



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 AUGUST 2023

**REPORT ON:** DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB48-2023

**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 2022/23 and seek approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2023/24

**2.0 RECOMMENDATIONS**

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

- 2.1 Notes the progress to implement the Dundee Primary Care Improvement Plan 2022/23 (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 2023/24 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 were not fully implemented by March 2023, and that the position for transitional payments to practices for services they are still delivering is not yet clear.
- 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 2023/24 to a future IJB.

**3.0 FINANCIAL IMPLICATIONS**

- 3.1 The Plan is supported by the Primary Care Improvement Fund (PCIF) from the Scottish Government linked to the General Medical Services (GMS) 2018 contract. The spend has increased in 2022/23 as teams have continued to develop services and recruit staff to deliver the services. The year-on-year increased spend and service growth is shown in Table 2.
- 3.2 The financial plan for 2022/23 was revised prior to submission last year as the funding allocation letter changed the parameters of funding to include any Reserves held locally within the allocation. This had a significant impact on the multi year plan where Reserves had been planned to be utilised over a number of years, recognising the slower start for some services because of workforce issues. A comparison of 2022/23 Planned spend and actual spend is detailed in Table 1.

Table 1 2022/23 spend against allocation

	<i>Approved PCIF Planned Spend</i>	Actual Funding / Expenditure
	£'000	£'000
<b>SG Allocation</b>	<b>1,150</b>	<b>1,133</b>
<b>Plus B/F Reserves</b>	<b>3,945</b>	<b>3,945</b>
Forecast Expenditure -		
VTP	443	441
Pharmacotherapy	842	758
CT&CS	1,383	1,585
Urgent Care	749	690
FCP / MSK	427	407
Mental Health	228	246
Link Workers	220	220
Other	803	698
<b>Total</b>	<b>5,095</b>	<b>5,046</b>
<b>Year End Carry Forward</b>	<b>0</b>	<b>32</b>

Table 2 Summary of Year-on-Year actual spend

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

- 3.3 The allocation letter for 2023/24 has recently been received and is in line with the previously intimated plan that national core funding would be stable at £170m. However due to the periodic refresh of NRAC (National Resource Allocation formula), Dundee PCIF share of the national resource has been reduced by c.£50k.
- 3.4 As anticipated, Reserves brought forward from 2022/23 (£32k) are to be used to contribute to this year's overall allocation.
- 3.5 The Planned spend for 2023/24 is noted in Table 3 below, including some further anticipated recruitment where teams are not yet at full capacity. Indicative spend for 2024/25 (and recurring) is also noted in this table, including the assumption that all teams are fully recruited for the entire year.
- 3.6 The impact of pay awards for 2022/23 and 2023/24 have been built into the planned and indicative spend, along with additional funding allocations from the Scottish Government to meet this increased cost.

Table 3 Proposed 2023/24 Financial Plan

	2023/24 Planned Spend	Indicative 2024/25 Spend	Indicative Full Year Cost (Recurring)
	£'000	£'000	£'000
<b>SG Allocation *</b>	<b>5,659</b>	<b>5,691</b>	<b>5,691</b>
<b>Utilisation of b/f Reserves</b>	<b>32</b>	<b>0</b>	<b>0</b>
Forecast Expenditure -			

VTP	482	482	482
Pharmacotherapy	905	1,202	1,202
CT&CS	1,930	1,930	1,930
Urgent Care	956	1,069	1,069
FCP / MSK	517	534	534
Mental Health	273	287	287
Link Workers	237	238	238
<b>Total</b>	<b>5,300</b>	<b>5,742</b>	<b>5,742</b>
Strategic Earmark / Contingency / (Slippage)	150	-50	-50
<b>Additional Non-Recurring</b>			
Other **	242	0	0
<b>Total</b>	<b>242</b>	<b>0</b>	<b>0</b>
<b>Projected Total Annual Spend</b>	<b>5,692</b>	<b>5,692</b>	<b>5,692</b>

\*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 all teams, but particularly Pharmacotherapy. The anticipated slippage in this area in 2023/24 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 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.
- 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 is not yet known so there is a degree of uncertainty around this cost. PCIF is not a long term funding source 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 Transitional 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 - are required to practices for the 3 agreed core areas which should have been implemented by April 2023. Guidance on this has not yet been received from the Scottish Government. It remains unclear what the scale of these payments will be or how this will be resourced. 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 transitional payments process being agreed nationally. 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.

## 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).

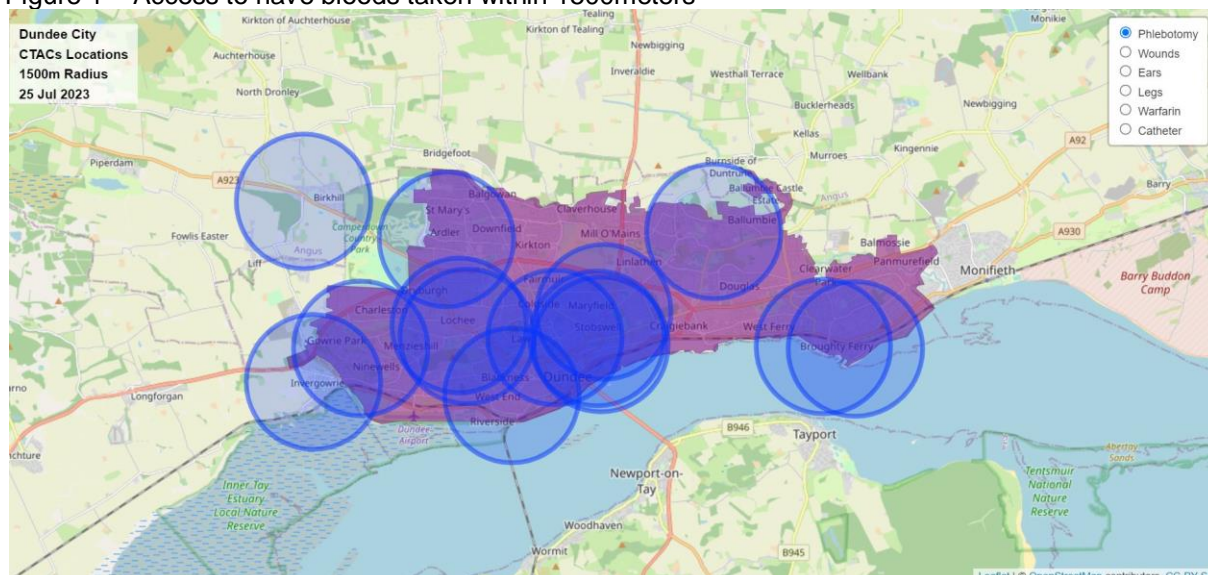
- 4.1.2 The IJB has previously considered papers setting out the context and challenges within primary care and this has set a context for the approval by the IJB of the annual Primary Care Improvement Plan. There has been clear expansion of the services year on year, although at a slower pace than was originally planned. This is seen both in Appendix 1 and is also reflected in Table 2 above where there has been a further and significant increase in spend in 2022/23 to utilise the allocation more fully.
- 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
  - Community Link Workers (referred to as social prescribers).
- 4.1.4 This report notes progress against last years action, details the plan for the current year, and the finance associated with both of these. The impact of the covid pandemic has been to delay implementation, and timescales have changed. The 3 core areas should have been fully transferred by March 2023 with financial implication if they are not. The Scottish Government is also developing Directions so that there will be a legal obligation for these to be delivered by NHS Boards/HSCP's.
- 4.1.5 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 supports work at a regional level, ensuring sharing of 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 sub groups 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.
- 4.1.6 The financial management of the Dundee Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director. The DPCIG has responsibility for the distribution and monitoring of the use of the Dundee allocation of the Primary Care Improvement Fund. Planning is in conjunction with the GP Sub Advisory Committee, and funding is approved by the Local Medical Committee.
- 4.1.7 Reporting to the Scottish Government continues every 6 months for both financial governance and more detailed progress of delivery.

