



TO: ALL MEMBERS, ELECTED MEMBERS AND  
OFFICER REPRESENTATIVES OF THE  
DUNDEE CITY HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD

(See Distribution List attached)

Clerk and Standards Officer:  
Roger Mennie  
Head of Democratic and Legal Services  
Dundee City Council

City Chambers  
DUNDEE  
DD1 3BY

22nd March, 2019

Dear Sir or Madam

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held in Committee Room 1, 14 City Square, Dundee on Friday, 29th March, 2019 at 2.00 pm.

Apologies for absence should be submitted to Willie Waddell, Committee Services Officer, on telephone 01382 434228 or by e-mail [willie.waddell@dundeecity.gov.uk](mailto:willie.waddell@dundeecity.gov.uk).

Yours faithfully

DAVID W LYNCH  
Chief Officer

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

Members are reminded that, in terms of the Integration Joint Board's Code of Conduct, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

### **3 MINUTE OF PREVIOUS MEETING (Page No 1)**

The minute of previous meeting of the Integration Joint Board held on 26th February, 2019 is submitted for approval (copy attached).

### **4 MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

#### **(a) REGISTERED MEDICAL PRACTITIONER NOT PROVIDING PRIMARY MEDICAL CARE SERVICES**

Reference is made to Article III(c) of the minute of meeting of this Integration Joint Board held on 30th October, 2018, wherein it was noted that Dr Cesar Rodriguez had been nominated by NHS Tayside to be a member of the Integration Joint Board in the capacity of registered medical practitioner not providing primary medical services.

It is reported that Dr Rodriguez, who is a member of the Integration Joint Board, is to retire from NHS Tayside on 31st March, 2019. NHS Tayside have advised that Dr James Cotton has been nominated as his replacement to the position of registered medical practitioner not providing primary medical services.

The Integration Joint Board is asked to note the position.

#### **(b) NHS TAYSIDE NOMINATION – VOTING MEMBER**

Reference is made to Article III(a) of the minute of meeting of this Integration Joint Board held on 30th October, 2018 wherein it was noted that Dr Norman Pratt had been nominated by NHS Tayside to be a member of the Integration Joint Board in the capacity of voting member.

It is reported that, at the meeting of NHS Tayside Board held on 28th February, 2019, it had been agreed that Dr Norman Pratt be replaced and that, as such, NHS Tayside had now nominated Professor Nic Beech to be a member of the Integration Joint Board in the capacity of voting member and that this be effective from 1st April, 2019.

The Integration Joint Board is asked to note the position.

### **5 MEMBERSHIP OF PERFORMANCE AND AUDIT COMMITTEE**

#### **(a) REGISTERED MEDICAL PRACTITIONER NOT PROVIDING PRIMARY MEDICAL CARE SERVICES**

Reference is made to Article V(a) of the minute of meeting of the Integration Joint Board held on 30th October, 2018, wherein the membership of the Performance and Audit Committee was agreed.

It is reported that Dr Rodriguez, who is a member of the Performance and Audit Committee, is to retire from NHS Tayside on 31st March, 2019.

The instructions of the Integration Joint Board are sought with regard to the filling of the vacancy on the Committee as a result of the retiral of Dr Rodriguez.

(b) VOTING MEMBER

Reference is made to Article V(a) of the minute of meeting of the Integration Joint Board held on 30th October, 2018, wherein the membership of the Performance and Audit Committee was agreed.

It is reported that Dr Norman Pratt, who is a member of the Performance and Audit Committee, will cease to be a member of the Integration Joint Board as of 31st March, 2019.

The instructions of the Integration Joint Board are sought with regard to the filling of the vacancy on the Committee as a result of Dr Pratt no longer being a member of the Integration Joint Board as of 31st March, 2019.

(c) REQUEST FOR MEMBERSHIP APPOINTMENT – CARERS REPRESENTATIVE

It is reported that Martyn Sloan, who is a member of the Integration Joint Board in the capacity of carers representative, has requested that he be appointed to the membership of the Performance and Audit Committee in that capacity also.

The instructions of the Integration Joint Board are sought with regard to this request.

**6 DUNDEE INTEGRATION JOINT BOARD 2019/2020 BUDGET (Page No 7)**

(Report No DIJB14-2019 by the Chief Finance Officer, copy attached).

**7 STRATEGIC AND COMMISSIONING PLAN 2019/2022 (Page No 53)**

(Report No DIJB12-2019 by the Chief Officer, copy attached).

**8 EQUALITY OUTCOMES AND MAINSTREAMING FRAMEWORK 2019/2021 (Page No 115)**

(Report No DIJB13-2019 by the Chief Officer, copy attached).

**9 MEETINGS OF THE INTEGRATION JOINT BOARD 2019 – ATTENDANCE (Page No 145)**

A copy of the attendance return DIJB15-2019 for meetings of the Integration Joint Board held to date over 2019 is attached for information.

**10 DATE OF NEXT MEETING**

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 23rd April, 2019 at 2 pm.



**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**  
**DISTRIBUTION LIST**

**(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS**

**(\* - DENOTES VOTING MEMBER)**

<b><u>Role</u></b>	<b><u>Recipient</u></b>
Non Executive Member (Chairperson)	Trudy McLeay *
Elected Member (Vice Chairperson)	Councillor Ken Lynn *
Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright *
Non Executive Member	Jenny Alexander *
Non Executive Member	Dr Norman Pratt *
Chief Social Work Officer	Jane Martin
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr Frank Weber
Registered nurse	Sarah Dickie
Registered medical practitioner (not providing primary medical services)	Dr Cesar Rodriguez
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christine Lowden
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Drew Walker

**(b) DISTRIBUTION – FOR INFORMATION ONLY**

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
NHS Tayside (Chief Executive)	Chief Executive
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 26th February, 2019.

