assessment and any potential mitigations
Y	Positive	
ī		Patients and carers will have less hospital interactions and will receive
-	No Impact Negative	care closer to home which is usually the preferred place to be.
	5	
V/NI	Not Known	Evalenction accomment and any natential mitigations
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
\ <u>\</u>	Positive	
Υ	No Impact	
	Negative	
\//NI	Not Known	Fundamentian accompant and any material mitigations
Y/N	Child Health	Explanation, assessment and any potential mitigations
	Positive	
Υ	No Impact	
	Negative	
V/NI	Not Known	
Y/N	Neighbourhood	Explanation, assessment and any potential mitigations
	Satisfaction	
\ <u></u>	Positive	
Υ	No Impact	
	Negative	
\//NI	Not Known	Fundamentian accompant and any material mitigations
Y/N	Transport	Explanation, assessment and any potential mitigations
	Positive	
	No Impact	
V	Negative	-
Y	Not Known	
	ronment- Climate Ch	
Y/N	Mitigating	Explanation, assessment and any potential mitigations
	Greenhouse Gases	
Υ	Positive	Reducing patient travel, increasing the use of electronic pool cars for
	No Impact	patient visits at home
	Negative	
3.642	Not Known	
Y/N	Adapting to the	Explanation, assessment and any potential mitigations
	Effects of Climate	
	Change	
	Positive	
Υ	No Impact	
	Negative	
	Not Known	



Dundee Integration Joint Board Integrated Impact Assessment PART 2- Assessment (continued)

Res	Resource Use		
Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations	
Υ	Positive	Reducing patient travel, increasing the use of electronic	
	No Impact	pool cars for patient visits at home	
	Negative	Care will be provided by service providers who are closer	
	Not Known	to the patients home environments.	
Y/N	Prevention, Reduction, Re-use,	Explanation, assessment and any potential mitigations	
	Recovery, or Recycling of Waste		
	Positive		
Υ	No Impact		
	Negative		
	Not Known		
Y/N	Sustainable Procurement	Explanation, assessment and any potential mitigations	
	Positive		
Υ	No Impact		
	Negative		
	Not Known		

Trai	Transport		
Y/N	Accessible Transport Provision	Explanation, assessment and any potential mitigations	
	Positive		
Υ	No Impact		
	Negative		
	Not Known		
Y/N	Sustainable Modes of Transport	Explanation, assessment and any potential mitigations	
	Positive		
Υ	No Impact		
	Negative		
	Not Known		

Nati	ural Environment	
Y/N	Air, Land and Water Quality	Explanation, assessment and any potential mitigations
	Positive	
Υ	No Impact	
	Negative	
	Not Known	
Y/N	Biodiversity	Explanation, assessment and any potential mitigations
	Positive	
Υ	No Impact	
	Negative	
	Not Known	
Y/N	Open and Green Spaces	Explanation, assessment and any potential mitigations
	Positive	
Υ	No Impact	
	Negative	
	Not Known	

Buil	Built Environment	
Y/N	Built Heritage	Explanation, assessment and any potential mitigations
	Positive	
Υ	No Impact	
	Negative	
	Not Known	
Y/N	Housing	Explanation, assessment and any potential mitigations
	Positive	
Υ	No Impact	
	Negative	
·	Not Known	



PART 2- Assessment (continued)

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

SEA provides economic, social and environmental benefits to current and future generations.

Use the <u>SEA flowchart</u> to determine whether your proposal requires SEA.

Strategic Environmental Assessment- SELECT One of the following statements		
X	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	(No further response needed)
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundeecity.gov.uk/cplanning/sea	Insert the 'Summary of Environmental Effects' from your SEA screening report
	Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	Insert the 'Summary of Environmental Effects' from your SEA screening report
	Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundeecity.gov.uk/cplanning/sea	Environmental Implications: Describe the implications of the proposal on the characteristics identified:
		Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at IJB Pre-Agenda stage and at IJB. It should accompany IJB papers and should be published with relevant IJB Report.

Following IJB agreement of report contact Joyce.barclay@dundeecity.gov.uk to post IIA on DHSCP website.

NB Corporate Risk- is addressed in IJB reports

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