## **4.2 Progress in 2022-23**

- 4.2.1 Progress is outlined in the Appendix. 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 including to community pharmacy. The adult service has been linked closely with Covid vaccine delivery but it is unclear going forward if this will continue.
  - First Contact Physiotherapy, (FCP) who see patients as the initial point of assessment, have now returned to face to face appointments unless a patient chooses to do by phone or Near Me. There has been an increase in capacity with further recruitment but filling all posts not yet achieved.
  - There has been limited development with the Pharmacy Locality Team due to difficulty with recruitment and staff turnover as noted in the Appendix. This is despite novel approaches to role development. This is the area of delivery which is 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 has further expanded and most areas of care delivery have now moved from practices, although not all of chronic disease monitoring is yet in place with

some practices continuing to manage this internally. Feedback from patients is generally positive with regards to close geographical access in comparison to attending practice for many people. There are now also Saturday and Sunday clinics for some common things. There are a number of areas of further development in relation to streamlining processes and improving communication. Figure 1 below shows the wide spread coverage of most areas to care and treatment services – in this case to have bloods taken.

Figure 1 – Access to have bloods taken within 1500meters



- The Urgent Care Team is focussed on supporting those living in care homes. There is wider work on urgent care pathways linked to a range of teams, including Enhanced Community Support and District Nurses, which are increasingly integrated to support people to stay at home. However an increase of teams supporting GP home visiting has not been able to develop beyond this.
- The Patient Assessment and Liaison Service (PALMS) have had positive progress with a redesigned model and fully recruited to their vacant posts which are now mental health nurses. All practices therefore have access to the service, (although there is a short term vacancy due to retirement).
- The social prescribing Link Workers have continued to support all practices and tested a range of new ways of working. There have been some gaps in staffing which have led to waits but this is resolving.
- All Dundee practices have had paper notes digitally scanned (if they had not already been done) and the space is being repurposed for other uses, particularly creating clinical and training space in practices.
- There have been further grants/funding to practices to create more clinical and training space.
- The table below shows the average number of people seen in each service per week at March 2023. These numbers vary weekly and do not include appointments which were booked where people did not attend.

FCP (First Contact Physio)	199
PALMS (mental health practitioner)	228
Urgent Care (care homes)	101
Link Workers	308 (contacts – not all face to face)
CTAC (care and treatment services including bloods)	1800 approx
VTP	Not available
PCT	Not applicable

Total	2636
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- 4.2.2 Both the PALMS team and the Link Workers are partly funded via Action 15 Mental Health funding. The anticipated additional funding for mental health in primary care from the Scottish Government has not progressed and the planned expansion for a range of areas of care linked to this is being reviewed.
- 4.2.3 Space in primary care remains a challenge as outlined in the Premises Strategy which was presented to the IJB in October (report number DIJB76-2022). It continues to impact on service delivery in some cases, despite there still being some vacant posts.
- 4.2.4 The success of the Care and Treatment model lends itself to a wider community approach including use by services who are based in secondary care, who 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. In principle this approach is encouraged and provides care closer to the patient but the remaining pressures for GMS work to transfer, the lack of space and resource, create some key challenges to progressing this.

### **4.3 Plans for 2023-24**

- 4.3.1 The Dundee Primary Care Improvement Plan for 2023-24 is detailed in Appendix 1, along with the associated finance. It is expected there will be less change this coming year as some teams have nearly or fully recruited, (except for the pharmacy team,) within the financial framework in place, so 2023/24 will be around consolidation of the service, evaluation, indentifying areas which require further development and improvement and identifying any significant gaps.
- 4.3.2 The service area which remains with a significant gap between the GMS contract ambition and delivery is for pharmacotherapy. It is hoped there will be further national guidance to support how this can best be progressed. Developing attractive roles for the pharmacy team which supports care delivery and helps reduce the GP workload is challenging. The very detailed description of the service in the original contract document means there is little flexibility at local level.
- 4.3.3 As noted in section 3.11 further guidance on any transitional payments will impact on progress and finance if it requires to be funded locally.
- 4.3.4 There remains a number of areas where the current information systems do not support all of the needs of the teams. The current reprovisioning of the IT system for practices, it is hoped, will improve this. However a number of challenges remain including clinicians not being able to use referral systems, and prescribing for those who are non medical prescribers is not able to be done remotely from the practice in a way that meets governance requirements. Both of these are national issues and not local but impact on how teams have to work, and reduce their time for direct care.
- 4.3.5 The complexity of supporting people to access the right clinician for them at the time of presentation to practice is complex for both patients and the staff who undertake this role. National communication around the changes is limited and has not led to a good understanding of the wider team locally. There also remains a perception that the GP is “best” to see you and other clinicians are a substitute when this is not the case for many people who can be seen by highly trained individuals with specialist skills in primary care. Communication for these services needs to be clearer for people.

### **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.

## 5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. The report is attached as Appendix 2. More detailed assessments will be part of each service development.

## 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.

<b>Risk 1 Description</b>	There is a significant risk that Dundee may not recruit or develop 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.
<b>Risk Category</b>	Workforce, operational, financial
<b>Inherent Risk Level</b>	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
<b>Mitigating Actions</b> (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 years 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.
<b>Residual Risk Level</b>	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
<b>Planned Risk Level</b>	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
<b>Approval recommendation</b>	This risk should be accepted.

<b>Risk 2 Description</b>	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 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 assignments to NHS Tayside creates a risk for practice sustainability and delivery of PCIP.
<b>Risk Category</b>	Technological, Environmental, Financial
<b>Inherent Risk Level</b>	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
<b>Mitigating Actions</b> (including timescales and resources )	The IT infrastructure is largely in place with some ongoing risk and issues but with reduced impact.  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

	<p>pharmacy team or care and treatment. We will continue to provide grants in 2023/24 if they meet criteria.</p> <p>The property team have now recruited to a post which will help assess space utilisation which links to lease processes. When recruited the DHSCP property manager will lead the strategic planning of space for the HSCP including practices.</p> <p>The risk for premises is higher for the wider impact on practice sustainability than directly for delivery of the PCIP workstreams.</p>
<b>Residual Risk Level</b>	Likelihood (3) x Impact (4) = Risk Scoring 12 – High (NB this score is for delivery of PCIP and not overall sustainability of practices)
<b>Planned Risk Level</b>	Likelihood (3) x Impact (3) = Risk Scoring 9 - High
<b>Approval recommendation</b>	This risk should be accepted.