Present:-

<u>Members</u>	<u>Role</u>
Trudy McLEAY ( <i>Chairperson</i> )	Nominated by Health Board (Non-Executive Member)
Ken LYNN ( <i>Vice Chairperson</i> )	Nominated by Dundee City Council (Elected Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Norman PRATT	Nominated by Health Board (Non-Executive Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Sarah DICKIE	Registered Nurse
Cesar RODRIGUEZ	Registered medical practitioner (not providing primary medical services)
Jane MARTIN	Chief Social Work Officer
Drew WALKER	Director of Public Health
Raymond MARSHALL	Staff Partnership Representative
Jim McFARLANE	Trade Union Representative
Christine LOWDEN	Third Sector Representative
Linda GRAY	Service User residing in the area of the local authority
Martyn SLOAN	Person providing unpaid care in the area of the local authority

Non members in attendance at the request of the Chief Officer:-

Diane McCULLOCH	Dundee Health and Social Care Partnership
Dr David SHAW	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Alexis CHAPPELL	Dundee Health and Social Care Partnership

Trudy McLEAY, Chairperson, in the Chair.

Prior to commencement of the meeting, the Chairperson welcomed Linda Gray to her first meeting of the Integration Joint Board and introductions were made. Linda gave a brief background to herself and that she looked forward to working with the Integration Joint Board.

## **I APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of:-

<u>Members</u>	<u>Role</u>
Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Frank WEBER	Registered Medical Practitioner (whose name is included in the list of primary medical performers)

## **II DECLARATION OF INTEREST**

Christine Lowden declared a non-financial interest in relation to the item of business at Article XI of this minute by virtue of Dundee Voluntary Action receiving funding through the Integrated Care Fund.

### **III MINUTE OF PREVIOUS MEETING**

The minute of previous meeting of the Integration Joint Board held on 18th December, 2018 was submitted and approved.

### **IV PERFORMANCE AND AUDIT COMMITTEE**

#### **(a) MINUTE OF PREVIOUS MEETING OF 12TH FEBRUARY, 2019**

The minute of the previous meeting of the Performance and Audit Committee held on 12th February, 2019 was submitted and noted for information and record purposes.

#### **(b) CHAIR'S ASSURANCE REPORT**

There was submitted Report No DIJB11-2019 by Helen Wright, Chairperson of the Performance and Audit Committee held on 12th February, 2019, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

The Integration Joint Board agreed to note the content of the report.

Ken Lynn, Vice-Chairperson of the Integration Joint Board expressed his thanks to Helen Wright for Chairing this meeting of the Performance and Audit Committee in his absence.

### **V DUNDEE CHILD PROTECTION COMMITTEE ANNUAL REPORT 2017/2018**

There was submitted Report No DIJB3-2019 by the Chief Social Work Officer, presenting the Integration Joint Board with the Independent Chair of the Child Protection Committee's annual report for the period April, 2017 to March, 2018. The report included a summary of the work undertaken and identified future priorities.

The Integration Joint Board agreed:-

- (i) to note the content of the annual report which was attached to the report as Appendix 1; and
- (ii) to note the key achievements as detailed in section 4.4 of the report and the recommendations and future plans identified for 2018/2019 as summarised in section 4.5 of the report.

### **VI AUDIT SCOTLAND REPORT – HEALTH AND SOCIAL CARE INTEGRATION - UPDATE ON PROGRESS**

There was submitted Report No DIJB9-2019 by the Chief Finance Officer, providing an overview of Audit Scotland's most recent national report on the progress of Health and Social Care Integration.

The Integration Joint Board agreed:-

- (i) to note the content of the Audit Scotland Health and Social Care Integration Update progress report which was attached to the report as Appendix 1, including the key messages and recommendations contained within the report and which were highlighted in sections 4.3 and 4.4 of the report; and
- (ii) to instruct the Chief Officer to work with partner agencies to consider the report recommendations and ensure arrangements were in place to respond to these through appropriate Integration Joint Board governance processes as set out in section 4.5 of the report.



## **VII STRATEGIC COMMISSIONING PLAN 2019/2022 – PROGRESS UPDATE**

There was submitted Report No DIJB5-2019 by the Chief Officer, informing of progress made in revising the Partnership's Strategic Commissioning Plan and providing an opportunity for the Integration Joint Board to comment on the draft Strategic Commissioning Plan 2019/2022.

The Integration Joint Board agreed:-

- (i) to note the content of the report and the progress made in reviewing the Partnership's Strategic Commissioning Plan as indicated in sections 4.2 to 4.6 of the report, including the significant contributions made by a range of stakeholders to the preparation of the draft Strategic Commissioning Plan 2019/2022 and further planned consultation activity as indicated in section 4.7 of the report;
- (ii) to note that the current Strategic Commissioning Plan 2016/2021 would remain in place until the replacement plan was approved by the Integration Joint Board; and
- (iii) to provide comments to the Chief Officer direct regarding the draft Strategic Commissioning Plan 2019/2022 which was attached to the report as Appendix 1.

## **VIII MEASURING PERFORMANCE UNDER INTEGRATION 2019/2020 SUBMISSION**

Reference was made to Article V of the minute of meeting of the Performance and Audit Committee held on 12th February, 2019, wherein the Performance Report was submitted and agreed.

There was submitted Report No DIJB6-2019 by the Chief Officer seeking approval of the 2019/2020 submission to be made by the Integration Joint Board to the Ministerial Strategic Group for Health and Community Care as part of the Measuring Performance under Integration work stream.

The Integration Joint Board agreed:-

- (i) to note the summary table of targets under each service delivery area as outlined in Appendix 1 of the report;
- (ii) to note the methodology used to develop proposed targets for submission to the Ministerial Strategic Group for Health and Community Care as outlined in section 4.2.1 and Appendix 2 of the report;
- (iii) to approve the 2019/2020 submission to the Ministerial Strategic Group for Health and Community Care by 28th February, 2019 which was attached to the report as Appendix 3; and
- (iv) to note that 2019/2020 targets would remain in draft until such time as the Integration Joint Board budget for 2019/2020 had been confirmed as outlined in section 4.2.2 of the report.