<b>Risk 3 Description</b>	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.
<b>Risk Category</b>	Financial
<b>Inherent Risk Level</b>	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
<b>Mitigating Actions</b> (including timescales and resources )	<p>Other sources of funding will be identified as opportunities arise. Finance is a key component of planning and ensuring the most cost effective models are progressed. Where models with variation in costs are tested in different parts of Tayside there will be a judgement made as to cost effectiveness of these models prior to roll out.</p> <p>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.</p>
<b>Residual Risk Level</b>	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
<b>Planned Risk Level</b>	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
<b>Approval recommendation</b>	This risk should be accepted.

<b>Risk 4 Description</b>	The Covid-19 pandemic and the workforce issues noted above have delayed aspects of implementation of the PCI plan locally. Transitional payments ie payments to practices for work they are still undertaking that should have been transferred may be required in 2023/24, but guidance from Scottish Government is awaited.
<b>Risk Category</b>	Operational, Political, financial
<b>Inherent Risk Level</b>	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
<b>Mitigating Actions</b> (including timescales and resources )	<p>There are limited actions that can be taken at this time point to reduce this risk beyond the actions noted in the risks above.</p> <p>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</p>



	<p>any of the other services which have been developed.</p> <p>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.</p>
<b>Residual Risk Level</b>	Likelihood (2) x Impact (4) = Risk Scoring -8
<b>Planned Risk Level</b>	Likelihood (2) x Impact (4) = Risk Scoring 8
<b>Approval recommendation</b>	This risk should be accepted.

<b>Risk 5 Description</b>	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.
<b>Risk Category</b>	Operational, Political, Financial
<b>Inherent Risk Level</b>	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
<b>Mitigating Actions</b> (including timescales and resources )	<p>An ability to commit beyond the budget, but 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.</p> <p>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 urgent care model developments being significantly revised.</p> <p>Short term projects will be identified which can occur in year to maximise care delivery with out negatively impacting on services being able to recruit in the future if funds were permanently moved to another area of care delivery.</p> <p>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.</p>
<b>Residual Risk Level</b>	Likelihood (3) x Impact (3) = Risk Scoring -9
<b>Planned Risk Level</b>	Likelihood (2) x Impact (3) = Risk Scoring -6
<b>Approval recommendation</b>	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 has developed the paper at Appendix 1.

## 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

Vicky Irons  
Chief Officer

DATE: 10 August 2023

Shona Hyman  
Senior Manager  
Service Development & Primary Care  
Dundee HSCP

David Shaw  
Clinical Director  
Dundee HSCP

Only to be completed if a direction is required



## DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB48-2023
2	Date Direction issued by Integration Joint Board	23 August 2023
3	Date from which direction takes effect	23 August 2023
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes – DIJB77- 2022
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	£5,692k
9	Performance monitoring arrangements	Performance will be reviewed on a regular basis, (currently 2 monthly,) by the DPCIG
10	Date direction will be reviewed	March 2024 (or earlier if required).

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	Lead Officer	2022-23 Spend (£k)	Actions to be Delivered 23-24	Proposed Spend 2023-24 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
<p><b>1. Vaccination Transformation Programme (regional approach)</b></p>	<p><b>Actions completed</b></p> <p>Backlog of pneumococcal and shingles vaccine completed by July 2022 and systems in place to call and recall citizens as become eligible.</p> <p>Service redesign and redeployment of staff process complete and all permanent workforce in place.</p> <p>Travel vaccinations were provided solely by Central Vaccination services until selected Pharmacies began providing in October 2022.</p> <p>All travel vaccines are being recorded on the national Vaccination Management Tool (VMT).</p> <p>The travel vaccination mixed model delivered by the Tayside Central Vaccination Service and selected community Pharmacies will continue to be monitored and reviewed based on levels of activity.</p> <p><b>Actions partially</b></p>	<p>Full transfer of all vaccinations previously provided in General Practice now complete.</p> <p>JCVI guidance and CLO letter received re 2023/24 programmes and Spring Campaign currently underway</p>	<p>Daniel Chandler Immunisation Co-ordinator</p>	<p>Full PCIF (still subject to discuss re final amount) will be required including Travel</p> <p>Actual share of 2022/23 cost was £441k (share of Tayside £1166k)</p>	<p>Ongoing review of property requirements for central services to reduce financial commitment and provide more person centred pop ups in rural areas. Work being undertaken in collaboration with property team and looking at any economies with other services such as children's vaccinations or CTAC services</p>	<p>Full PCIF (still subject to discuss re final amount) will be required including Travel</p> <p>Anticipated share of 2023/24 cost is £482k (share of Tayside projected cost including £74k for Travel)</p>	<p>Current Covid/Flu funding from SG is non recurring at this time for 2023/24 and therefore recurring commitment remains unknown.</p> <p>Work ongoing nationally to seek continued use of permanent appointed HCSWs for vaccinations if protocol no longer valid post pandemic status.</p> <p>Ongoing commitment to rented properties requires review as Covid vaccine programme has now reduced significantly from previous years.</p>

	<p><b>completed</b> Nil</p> <p><b>Actions outstanding</b> Nil</p>						
<p><b>2. Pharma-cotherapy Services (regional approach)</b></p>	<p><b>Actions completed</b> Accommodation for a 3<sup>rd</sup> hub was identified and following refurbishment to create a suitable workspace is up and running. Plans are in place for a 4<sup>th</sup>.</p> <p>Three pharmacists have completed the course and qualified as independent prescribers (although one has since resigned).</p> <p>Recruitment of pharmacy technicians has been partially successful but recruitment of pharmacists has failed completely. Training of another pharmacy technician will begin this year.</p> <p>Two pharmacists have completed the career start Programme but one has since resigned. No applications were forthcoming for any other career start posts advertised.</p> <p><b>Actions partially completed</b> No progress made in managing expectations of practices and defining what of pharmacotherapy is realistically deliverable.</p>	<p>Three hubs are now in place with a final fourth one planned. Suitability of space remains an issue with one hub continuing to be located in a shared office space which is far from ideal given the complexity of the work being undertaken.</p> <p>Supporting training of PTPTs funded with SG monies has had a significant impact on the rest of the pharmacy technician team and will not result in any net gain therefore plans for this year are to progress with training a PTPT within the GP pharmacy team.</p> <p>Skill mix review continues. With the failure to attract external applicants for</p>	<p>Elaine Thomson / Jill Nowell</p>	<p>£758k</p>	<p>Define proportion of pharmacotherapy service that is realistically deliverable.</p> <p>Continue training of Pharmacy Technicians to increase workforce. Continue to develop support worker role.</p> <p>Continue attempts to recruit to band 7 pharmacist posts but also explore alternative workforce models to support recruitment.</p> <p>Identify suitable accommodation and set up 4<sup>th</sup> hub.</p> <p>Engage with stakeholders to improve efficiency of workflow processes at GP practice level.</p>	<p>£905k</p>	<p>Recruitment remains an issue and is unlikely to improve as nationally, and across all sectors of pharmacy, there is a shortage of suitably qualified pharmacists and pharmacy technicians. It is highly likely that any vacancies will not be filled.</p> <p>Increasing demand on the service from both workload and to support training of pharmacists and technicians is resulting in low morale and job satisfaction with the risk that more staff will leave the service.</p>