## **IX NATIONAL SUICIDE PREVENTION ACTION PLAN - EVERY LIFE MATTERS**

There was submitted Report No DIJB2-2019 by the Chief Officer providing information about the National Suicide Prevention Action Plan: Every Life Matters and arrangements in place to enable its implementation across Dundee.

The Integration Joint Board agreed:-

- (i) to note the content of the report and the National Suicide Prevention Action Plan: Every Life Matters and National Suicide Prevention Leadership Group Delivery Plan, which was attached to the report as Appendix 1 and progress in preparing for its commencement as described in section 4.2.5 of the report;

- (ii) to note the Tayside Multiagency Suicide Review Group Annual Report 2017 which was attached to the report as Appendix 2; and
- (iii) to note the intention that a Dundee Suicide Prevention Strategic Plan would be submitted to a meeting of the Dundee City Health and Social Care Integration Joint Board for endorsement by June 2019.

#### **X FINANCIAL MONITORING POSITION AS AT DECEMBER 2018**

There was submitted Report No DIJB7-2019 by the Chief Finance Officer, providing an update of the projected financial monitoring position for delegated Health and Social Care Services for 2018/2019.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the overall projected financial position for delegated services to the 2018/2019 financial year end as at 31st December, 2018 as outlined in Appendices 1 and 2 of the report; and
- (ii) to approve the use of historical legacy funding as a key element of the Integration Joint Board's financial recovery plan as set out in section 4.1.5 of the report in order to deliver the net projected financial position reflected in the report.

#### **XI DELEGATED BUDGET 2019/2020 DEVELOPMENT – PROGRESS REPORT**

There was submitted Report No DIJB8-2019 by the Chief Finance Officer, providing an updated overview of the delegated budget 2019/2020. The report formed phase two of a set of three budget development reports to be presented to each Integration Joint Board meeting leading up to the meeting of 29th March, 2019, when the delegated budget would be laid before the Integration Joint Board for approval.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the potential implications to the delegated budget of the impact of the Scottish Government's Budget on Dundee City Council and NHS Tayside's financial settlements as set out in sections 4.3, 4.4, 4.5 and Appendix 1 of the report; and
- (ii) to remit the Chief Finance Officer to bring forward a proposed budget for 2019/2020 in relation to delegated services as the final phase of the development of the budget for consideration by the Integration Joint Board at its meeting on 29th March, 2019.

#### **XII PROPOSED NEW “PAUSE” SERVICE FOR DUNDEE**

There was submitted Report No DIJB1-2019 by the Chief Social Work Officer, providing information on proposals to introduce a new service, “Pause”, for women who had had multiple children removed from their care to Dundee. It was reported that the proposals were approved at the meeting of the Children and Families Services Committee of Dundee City Council held on 28th January, 2019.

The Integration Joint Board agreed:-

- (i) to note the content of the report;
- (ii) to note that, subject to available funding, a pilot “Pause” Practice would be established in Dundee. This would be informed by a steering group involving relevant partner agencies including staff from the Dundee Health and Social Partnership;
- (iii) to remit the Chief Officer to identify appropriate representation on the proposed steering group from the Dundee Health and Social Care Partnership; and

- (iv) to instruct the Chief Social Work Officer to report back to the Integration Joint Board at the end of 2021 regarding the evaluation and longer term sustainability of a “Pause” Service for Dundee.

### **XIII ARRANGEMENTS FOR MANAGING HIGH RISK OFFENDERS**

There was submitted Report No DIJB4-2019 by the Chief Social Work Officer, presenting the eleventh annual report on arrangements for managing high risk offenders across Tayside, covering the period 1st April, 2017 to 31st March, 2018. A copy of the report was attached to the report as an appendix.

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to note the ongoing developments in relation to the risk assessment and risk management of high risk offenders as outlined in sections 4.4 to 6.0 and Appendix 1 of the report.

### **XIV MEETINGS OF THE INTEGRATION JOINT BOARD 2018 – ATTENDANCES**

There was submitted a copy of the attendance return for meetings of the Integration Joint Board held to date over 2018.

The Integration Joint Board agreed to note the position as outlined.

### **XV DATE OF NEXT MEETING**

The Integration Joint Board agreed to note that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on Friday, 29th March, 2019 at 2.00 pm.

Trudy McLEAY, Chairperson.



ITEM No ...6.....



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
29 MARCH 2019

**REPORT ON:** DUNDEE INTEGRATION JOINT BOARD 2019/20 BUDGET

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB14-2019

## 1.0 PURPOSE OF REPORT

The purpose of this report is to advise Dundee Integration Joint Board of the implications of the proposed delegated budget for 2019/20 from Dundee City Council and indicative budget from Tayside NHS Board and to seek approval for the range of savings required to set a balanced budget for Dundee Health and Social Care Partnership for 2019/20.

## 2.0 RECOMMENDATIONS

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

- 2.1 Notes the implications of the proposed delegated budget to Dundee Health and Social Care Partnership from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2019/20.
- 2.2 Approves the delegated budget proposed by Dundee City Council as set out in section 4.7 and Table 4 within this report.
- 2.3 Instructs the Chief Finance Officer to report back to the IJB following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implications of the finalisation of hosted services budgets, additional prescribing allocations and the Large Hospital Set Aside on the IJB's net budget position and associated savings.
- 2.4 Approves an uplift of 1.85% for 2019/20 to rolling contractual arrangements with the third sector for the provision of health and social care services as outlined in paragraph 4.8.2 inclusive of uplifts to implement the Scottish Living Wage and Sleepover payments at the Scottish Living Wage.
- 2.5 Approves the mainstreaming of services funded by the Integrated Care Fund and Delayed Discharge Funding as set out in the Consolidation of Change Projects report (SBAR6) as set out within the Savings Proposals Report attached as Appendix 2 to this report.
- 2.6 Approves the range of savings set out in the attached Savings Proposals Report (Appendix 2) in order to bring the projected budget position closer to balance.

- 2.7 Instructs the Chief Finance Officer to progress the Transformation Programmes as outlined in the Savings Proposals report to the next stage in partnership with relevant stakeholders including Trade Union and Staff Side representatives.

### **3.0 FINANCIAL IMPLICATIONS**

The proposals outlined in this report set out an overall budget for 2019/20 for Dundee Health and Social Care Partnership of £235.1m as noted in section 4.12 of this report.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 Report DIJB72-2018 (Delegated Budget 2019/20 – Initial Outlook) presented to the December meeting of the IJB set out an initial overview of the projected financial pressures likely to be faced within the delegated budget during 2019/20 as phase one of a set of three budget reports leading to the planned finalisation of the IJB’s budget at the end of March 2019. This report focussed on the totality of the potential pressures but did not at that stage identify the funding solutions which would offset these given the relative stages of the budget process within NHS Tayside and Dundee City Council and the overall Scottish Government’s Budget. The identified cost pressures at that time totalled around £14.2m.
- 4.1.2 The IJB was provided with an update at its meeting on 26<sup>th</sup> February 2019 (Report DIJB8-2019 –Delegated Budget 2019/20 Development – Progress Report) which further refined the estimated financial pressures (£14.3m) and noted the potential impact of the likely budget offers to be made to the IJB from Dundee City Council and NHS Tayside. The combined effect of these and specific Scottish Government funding for Primary Care Improvement and Mental Health Action 15 Funding resulted in a projected deficit of £5.878m.
- 4.1.3 Since then, further work has been undertaken to refine the financial assumptions included in the delegated budget which notes a revised projected deficit of £5.936m. This is set out in Appendix 1. In addition, officers have been working through the range of interventions required to deliver a balanced budget for the IJB in 2019/20.
- 4.1.4 The factors noted above and subsequent negotiations have shaped the development of Dundee Health and Social Care Partnership’s proposed 2019/20 budget and includes the range of savings with associated risks which is set out within the following sections.

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

- 4.2.1 NHS Tayside’s Financial Plan 2019/20 continues to be developed and is expected to be signed off by Tayside NHS Board in April 2019 therefore the figures contained in this report are indicative at this stage. In relation to the delegated budget, NHS Tayside’s Director of Finance has indicated that the recurring delegated budget will be uplifted by 2.6% in line with the uplift received by NHS Tayside from the Scottish Government. It is anticipated that these uplifts will fully fund inflationary increases such as the pay settlement and inflationary increases in prescribing in 2019/20. The indicative budget has been developed in accordance with the Scottish Government’s expectations around the funding of IJB delegated budgets from NHS Boards for 2019/20 and notwithstanding the areas still to be clarified, the Chief Finance Officer deems this to be a fair and transparent approach. However, there are a range of current year cost pressure areas such as prescribing and the impact of hosted services recharged from Angus and Perth and Kinross IJB’s which need to be supported within the budget. These are reflected in the cost pressures estimate and subsequent funding

shortfall. This also includes the need to shift historical savings from a non-recurring to a recurring basis.

- 4.2.2 The expectation from Tayside NHS Board is that each of the IJB's bring their delegated budgets in to balance in 2019/20, thereby removing financial risk to NHS Tayside in 2019/20.

### 4.3 Prescribing

- 4.3.1 As reported during 2018/19 through the financial monitoring process, the prescribing budget continues to be the highest financial risk area within the delegated budget, despite significant progress being made over the last two financial years to radically change the local approach to prescribing. This has been lead through the Tayside wide Prescribing Management Group (PMG) and locally through the Dundee Medicines Management Group, with a programme of cost reductions and service changes designed to restrict and reduce price and volume growth. The forecast position for the Dundee Prescribing Budget is set out in table 1 below.

**Table 1 – Dundee GP Prescribing Budget Projections 2019/20**

	£000
Share of Prescribing Budget	32,603
2019/20 Anticipated Baseline Spend	33,162
2019/20 Anticipated Growth (inc Price Increases)	667
Anticipated Spend 2018/19	33,829
Less:	
Tayside Wide Active Interventions	(136)
Revised Anticipated Spend	33,693
Projected Funding Shortfall	1,089

- 4.3.2 The 2018/19 prescribing budget was enhanced by a sum of £800k as a share of a Tayside wide benefit of an additional £1.2m of funding due to changes in the national allocation funding formula (NRAC). This Tayside benefit was mainly as a result of factors relating to Dundee however a shared approach to the Tayside prescribing position was taken which saw all 3 Tayside IJB's benefit. The allocation of this £1.2m was made in 2018/19 on a non-recurring basis however the 2019/20 recurring position has yet to be formally put to the NHS Board for consideration. The figures in Table 1 do not take into account any share of this additional funding therefore the Chief Finance Officer will bring back to the IJB an assessment of the financial implications of the financial position once known.

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

- 4.4.1 Perth & Kinross IJB continues to work in partnership with Dundee, Angus and NHS Tayside, to reduce the cost pressures associated with the Mental Health Inpatient Service and General Adult Psychiatry which has had a considerable funding gap over the last three years, partly met through non-recurring funding from NHS Tayside. Reducing this gap is associated with the major service redesign programme which the IJB supported in December 2017 (Report DIJB49-2017, Mental Health & Learning Disability Redesign Transformation Programme – Consultation Feedback Report) however this is still progressing. The projected net financial gap for 2019/20 will not be confirmed until both NHS Tayside and Perth & Kinross IJB set their budgets, however an estimate based on the current years overspend has been factored in to the Dundee IJB cost pressures calculations. The impact to Dundee of any residual overspend for these services would be around 40% of the total Tayside figure and the Chief Finance

Officer will bring back to the IJB an assessment of the financial implications of the position once known.