	<p>However, significant improvements in cross sector communication</p> <p>Some pharmacists and technicians are continuing to be supported to complete national training programmes but none have completed yet.</p> <p><b>Actions outstanding</b> Clarification from national PTS implementation group on roles and responsibilities for practices is still awaited.</p> <p>Given current staffing capacity full delivery of the GMS contract remains impossible and practices will be eligible for payments as a result of this. Transition payment guidance from the SG not yet received.</p>	<p>pharmacist posts further redesign of posts to make them more attractive is required.</p>					
<p><b>3. Musculoskeletal (MSK) Services First Contact Physio</b></p>	<p><b>Actions completed</b></p> <p>Returned to First Contact Physio (FCP) Hubs spread geographically across Dundee City – improving accessibility for patients.</p> <p>Returned to in-person consultations as the default appointment type. Virtual appointments still available as required.</p> <p>Advanced Physiotherapy Practitioner – FCP Clinical</p>	<p>MacKinnon, Maryfield, Lochee, Ryehill</p> <p>Returning to in-person appointments has reduced the need for repeat appointments and therefore increased capacity within FCP. Anecdotal</p>	<p>Matthew Perrott, Integrated Manager (Occupational Therapy &amp; Physiotherapy – Outpatients)</p>	<p>£407k</p>	<p>FCP clinicians to be able to request blood investigations. Clinical Governance processes to be agreed and staff to complete appropriate training. This will help reduce number of patients passed back to GP and in line with professional governing body recommendations</p> <p>FCP clinicians to issue Fit Notes to reduce the</p>	<p>£517k</p>	<p>Recruitment to Highly Specialist Physiotherapy FCP role remains a national challenge.</p>

	<p>Lead, appointed to role to lead clinical service development.</p> <p>Clinician attendance at GP cluster meetings and cluster lead meetings; supporting improved communication within Primary Care Multi-Disciplinary Team (MDT).</p> <p>Week of care audit completed by GP practices and review of DNA data</p> <p><b>Actions partially completed</b></p> <p>Recruitment to FCP roles has had some success. However, due to delayed start dates, current staff on long term leave etc. it has been difficult to increase capacity.</p> <p><b>Actions outstanding</b></p> <p>Qualitative patient experience survey to evaluate and influence development</p> <p>Outcome manager reporting within Vision</p>	<p>evidence that patients and staff satisfaction has increased following this move.</p> <p>FCP appointment release to be altered. Meeting being arranged with new research lead to take this forward</p> <p>IT reporting issues have delayed roll out. Will allow the FCP service to quickly pull data from Vision regarding appointment numbers, outcomes, etc.</p>			<p>number of patients being directed to GP review for Med3.</p> <p>Both above developments have already shown great benefits of working within a Primary Care MDT as important stakeholders with valuable experience involved from outset.</p> <p>Qualitative patient experience survey to evaluate and influence development</p> <p>Tayside wide development of new self management / self referral system to replace MATS. Linking in with national direction.</p> <p>Working with GP practice teams</p> <p>Develop and share monthly FCP dashboard with relevant data which will be presented in a more user friendly, visually appealing way to better track trends in service provision and patient outcomes</p>		
<p><b>4. Mental Health Services</b></p> <p><b>PALMS - Dundee</b></p>	<p><b>Actions completed</b></p> <p>9 additional community mental health nurses (CMHNs) have been recruited in the last financial year bringing PALMS total Mental Health Specialist</p>	<p>From 26/03/2023 1 practice is without PALMS provision with a vacancy factor of 0.4wte. Following</p>	<p>Dr Helen Nicholson-Langley, Consultant Clinical Psychologist</p>	<p>£246k</p>	<p>To recruit to current vacancy and maintain full staff compliment; maintain provision to all 23 Dundee practices.</p> <p>To remove the upper age</p>	<p>£273k</p>	<p>PALMS development must be fully integrated with wider MH&amp;WB strategic work in Dundee.</p> <p>Physical space in practices remains a</p>

	<p>resource to 8.0wte.</p> <p>There is PALMS provision to all 23 Dundee practices.</p> <p>To support the increased workforce there is increased line management resource which is now aligned by East or West of the city.</p> <p>The A4C Band 6 Job Description for the CMHN post specific to PALMS has now been approved by the matching panel.</p> <p>All PALMS clinicians are trained and able to refer into Distress Brief Interventions (DBI).</p> <p><b>Actions partially completed.</b> A brief low intensity intervention approach, allowing up to 4 sessions for tailored low intensity support where an onward referral to mental health services is not required PALMS focus continues to be on timely access to mental health assessment and onward referral.</p> <p>Work continues with the Listening Service and Sources of Support to collaborate for most effective use of resource across all three services. This includes</p>	<p>a first round of unsuccessful recruitment to this vacancy, a temporary reduction of PALMS resource in two practices where there is a demonstrated underutilisation of PALMS will provide interim cover for the vacancy pending a second attempt to recruit.</p> <p>Scrutiny of contact data has highlighted consistently unutilised appointments in some practices and resource allocation is currently being revisited to address imbalance in capacity and demand. This coincides with practice closure</p>			<p>limit allowing all adults over 16 years to access PALMS; to establish effective referral pathways into Older People Psychiatry and Psychology services.</p> <p>To continue to work with Mental Health &amp; Wellbeing (MH&amp;W) practitioners in primary care and specialist services to establish and strengthen referral pathways to a range of low intensity interventions such a group interventions accessible at community/practice level.</p> <p>Work to understand and effectively reduce high DNA (Did Not Attend) rate and improve consistent utilisation of appointment booking.</p>		<p>constraint to PALMS provision which may be mitigated somewhat with a hub &amp; spoke model, in turn feasible only with appropriate IT systems/support for safe access to information and ability to make, follow up and communicate referral processes.</p> <p>Removal of age criteria may in time lead to increased demand. Whilst this can be addressed initially within existing resource given underutilisation in some practices, equitable and timely access to specialist Mental Health assessment may ultimately require additional resource longer term.</p>
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	<p>development of a shared guide for practices to help navigate patients appropriately.</p> <p><b>Actions outstanding</b> A Hub &amp; Spoke model has yet to be implemented. This model would allow PALMS flexibility and cross cover between practices. Work continues with IT to explore solutions for current accessibility concerns including specific issues of communication between systems SCI-Gateway and TrakCare to facilitate/follow up patient referral.</p> <p>Removal of the upper age limit. PALMS will be accessible to all adults aged 16 (and not in school) with no upper age limit envisaged from end of August / beginning of September 2023. Work is ongoing to liaise with POA/ Older People Psychology to clarify referral pathways.</p>						
<b>5. Link Workers / Social Prescribing</b>	<p><b>Action completed</b> Re-establish physical link workers presence in practices –</p> <p><b>Action completed</b> Introduce greater skill mix and gained admin support –</p>	<p>Link workers have a physical presence in 21 out of 23 practices. 2 have no room for us can still refer in</p> <p>We now have 2 support workers</p>	Theresa Hendry/Anne Winks	£220k	<p>To expand the team with additional post to support the remodelling of the service if funding available.</p> <p>Continue to build health working relationship with practices.</p> <p>Continue to work with</p>	£237k	Increased referrals are anticipated if a complete move to direct booking by practices and currently do not have the capacity for this.