#### **4.5 Large Hospital Set Aside**

- 4.5.1 A key component of the overall funding of health and social care is in relation to progressing the arrangements to release resources through the Large Hospital Set Aside mechanism. The system reform assumptions in the Scottish Government's Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway is key to delivering this objective and the Scottish Government has set out that partnerships must ensure that by the start of 2019-20, the set aside arrangements are fit for purpose and enable this approach. The Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, and is put into practice. This will continue to be a focus of financial planning in conjunction with NHS Tayside and the implications of this will be presented to the IJB in due course.

#### **4.6 Primary Care and Mental Health Additional Funding**

- 4.6.1 The Scottish Government's Budget sets out the continued additional planned funding for Primary Care Transformation and Mental Health Action 15 Funding. Primary Care funding will increase from £120m to £155m in 2019/20 while Mental Health and CAMHS funding will increase from £47m to £61m. This funding is directed through NHS Boards to IJB delegated budgets.
- 4.6.2 Dundee's core share of the Primary Care Funding for 2019/20 is £1,630k which will be enhanced through a transfer from Angus and Perth and Kinross to recognise GP practice boundaries and patient flow. The share of Mental Health funding is £504k. Both of these funding streams are subject to strong governance arrangements through the Scottish Government and come with high expectations of delivering increased capacity and improvement within the respective areas. This additional funding will support the continued development of community based health and social care services in line with the IJB's strategic priorities.

#### **4.7 Dundee City Council Budget Implications**

- 4.7.1 Dundee City Council set its budget on the 21<sup>st</sup> February 2019 which set out the net budget offer to the IJB. The changes to the delegated budget as part of this offer are set out in table 2 below and consists of provision for inflationary pressures and reflects Scottish Government investment to be directed to Integration Authorities. This consists of an additional £40m nationally included in the core local government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s (the distribution of which is still to be confirmed). A further £120m nationally has been allocated to support health and social care integration including delivery of the Living Wage, uprating free personal care and school counselling services (the latter national amount of £12m is not a delegated function to Dundee IJB). This funding is to be additional to each council's recurrent 2018/19 spend on social care.
- 4.7.2 As part of the final local government settlement, the Scottish Government has provided local authorities the flexibility to offset their adult social care allocations by up to 2.2% compared to 2018/19 i.e. up to £50m across all local authorities to help them manage their own budgets. It is therefore within this financial context that Dundee City Council's budget offer to Dundee IJB has been developed, resulting in an offsetting saving of £2,971k being applied. Therefore the Chief Finance Officer considers this to be a fair and transparent approach within the parameters set out by the Scottish Government. The net increase to the delegated budget is £2,560k prior to the allocation of funding for free personal care for under 65's, estimated to be approximately £888k for Dundee.



**Table 2 – Dundee City Council Budget Uplift Details**

	£000
Inflationary Uplift	2,017
Additional Council Funded Posts (Protecting People)	100
Additional Funding for Health and Social Care (Share of national £120m)	3,252
Additional Funding for New Legislation (Carers Act only)*	301
Less: Assumed Additional Income from Review of Charges	(159)
Total Additional Funding	5,531
Less: Financial Savings Applied	(2,971)
Net Uplift Provided	2,560

\*Free Personal Care Funding estimated as £888k still to be confirmed by Scottish Government

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

- 4.8.1 The delegated budget funds a range of health and social care services provided by the third and voluntary sector on behalf of the Health and Social Care Partnership. These arrangements are governed by contractual frameworks with baseline funding agreed at the commencement of the service through the tendering process. Subsequent increases in the level of contractual funding for these (other than to reflect changing needs of individual service users) are a matter for the commissioning body to decide. Until 2018/19 where the IJB committed to an increase in contractual funding levels of 1% plus living wage where appropriate, the majority of these arrangements did not have any uplifts applied for a number of years with reductions applied in recent years by Dundee City Council as part of its budget process.
- 4.8.2 Care providers continue to face a number of financial challenges and in recognition of this and the important contribution the services they provide make to the overall health and social care service landscape, it is proposed that despite the scale of financial savings required to be made by the IJB, a 1.85% increase in these contractual funding levels for 2019/20 at a cost of approximately £699k should be applied. This would be inclusive of payment of the living wage where appropriate.

#### **4.9 Consolidation of Change Funding**

- 4.9.1 The current delegated budget includes funding for two historical change funds, Integrated Change Fund and Delayed Discharge Funding which the partnership has used to test and embed change programmes in line with the IJB's Strategic and Commissioning Plan. Over the last 3 financial years, this funding has supported the development of a range of different models of care, some of which have become part of mainstreamed services and others which require ongoing funding for longer term sustainability. Following an evaluation of these projects by the Integrated Care Fund Monitoring Group and the Home and Hospital Transition Group, it is proposed that many of these projects should now be mainstreamed and supported through this funding and that financial savings are applied to the remaining change fund budget. These proposals are set out in detail in the Savings Proposals Report (SBAR6) attached as Appendix 2 to this report.

#### 4.10 Dundee IJB Proposed Savings Programme

- 4.10.1 The impact of all the elements in the previous sections on the proposed delegated budget is noted in Appendix 1 attached. This highlights that the IJB needs to identify savings to the value of approximately £5.9m in 2019/20 to provide a balanced budget. Over the last few months, officers from the IJB have developed a proposed savings programme, reflecting a thorough review of service budgets, development of service redesign and transformation programme initiatives and an assessment of corporate savings in order to meet the financial challenge.
- 4.10.2 The savings proposals are set out in detail within the attached Proposed Savings Programme 2019/20 (Appendix 2). IJB members will note that despite the extensive savings identified, there remains a funding gap of just over £500k. However given there are still a number of areas to be confirmed in relation to the NHS indicative budget which are likely to have an impact on the IJB's net funding position, the Chief Finance Officer will report back to the IJB with confirmation of this impact and any further budget savings to be considered once this position is known.

#### 4.11 Reserves Position

- 4.11.1 At the financial year end 2017/18 the IJB's reserves stood at £4.560m. As part of the 2018/19 budget setting process, the IJB agreed to release resources to the value of £1.983m to support the financial position for the financial year, on a non-recurring basis. In addition, the IJB had previously agreed the use of reserves to support transition funding for the Reshaping Non-Acute Care for Older People programme of £1.686m. A further £400k had also been earmarked to support further transformation of services leaving around £491k of usable reserves. However during the 2018/19 financial year, the requirement to access reserves to support the Reshaping Non-Acute Care programme is anticipated to be significantly less than planned, therefore reserve levels at the year-end are likely to be higher.
- 4.11.2 The Integration Scheme risk sharing agreement notes that should there be any residual overspend in operational services at the end of the financial year, reserves should be drawn on prior to overspends being picked up by the partner bodies therefore there is currently still a risk that the actual reserve position may be impacted on by the 2018/19 final position.
- 4.11.3 The IJB has a reserves policy which states that reserves should be at a level of around 2% of budgeted resources therefore an appropriate level of reserves would equate to around £5m for Dundee IJB. Audit Scotland noted a risk around financial sustainability of the IJB in the 2017/18 Annual Audit Report which included the projected level of reserves. It is not proposed at this stage to seek approval to plan to release resources from reserves to support the projected budget shortfall for 2019/20, however this may require to be revisited once all areas of the budget settlement have been confirmed.

**Table 3 – Projected IJB Reserves Position (as at 31 March 2019)**

	£000
Value of Reserves	4,560
Less: Anticipated Commitment	(3,083)
Balance Available	1,477*
*Subject to change at year end	

#### 4.12 Proposed Dundee IJB Delegated Budget 2019/20

4.12.1 Factoring all of the above against the delegated budget results in a proposed position for 2019/20 as noted in Table 4 below.

**Table 4 – Dundee Health & Social Care Partnership Proposed Delegated Budget 2019/20**

	Dundee City Council	NHS Tayside (indicative only)	Total Proposed Budget 2019/20
	£m	£m	£m
<b>2019/20 Baseline Budget</b>			
Hospital & Community Based Services	73.6	77.4	151.0
Family Health Services Prescribing*		32.6	32.6
General Medical Services*		43.1	43.1
Large Hospital Set Aside (value tbc)		Tbc	Tbc
<b>Total Baseline Budget</b>	<b>73.6</b>	<b>153.1</b>	<b>226.7</b>
Add:			
Inflationary Uplifts (less review of charging – council only)	1.9	2.8	4.7
Funding for Additional Posts	0.1		0.1
Investment in New Scottish Govt Legislation/National Policy (share of £160m)*	3.6		3.6
Primary Care/ Mental Health Innovation Funding/ADP Funding		2.1	2.1
Less: Funding Reduction	-3.0		-3.0
<b>Total Proposed Budget 2019/20</b>	<b>76.2</b>	<b>158</b>	<b>234.2</b>
Estimated Additional Funding for Free Personal Care for Under 65s (to be confirmed)	0.9		0.9
Estimated Budget 2019/20	77.1	158	235.1
Note:**			
Hosted Services Transfer Out		Tbc	Tbc
Hosted Services Transfer In		Tbc	Tbc

Note\* - Excludes Free Personal Care for Under 65s - to be confirmed

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

4.12.2 The scale and pace of the delivery of the IJB's revised Strategic and Commissioning Plan is dependent on the level of resources delegated to the IJB. While the 2019/20 financial position is challenging, the partnership is receiving a net growth in its resources for 2019/20 through additional investment in areas such as Primary Care, Mental Health, Carers and social care, all of which will support the delivery of the priorities set out within the Strategic and Commissioning Plan.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
<b>Risk Category</b>	Financial
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 4 = 16 (Extreme)
<b>Mitigating Actions</b> (including timescales and resources )	Developing a robust and deliverable Transformation Programme. Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 4 = 12 (High)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 4 = 12 (High)
<b>Approval recommendation</b>	Although the risk levels remain high, the range of interventions identified generally have a medium to low risk of delivery in 2019/20 therefore it is recommended that the risks be accepted. Risks around the Prescribing budget will be continually monitored and reported to the IJB throughout the year.

## 7.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

None.

Dave Berry  
Chief Finance Officer

**DATE:** 22 March 2019



**DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD**

1	Reference	
2	Date Direction issued by Integration Joint Board	29 March 2019
3	Date from which direction takes effect	1 April 2019
4	Direction to:	NHS Tayside & Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes
6	Functions covered by direction	All delegated services.
7	Full text of direction	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to provide health and social care services as commissioned by Dundee Integration Joint Board within the resources allocated as set out in this report, subject to formal notification from NHS Tayside as to the level of budget offer. Further Directions will be issued by Dundee Integration Joint Board during 2019/20 as to the future provision of these services.
8	Budget allocated by Integration Joint Board to carry out direction	To be confirmed once the final budget has been agreed following formal notification from NHS Tayside as to the level of budget offer
9	Performance monitoring arrangements	Through regular financial monitoring reports to Dundee Integration Joint Board.
10	Date direction will be reviewed	June 2019 (following receipt of NHS Tayside's formal budget offer)