		<p>in the team and 1 full time admin support. Quality improvement work has taken place around defining the roles of the link worker and support worker, PSDA, Processing mapping with the team has helped bring clarification in terms of roles, decision making</p>			<p>practices to embed the link worker into a wider practice team</p> <p>To learn from the quality improvement work focusing on the different roles of the link worker and support and continue to defines the roles and responsibilities, decision making and accountability</p> <p>To continue to produce the GP resources pack and review on a quarterly basis to GP practices and other interested parties</p> <p>To finalise our Ref Guide profile on NHS Tayside and also review all service publicity/promotional material before finalising this</p> <p>To liaise with Scottish Government about national evaluation and the current minimum data under the existing MDS codes and also continue to work with E-health to review our data collection processes</p> <p>To build on the learning from test of Change at Cluster Two and discuss direct bookings through Vision 360 with another identified Cluster</p>	
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					Work closely with Programme Manager in Primary care to support current work in GP practices and other developments such as Community Wellbeing Centre		
<b>6. Urgent Care</b>	<p><b>Actions completed</b></p> <p>Test of Change re Home visiting completed.</p> <p>Admin staff recruited</p> <p>Paramedic involvement reviewed – no longer being taken forward as part of current model</p> <p>Lead ANP recruited</p> <p><b>Actions partially completed</b></p> <p>Roll out continues but not yet complete</p> <p>Integration of patient pathways with other urgent care services continues</p> <p>Governance processes in development</p> <p><b>Actions outstanding</b></p>	<p>Home visiting element not being pursued at this time due to changes in funding. Focus on Care Home Element</p> <p>Recruited on secondment basis, permanent post to be recruited to</p>	Allison Fannin (Integrated Manager – Urgent Care)	£690k	<p>Full roll out of Care Home to remaining 4 practices.</p> <p>Electronic prescribing to be implemented.</p> <p>Skill mix review to be carried out alongside DECAHT</p> <p>Development of adult community nursing and their developing role being reviewed and how this may support continuity of care for this group</p>	£952k	
<b>7. Care &amp; Treatment</b>	<b>Actions completed</b>	Whilst all practices can use	Libby Smith Nurse	£1,585k		£1,930k	Prescribing budget to be costed - 1 x Non medical

<p><b>Services</b></p>	<p><b>Recruitment</b> – now fully recruited</p> <p><b>Phlebotomy/Chronic Disease Management (CDM)</b> – all Dundee practices have full access to CTACS for all phlebotomy requests and CDM reviews including BP monitoring, height and weight measurements, urine sampling and diabetic foot checks as part of diabetic review – no urgent blood requests taken. 94 sessions per week from 15 sites.</p> <p><b>Wound care</b> – all Dundee practices have full access to CTACS for wound care/dressings including removal of sutures and staples. We also offer administration of injections in our wound clinics. 59 sessions per week from 9 sites.</p> <p><b>Leg ulcer management</b> – all Dundee practices have full access to the leg ulcer clinics. 23 sessions per week from 4 locations. This includes 2 sessions for leg ulcer assessment clinics.</p> <p><b>Ear irrigation/syringing</b> – all Dundee practices have access to ear irrigation service. 18 sessions per week from 8 sites.</p>	<p>CTACS to undertake work up for patients CDM reviews, not all practices are currently sending their patients to CTACS. There remains a need to increase capacity to meet this demand if required. We are currently engaging with practices to try and understand what work may still be moved to CTACS in regards to this.</p> <p>There can be a wait for phlebotomy/CDM reviews if patients choose specific sites however, there is always capacity within the week and sometimes sooner for these appointments.</p> <p>Lack of premises in the north and east of the city means inequality remains for patients in these areas who need</p>	<p>Manger DHSCP</p>				<p>prescriber within service (4 to complete in total) Prescribing affiliated with wound care service.</p> <p>Increase expenditure in wound care sundries – limited wound care budget allocated.</p> <p>Inability to extend additional clinics due to limited clinic space ( exhausted all options)</p> <p>Inability to extend weekend clinics due to laboratory capacity and transport logistics.</p> <p>Additional staffing investment depending on requests.</p>
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	<p><b>Actions partially completed –</b></p> <p>CDM/LTC reviews</p> <p><b>Actions outstanding –</b></p> <p>ECGs</p>	<p>to travel to attend clinics sites.</p> <p>We are about to undertake a test of change doing ECGs for one GP cluster – this will initially be as part of diagnosis for newly diagnosed hypertension.</p> <p>We currently only look after patients who have passed their 16<sup>th</sup> birthday however, there is some work going on just now to allow us to undertake a pilot looking after patients over 10 years needing simple wound care which is still currently being carried out in practice.</p>					
<p><b>8.</b></p> <p><b>Premises, Infrastructure and IT Systems</b></p>	<p><b>Actions completed</b></p> <p>Works to expand MacKinnon Centre have been concluded. Difficulties with the I.T system delayed the re-opening, this has now been resolved.</p> <p>Broughty Ferry Health Centre phase 1 was</p>	<p>Space remains constrained and in some places inadequate to provide the services required. This still continues to impact on delivery of care and</p>	<p>Shona Hyman, Senior Manager Primary Care.</p> <p>Mark Mudie Property Asset Manager,</p>	<p>£228k premises improvement grants and some additional capital grants</p>	<p>A clear process will be agreed with NHS Tayside for lease assignments to allow these to be planned for and progressed where required</p> <p>Phase 2 of work to create clinical space in the GP area will be completed.</p>	TBC	

	<p>completed – which added several new clinical rooms for community teams, and upgraded some other areas. This has allowed the increased delivery of a range of services, such as getting bloods taken, and ear care.</p> <p>Back scanning of notes within the remaining practices has now been concluded. This has freed up space to be used for other purposes.</p> <p>MedLink is now in place as from April 2023 across all practices. This allows people who have a long term condition to complete information online and helps inform wider care needs. It has limited use as still new.</p> <p>Seven practices were prioritised for premises improvement funding creating additional admin or clinical space. All were finished in March 2023.</p> <p>A survey has been sent to general practice teams to establish if their current buildings are fit for purpose. A primary care premises strategy was agreed by the IJB in 2022.</p> <p><b>Actions partially completed</b></p>	treatment services.	<p>NHS Tayside</p> <p>Tracey Wyness, Senior Project Manager, Digital Directorate</p> <p>Nicola Stevens, PC Programme Manager</p>	<p>£261k for backscanning notes</p>	<p>Practices will be able to submit a request for a grant in line with the previous process.</p> <p>A more detailed premises plan will be progressed reviewing if buildings are required and fit for purpose longer term.</p> <p>We will continue to look at how we use digital solutions to support access and care.</p>		
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	<p>Work to increase the space within Broughty Ferry continues. Architect Plans have been finalised, possible funding streams identified and tender out for the works.</p> <p>Continue to promote the use of Near Me/Consult Now as an option for practices/services to engage with reviews/consultations</p> <p>There are ongoing discussions at a cluster level and Health and Social Care Partnership level in relation to practice boundaries. Practices continue to look to reduce the size of area within their boundary. There are a number of outstanding boundary requests for practices who cover in the area around Dundee. There are ongoing discussions as to how best to provide care in these areas.</p> <p>The development of a Dundee Primary Care Premises plan building on the strategy, has commenced but is still in the early stages of development.</p> <p><b>Actions outstanding</b></p> <p>There has been limited progress with lease</p>	<p>Use remains very limited of video consultations by GPs but a number of teams continue to offer this if clinically appropriate. Phone appointments remain high but face to face appointments are almost back to pre-covid levels.</p>					
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	<p>assignments which would support the sustainability of practices. The process for this has not been agreed and any posts to support this work not progressed.</p> <p>Work to increase the clinical space within Muirhead Medical Centre is still in the planning stage.</p>						
<p><b>9.</b></p> <p><b>Workforce Planning and Development</b></p>	<p><b>Actions completed</b> The Primary care jobs website was reviewed and as no clear evidence of a positive impact on recruitment this contract was stopped.</p> <p>Colleagues have developed a range of frameworks to support the development of advanced practice roles which will help particularly with training going forward.</p> <p>The Senior Nurse for Primary Care has met with many of the Dundee practices nurses and identified ongoing concerns from them re their future. A network is in place and educational sessions held to support the transformation of their roles going forward.</p> <p><b>Actions partially completed</b></p>				<p>Funding for career start should be secured on an ongoing basis.</p> <p>Funding should be identified to support a trainee ANP programme which includes general practice.</p> <p>A programme to develop the role which has evolved from the traditional reception role to a much more complex role should be more clearly articulated to the public. Staff training across the team to maximise the impact of this role developed.</p>	£217k	



	<p><b>Actions outstanding</b></p> <p>No other roles have been specifically developed although a number of teams continue to consider how they develop skill mix given the constraints on recruitment in key professions.</p> <p>Longer term and permanent funding for the career start GP programme has not been secured. This remains key to attracting and retaining young GPs to Tayside and also helps unstable practices.</p>	<p>The GP career start programme has continued to recruit and posts have helped with stability in some practices.</p>		<p>£194k</p>		
<p><b>10. Sustainability/ scalability</b></p>	<p><b>Actions completed</b> The legislation re the 3 core areas to be delivered is not yet in place so unable to assess against our position. However we did not meet this target by March 2023.</p> <p><b>Actions partially completed</b></p> <p><b>Actions outstanding</b></p>				<p>The principle of any person being able to access care and treatment for certain things – such as bloods – is supported but how this work can be transferred given no resource transfer has been agreed for any area and we are currently not delivering core service required contractually, nor do we have space, needs progressed.</p> <p>Work to agree what is achievable for the pharmacy teams requires to be agreed. (This is a national issue but local agreement may be possible.)</p>	

					If other funding was available some teams could recruit and expand so additional sources of funding should be sought.		
<b>11.</b> <b>Practice Staff Development</b>	<p><b>Actions Completed</b></p> <p><b>Actions Partially completed</b> As noted above the Senior Nurse for Primary Care has been linking to practice nurses but there remains uncertainty and not all nurses feel they are being fully utilised or developed.</p>		£15k for our component of Lead General Practice Nursing post		<p>The role of nursing teams in practices remains critical to care delivery, including for advanced nurse practitioners. We will review how they can continue to develop and enhance their skills to support care and maximise their potential.</p> <p>The role of receptionists will be supported to develop as part of a training programme.</p>	£15k	
<b>12.</b> <b>Evaluation</b>	<p><b>Actions completed</b></p> <p><b>Actions partially completed</b> The surveys with practice staff, employed teams and patients were all completed and reports produced. The implications have been considered and some areas developed but there remain gaps in relation to progressing this. This is particularly around raising awareness with the public of the wider roles within primary care and how they can support care for people.</p> <p><b>Actions outstanding</b></p>		<p>Service leads</p> <p>PH Intelligence Team</p> <p>LIST team</p>		<p>Once the vacant project manager post is filled they will work with the communications team to look at how we increase awareness of the breadth of the primary care team.</p> <p>Specific evaluations will be ongoing at service level as changes are made to services including patients' feedback.</p> <p>The surveys which were undertaken will be repeated in 23-4 to assess if any improvements since the previous one.</p>		

<p><b>13.</b></p> <p><b>Communication and Engagement</b></p>	<p><b>Actions completed</b></p> <p>Printed leaflets re the range of services now available to support peoples care were distributed to all practices. Social media was also used to raise awareness of each service, at a Tayside level.</p> <p><b>Actions Partially completed</b></p> <p><b>Actions outstanding</b></p> <p>Patient stories have been used internally but not externally to increase awareness of services.</p>		<p>NHST comms team</p>		<p>Agree key actions that support people to access the right part of the wider primary care team in a timely way. This will include increasing awareness of the public and also how professionals work in an integrated way.</p>		

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## Dundee Integration Joint Board Integrated Impact Assessment

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.

<b>Title of Report/Project/Strategy</b>	Primary Care Improvement Plan Update
<b>Lead Officer for Report/Project/Strategy (Name and Job Title)</b>	Shona Hyman, Senior Manager, Service Development and Primary Care
<b>Name and email of Officer Completing the Screening Tool</b>	Shona Hyman, Senior Manager, Service Development and Primary Care shona.hyman@nhs.scot
<b>List of colleagues contributing information for Screening and IIA</b>	Joyce Barclay Senior Officer HSCP Shona Hyman Dundee PCI Group members
<b>Screening Completion Date</b>	31 July 2023
<b>Name and Email of Senior Officer to be Notified when Screening complete</b>	Diane McCulloch

<b>Is there a clear indication that an IIA is needed? Mark one box only</b>		
<input checked="" type="checkbox"/>	<b>YES</b>	Proceed to IIA
<input type="checkbox"/>	<b>NO</b>	<i>Continue with Screening Process</i>

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

There a number of reports which do not automatically 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.

## Dundee Integration Joint Board Integrated Impact Assessment

Only complete the checklist on the following page whenever your report does not automatically require an Integrated Impact Assessment otherwise delete the page prior to proceeding to IIA.

## Dundee Integration Joint Board Integrated Impact Assessment

Part 1 (continued) Pre-Integrated Impact Assessment Screening.

**Screening Checklist for IIA Completion.** When yes to any of the following proceed to IIA document.

Mark one box only either Yes or No.