Appendix 1

<b>DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP</b>		
<b>REVENUE BUDGET 2019/20</b>		
<b>Anticipated Cost Pressures:</b>		<b>Total Delegated Budget Cost Pressures</b>
		<b>£000</b>
<b><i>Current Year Non-Recurring Savings / Budget Pressures</i></b>		
2018/19 Legacy Savings Gap		<b>2,837</b>
Current Year Budget Pressures		<b>1,100</b>
<b>Total Current Years Funding Requirements</b>		<b>3,937</b>
<b><i>New Pressures 2019/20 - Inflationary Pressures/Demographic Growth</i></b>		
Staff Pay Increases (includes impact of 18/19 additional 0.5%)		<b>3,179</b>
Increased Costs of Externally Provided Services (including living wage)		<b>1,514</b>
Anticipated Demographic Demand Growth		<b>1,500</b>
Prescribing Growth		<b>667</b>
<b>Total Inflationary / Demographic Pressures</b>		<b>6,860</b>
<b><i>National Policy / Legislative Costs:</i></b>		
Carers Act Implementation - Year 2		<b>301</b>
Free Personal Care for Under 65s*		<b>888</b>
Free Personal & Nursing Care Rate Increases		<b>65</b>
Primary Care Improvement Plan		<b>1,630</b>
Mental Health Action 15		<b>504</b>
<b>Total National Policy / Legislative Costs</b>		<b>3,389</b>

Dundee City Council Additional Commitments (Additional Public Protection Posts)		<b>119</b>
<b>Total Anticipated Cost Pressures 2019/20</b>		<b>14,304</b>
<b>Anticipated Net Funding Increase:**</b>		
Dundee City Council (including share of £160m for social care)*		<b>3,488</b>
NHS Tayside		<b>2,786</b>
Scottish Government Funding - Primary Care / Mental Health		<b>2,134</b>
<b>Total Anticipated Additional Funding</b>		<b>8,368</b>
<b>Net Anticipated Residual Funding Shortfall</b>		<b>5,936</b>
*Distribution of Scottish Government national funding for Free Personal Care for Under 65s has not yet been announced but estimated to be £888k		
**Final Figures to be confirmed		

**Committee Report No:**

**Document Title:** Dundee Integration Joint Board 2019/20 Revenue Budget

**Document Type:** Other

**New/Existing:** New

**Period Covered:** 01/04/2019 - 31/03/2020

**Document Description:**

The report sets out the proposed revenue budget for the Dundee Integration Joint Board for 2019/20, including the proposed savings programme for 2019/20.

**Intended Outcome:**

The report is intended to support the Integration Joint Board to set a budget for 2019/20 that enables the delivery of supports and services in-line with the Strategic Priorities set out in the Partnership's Strategic and Commissioning Plan 2019-2022.

**How will the proposal be monitored?:**

The Integration Joint Board receives regular Revenue Monitoring Reports throughout the year which support monitoring of financial aspects of the budget proposal. The progress and impact of savings proposals will be monitored through further, more detailed papers being presented to the Integration Joint Board on each of the individual savings proposals made. The impact of the budget and savings proposals will also be monitored through regular performance reports submitted to the Performance and Audit Committee.

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## A. Equality and Diversity Impacts:

<b>Age:</b>	Positive
<b>Disability:</b>	Positive
<b>Gender Reassignment:</b>	Not Known
<b>Marriage and Civil Partnership:</b>	Not Known
<b>Pregnancy and Maternity:</b>	Not Known
<b>Race/Ethnicity:</b>	Positive
<b>Religion or Belief:</b>	Not Known
<b>Sex:</b>	Positive
<b>Sexual Orientation:</b>	Not Known

### Equality and diversity Implications:

Overall the proposed budget sets out financial arrangements that will support the implementation of the Partnership's Strategic and Commissioning Plan 2019-2022 and Equality Outcomes and Mainstreaming Framework 2019-20. Both of these documents have a clear focus on addressing health inequalities, particularly in relation to protected characteristics (as defined in the Equality Act 2010) and people affected by socio-economic disadvantage. The agreement and implementation of the revenue budget will therefore support the delivery of a range of health and social care supports and services that will positively impact on equality and diversity matters.

In relation to savings proposals:

- a number of the savings proposals reflected within the proposed revenue budget have previously been agreed by the Integration Joint Board and have therefore already been subject to screening in relation to Integrated Impact Assessment.
- a number of the savings proposals reflected within the proposed revenue budget reflect efficiencies achieved by the redesign of services that will deliver more personalised and accessible services to the citizens of Dundee and consequently support improved health and social care outcomes. Savings proposals made under the category of 'Transformation Programme Savings' in particular reflect this intention.

### Proposed Mitigating Actions:

A number of the savings proposals specifically reference commitment to work alongside communities and wider stakeholders to further assess the impact of proposed savings proposals. For example, the Change of Basis for Non-Residential Charging Policy proposal commits to a period of consultation and co-production. As savings proposals are progressed reports will be presented to the Integration Joint Board for consideration and approval. These individual reports will include a more comprehensive assessment of equality and diversity implications, and will be accompanied by specific Integrated Impact Assessments where appropriate. This will allow the specific implications of individual policy implications to be understood in detail by the Integration Joint Board.

The Integration Joint Board is also being asked to approve the Partnership's Equality Outcomes and Mainstreaming Framework 2019-2022; this sets out the Partnerships priorities and commitments in relation to promoting equality, diversity and fairness, including

in relation to how the Partnership develops policy and makes decisions. The implementation of the commitments made within the document will also act as mitigation to any potential negative impacts of the proposed revenue budget and savings on equality, diversity and fairness matters.