<b>Will the recommendations in the report impact on anyone in relation to any of the Protected Characteristics?</b> <i>Age; Disability; Gender Reassignment; Marriage &amp; Civil Partnerships; Pregnancy &amp; Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation.</i>	
<input type="checkbox"/> <b>No</b> Continue Screening Process	<input type="checkbox"/> <b>Yes. Proceed to IIA.</b>
<b>Will the recommendations in the report impact on People's Human Rights?</b> <i>For more information on Human Rights visit: <a href="https://www.scottishhumanrights.com">https://www.scottishhumanrights.com</a></i>	
<input type="checkbox"/> <b>No</b> Continue Screening Process	<input type="checkbox"/> <b>Yes. Proceed to IIA.</b>
<b>Will the recommendations in the report impact on anyone residing in a Community Regeneration Area (CRA)?</b> <i>Within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.</i>	
<input type="checkbox"/> <b>No</b> Continue Screening Process	<input type="checkbox"/> <b>Yes. Proceed to IIA.</b>
<b>Will the recommendations in the report impact on anyone in more vulnerable types of households?</b> <i>Lone parent families (especially single female parents); households with a greater number of children and/or young children; pensioner households (single or couple)</i>	
<input type="checkbox"/> <b>No</b> Continue Screening Process	<input type="checkbox"/> <b>Yes. Proceed to IIA.</b>
<b>Will the recommendations in the report impact on anyone experiencing the following issues?</b> <i>Unskilled or unemployed and of working age; serious and enduring mental health; homelessness (potential homelessness); drug and/or alcohol.</i>	
<input type="checkbox"/> <b>No</b> Continue Screening Process	<input type="checkbox"/> <b>Yes. Proceed to IIA.</b>
<b>Will the recommendations in the report impact on anyone in the following more vulnerable groups?</b> <i>Offenders and ex-offenders; looked after children and care leavers; carers.</i>	
<input type="checkbox"/> <b>No</b> Continue Screening Process	<input type="checkbox"/> <b>Yes. Proceed to IIA.</b>
<b>Will the recommendations in the report impact on any of the following?</b> <i>Employment; education &amp; skills; benefit advice / income maximisation; childcare; affordability and accessibility of services.</i>	
<input type="checkbox"/> <b>No</b> Continue Screening Process	<input type="checkbox"/> <b>Yes. Proceed to IIA.</b>
<b>Will the recommendations in the report on Climate Change or Resource Use?</b> <i>Mitigating greenhouse gases; adapting to the effects of climate change. or Energy efficiency &amp; consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.</i>	
<input type="checkbox"/> <b>No</b> Continue Screening Process	<input type="checkbox"/> <b>Yes. Proceed to IIA.</b>
<b>Will the recommendations in the report impact on Transport?</b> <i>Accessible transport provision; sustainable modes of transport.</i>	
<input type="checkbox"/> <b>No</b> Continue Screening Process	<input type="checkbox"/> <b>Yes. Proceed to IIA.</b>
<b>Will the recommendations in the report impact on the Natural Environment?</b> <i>Air, land or water quality; biodiversity; open and green spaces.</i>	
<input type="checkbox"/> <b>No</b> Continue Screening Process	<input type="checkbox"/> <b>Yes. Proceed to IIA.</b>
<b>Will the recommendations in the report impact on the Built Environment?</b> <i>Built heritage; housing.</i>	
<input type="checkbox"/> <b>No</b> Continue Screening Process	<input type="checkbox"/> <b>Yes. Proceed to IIA.</b>
<p><i>When no to everything in the above screening process you must contact 'Senior Officer to be Notified on Completion' and present a copy of this Screening tool with IJB Report. Otherwise proceed to IIA.</i></p> <p>* Transfer information into the Firm Step Process when report is progressing to Council Committee.</p>	

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found [here](#).

# Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

## Integrated Impact Assessment Record

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<b>Document Title</b>	<b>Delivery of Primary Care Improvement Plan – Annual update</b>
<b>IJB Report Number</b>	DIJB48-2023
<b>Document Type</b>	IJB Report
<b>New or Existing Document?</b>	Update to Plan for 2023/24
<b>Document Description</b>	The report is to provide an update on the implementation of the Dundee Primary Care Improvement Plan for 2022/23 and seek approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2023/24
<b>Intended Outcome</b>	To report progress in the last year and approve plans and budget for the current year.
<b>Planned Implementation Date</b>	23 August 2023
<b>Planned End Date</b>	Ongoing – review in 12 months
<b>How the proposal will be monitored and how frequently</b>	Ongoing. The Primary Care Improvement Group meet quarterly to review progress with the plan. There are a number of sub groups for the workstreams/service areas which meet regularly to review their specific progress. There is also reporting to Scottish Government every 6 months.
<b>Planned IIA review dates</b>	12 months – Aug 23
<b>IIA Completion Date</b>	31 July 2023
<b>Anticipated date of IJB</b>	23 August 2023

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

<b>Officer</b>	<b>People/groups</b>	<b>Activity/Activities</b>	<b>Date</b>
Senior Manager Primary Care	Primary Care Improvement Group	Ongoing responsibility for planning and reviewing progress as well as ensuring meets the intended outcomes.	Various
Senior Manager Primary Care	Evaluation	A range of evaluation activities are undertaken as new elements of the service are developed to inform their impact. There has also been wider survey work	various



## Dundee Integration Joint Board Integrated Impact Assessment

		undertaken across Tayside re the impact of the plan/contractual changes for people.	
Primary care Programme Manager	Premises survey work	This report noted the significant community engagement with groups and individuals around premises and access to services.	Report approved October 2023

### Equality and Fairness Impact Assessment Conclusion

*(complete after considering 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 positive impact.

### 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

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	x	Older people will 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 12 – 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	Y/N	Explanation, assessment and potential mitigations
Positive	x	Those with a disability will 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 12 – 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	Y/N	Explanation, assessment and potential mitigations
Positive		No known potential impact
No Impact	x	
Negative		
Not Known		
Marriage & Civil	Y/N	Explanation, assessment and potential mitigations

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<b>Partnership</b>		
Positive		No known potential impact
No Impact	x	
Negative		
Not Known		
<b>Race &amp; Ethnicity</b>		<b>Y/N</b>
<b>Explanation, assessment and potential mitigations</b>		
Positive		No known potential impact
No Impact	x	
Negative		
Not Known		
<b>Religion &amp; Belief</b>		<b>Y/N</b>
<b>Explanation, assessment and potential mitigations</b>		
Positive		No known potential impact
No Impact	x	
Negative		
Not Known		
<b>Sex</b>		<b>Y/N</b>
<b>Explanation, assessment and potential mitigations</b>		
Positive		No known potential impact
No Impact	x	
Negative		
Not Known		
<b>Sexual Orientation</b>		<b>Y/N</b>
<b>Explanation, assessment and potential mitigations</b>		
Positive		No known potential impact
No Impact	x	
Negative		
Not Known		
<b>Describe any Human Rights impacts not already covered in the Equality section above.</b>		
<p>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.</p>		

PART 2- Assessment (continued)

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

Mark either Yes or no (Y or N) in each box

Y or N	Area	Fairness Explain Impact / Mitigations / Unknowns
<b>Y/N</b>	<b>Strathmartine (Ardler, St. Mary's &amp; Kirkton)</b>	<p>(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)</p> <p>A number of the workstream developments give early access to specialist expertise – such as a mental health practitioner or physiotherapist. This increases access to 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.</p>
<b>x</b>	Positive	
	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Lochee (Lochee Beechwood, Charleston &amp; Menzieshill)</b>	
<b>x</b>	Positive	
	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Coldside (Hilltown, Fairmuir &amp; Coldside)</b>	
<b>x</b>	Positive	
	No Impact	
	Negative	

## Dundee Integration Joint Board Integrated Impact Assessment

	Not Known	<p>When planning teams looked at needs across the city and aim to deliver high volume things close to people.</p> <p>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.</p>
<b>Y/N</b>	<b>Maryfield (Stobswell &amp; City Centre)</b>	
x	Positive	
	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>North East (Whitfield, Fintry &amp; Mill O'Mains)</b>	
x	Positive	
	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>East End (Mid Craigie, Linlathen &amp; Douglas)</b>	
x	Positive	
	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>The Ferry</b>	
x	Positive	
	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>West End</b>	
x	Positive	
	No Impact	
	Negative	
	Not Known	

## Dundee Integration Joint Board Integrated Impact Assessment

**Household Group-** consider the impact on households and families may have the following people included.

<b>Y/N</b>	<b>Looked After Children &amp; Care Leavers</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
<b>x</b>	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Carers</b>	<b>Explanation, assessment and potential mitigations</b>
<b>x</b>	Positive	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	
<b>Y/N</b>	<b>Lone Parent Families</b>	<b>Explanation, assessment and potential mitigations</b>
	Positive	No known potential impact
<b>x</b>	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Single Female with Children</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
<b>x</b>	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Young Children and/or Greater Number of Children</b>	<b>Explanation, assessment and potential mitigations</b>
	Positive	No known potential impact
<b>x</b>	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Retirement Pensioner (s)</b>	<b>Explanation, assessment and potential mitigations</b>
<b>x</b>	Positive	Travel for monitoring of long-term conditions, more common in older people, will be reduced.
	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Unskilled Workers and Unemployed</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
<b>x</b>	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Serious &amp; Enduring Mental Health</b>	<b>Explanation, assessment and potential mitigations</b>
<b>x</b>	Positive	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	
<b>Y/N</b>	<b>Homeless</b>	<b>Explanation, assessment and potential mitigations</b>
	Positive	No known potential impact
<b>x</b>	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Drug and/or Alcohol</b>	<b>Explanation, assessment and any potential mitigations</b>
<b>x</b>	Positive	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	
<b>Y/N</b>	<b>Offenders and Ex-Offenders</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
<b>x</b>	No Impact	
	Negative	
	Not Known	

## Dundee Integration Joint Board Integrated Impact Assessment

### PART 2- Assessment (continued)

<b>Socio-Economic Disadvantage- consider if the following circumstances may be impacted</b>		
<b>Y/N</b>	<b>Employment Status</b>	<b>Explanation, assessment and any potential mitigations</b>
x	Positive	Link workers consider employment and support towards employment as part of their service.
	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Education &amp; Skills</b>	<b>Explanation, assessment and any potential mitigations</b>
<b>x</b>	Positive	Link workers and the MH practitioners will consider if there is support required to develop skills and knowledge, as well as literacy issues.
	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Income</b>	<b>Explanation, assessment and any potential mitigations</b>
<b>x</b>	Positive	The link workers in particular provide a lot of support around finance, debt, benefit, access to food banks.
	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Fuel Poverty</b>	<b>Explanation, assessment and any potential mitigations</b>
x	Positive	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	
<b>Y/N</b>	<b>Caring Responsibilities (including Childcare)</b>	<b>Explanation, assessment and any potential mitigations</b>
<b>x</b>	Positive	Local access for common tests such as blood tests being taken can help carers.
	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Affordability &amp; Accessibility of Services</b>	<b>Explanation, assessment and any potential mitigations</b>
x	Positive	Some services are more local and others less so than when directly based in general practice. The cost of travel may be increased or decreased. The most significant number of appointments is for care and treatment services and this is less as people can access any location. So overall positive impact.
	No Impact	
x	Negative	
	Not Known	

<b>Inequalities of Outcome- consider if the following may be impacted</b>		
<b>Y/N</b>	<b>Connectivity / Internet Access</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Income / Benefit Advice / Income Maximisation</b>	<b>Explanation, assessment and any potential mitigations</b>
x	Positive	Close links with social prescribing team and the mental health practitioners to services which support this.
	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Employment Opportunities</b>	<b>Explanation, assessment and any potential mitigations</b>
x	Positive	Close links with social prescribing team and the mental health practitioners to services which support this.
	No Impact	
	Negative	
	Not Known	

## Dundee Integration Joint Board Integrated Impact Assessment

Y/N	Education	Explanation, assessment and any potential mitigations
x	Positive	The link workers will consider if an educational or skills development pathway is helpful for someone and refer and support accordingly.
	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
x	Positive	Early access to specialist services is positive for health. The changes also are aimed at releasing GPs to focus on more complex patients and that should increase health more broadly.
	No Impact	
	Negative	
	Not Known	
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
x	Positive	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	
Y/N	Mental Health	Explanation, assessment and any potential mitigations
x	Positive	The mental health practitioners provide assessment and advice as first point of contact, 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	
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
x	Positive	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.)
	No Impact	
x	Negative	
	Not Known	
Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	

## Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

<b>Resource Use</b>		
<b>Y/N</b>	<b>Energy Efficiency and Consumption</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Prevention, Reduction, Re-use, Recovery, or Recycling of Waste</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Sustainable Procurement</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	

<b>Transport</b>		
<b>Y/N</b>	<b>Accessible Transport Provision</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Sustainable Modes of Transport</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	

<b>Natural Environment</b>		
<b>Y/N</b>	<b>Air, Land and Water Quality</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Biodiversity</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Open and Green Spaces</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	

<b>Built Environment</b>		
<b>Y/N</b>	<b>Built Heritage</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	
<b>Y/N</b>	<b>Housing</b>	<b>Explanation, assessment and any potential mitigations</b>
	Positive	No known potential impact
x	No Impact	
	Negative	
	Not Known	

## Dundee Integration Joint Board Integrated Impact Assessment

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 [SEA flowchart](#) to determine whether your proposal requires SEA.*

Strategic Environmental Assessment- SELECT One of the following statements	
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	x
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	
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 <a href="http://www.dundee.gov.uk/cplanning/sea">www.dundee.gov.uk/cplanning/sea</a>	
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	
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 <a href="http://www.dundee.gov.uk/cplanning/sea">www.dundee.gov.uk/cplanning/sea</a>	

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@dundee.gov.uk](mailto:Joyce.barclay@dundee.gov.uk) to post IIA on DHSCP website.

**NB Corporate Risk- is addressed in IJB reports**

<b>Administrative Use</b>	<i>Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found.</i>
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