Is the proposal subject to a full EQIA? : No

## **B. Fairness and Poverty Impacts:**

### **Geography**

<b>Strathmartine (Ardler, St Mary's and Kirkton):</b>	Positive
<b>Lochee(Lochee/Beechwood, Charleston and Menzieshill):</b>	Positive
<b>Coldside(Hilltown, Fairmuir and Coldside):</b>	Positive
<b>Maryfield(Stobswell and City Centre):</b>	Positive
<b>North East(Whitfield, Fintry and Mill O' Mains):</b>	Positive
<b>East End(Mid Craigie, Linlathen and Douglas):</b>	Positive
<b>The Ferry:</b>	Positive
<b>West End:</b>	Positive

### **Household Group**

<b>Lone Parent Families:</b>	Not Known
<b>Greater Number of children and/or Young Children:</b>	Not Known
<b>Pensioners - Single/Couple:</b>	Positive
<b>Single female households with children:</b>	Not Known
<b>Unskilled workers or unemployed:</b>	Positive
<b>Serious and enduring mental health problems:</b>	Positive
<b>Homeless:</b>	Positive
<b>Drug and/or alcohol problems:</b>	Positive
<b>Offenders and Ex-offenders:</b>	Positive
<b>Looked after children and care leavers:</b>	Not Known
<b>Carers:</b>	Positive

### **Significant Impact**

<b>Employment:</b>	Positive
<b>Education and Skills:</b>	Positive
<b>Benefit Advice/Income Maximisation:</b>	Positive
<b>Childcare:</b>	Not Known
<b>Affordability and Accessibility of services:</b>	Positive

### **Fairness and Poverty Implications:**

Overall the proposed budget sets out financial arrangements that will support the implementation of the Partnership's Strategic and Commissioning Plan 2019-2022 and Equality Outcomes and Mainstreaming Framework 2019-20. Both of these documents have a clear focus on addressing health inequalities, particularly in relation to protected characteristics (as defined in the Equality Act 2010) and people affected by socio-economic disadvantage. The agreement and implementation of the revenue budget will therefore support the delivery of a range of health and social care supports and services that will positively impact on fairness and poverty.



The revenue budget proposals reflect an underlying strategic commitment to invest resources and target services on populations (both geographical and of interest / characteristic) with most significant health and social care needs, whilst also maintain investment in whole population early intervention and prevention approaches. This approach balances the need to invest in reducing the unequal impact of poverty on health and social care outcomes amongst those living in the most deprived communities in Dundee and maintaining good health and social care provision across the general population.

A range of savings proposals include elements of service redesign that will enhance capacity for locality based working and service delivery. This will support the Partnership to better understand and meet the needs of geographical communities, including addressing the unique health and social care needs and inequalities that arise in the most deprived areas of the city.

**Proposed Mitigating Actions:**

A number of the savings proposals specifically reference commitment to work alongside communities and wider stakeholders to further assess the impact of proposed savings proposals. For example, the Change of Basis for Non-Residential Charging Policy proposal commits to a period of consultation and co-production. As savings proposals are progressed reports will be presented to the Integration Joint Board for consideration and approval. These individual reports will include a more comprehensive assessment of fairness and poverty implications, and will be accompanied by specific Integrated Impact Assessments where appropriate. This will allow the specific implications of individual policy implications to be understood in detail by the Integration Joint Board.

The Integration Joint Board is also being asked to approve the Partnership's Equality Outcomes and Mainstreaming Framework 2019-2022; this sets out the Partnerships priorities and commitments in relation to promoting equality, diversity and fairness, including in relation to how the Partnership develops policy and makes decisions. The implementation of the commitments made within the document will also act as mitigation to any potential negative impacts of the proposed revenue budget and savings on poverty and fairness matters.

## C. Environmental Impacts

### Climate Change

Mitigating greenhouse gases:	Not Known
Adapting to the effects of climate change:	Not Known

### Resource Use

Energy efficiency and consumption:	Positive
Prevention, reduction, re-use, recovery or recycling waste:	Positive
Sustainable Procurement:	Not Known

### Transport

Accessible transport provision:	Positive
Sustainable modes of transport:	Positive

### Natural Environment

Air, land and water quality:	Not Known
Biodiversity:	Not Known
Open and green spaces:	Not Known

### Built Environment

Built Heritage:	Not Known
Housing:	Not Known

### Is the proposal subject to Strategic Environmental Assessment

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

### Proposed Mitigating Actions:

As stated previously all proposals will be subject to further Integrated Impact Assessment screening as they are progressed.

### Environmental Implications:

The proposed revenue budget and savings include a number of actions which have the potential to positively impact of environmental matters. Savings proposals that include increased use of technology to support mobile and flexible working and integration of teams into shared premises have the potential to reduce environmental impacts of office accommodation, encourage paperless working and reduce waste. Investment in programmes of work around transportation and moves towards locality working that reduce staff travel time will also contribute to positive impacts on the environment.

## D. Corporate Risk Impacts

### Corporate Risk Implications:

The risk implications associated with the subject matter of this report are 'business as normal' risks. The subject matter is routine and has happened many times before without significant loss. There is comfort that the risks inherent within the activity are either



transferred to another party, shared equally and fairly between the Council and another party or are negligible.

**Corporate Risk Mitigating Actions:**

Revenue Monitoring Reports are submitted to the Integration Joint Board on a regular basis. This allows the IJB to actively monitor the revenue budget and impact of savings proposals and to identify areas of emerging risk and mitigating actions as required.



**DUNDEE INTEGRATION JOINT BOARD  
2019/20 REVENUE BUDGET  
DRAFT SAVINGS PROGRAMME  
MARCH 2019**



**DUNDEE INTEGRATION JOINT BOARD**
**2019/20 BUDGET - PROPOSED BUDGET SAVINGS LIST**

 Risk  
 Assessment  
 of Delivery  
 of Savings\*

2019/20	2020/21	2021/22
£000	£000	£000

**Comments**
**Base Budget Adjustments:**

*These are operational budget savings to reflect decisions already made by the IJB or through changes in service to reflect demand levels or operational requirements*

Housing Support Service Changes - Resource Release	Green	125	125	125	Resources released through change in model of provision of housing support through sheltered and very sheltered housing
General increase in income through increasing existing charges	Green	54	54	54	Already set out within the Council's Review of Charges Exercise nb annual uprating of charges to service users
Realignment of Practical Support & Meals Service Staffing Levels to reflect reduced service demand	Green	517	517	517	Demand for practical support and meals services continue to decrease with alternatives available from external care providers. Staff numbers in post have reduced accordingly but budget has not reduced accordingly. Voluntary/Early Retirement options would be made available for those eligible to further align staffing structures with demand levels.
Review use of voids in accommodation with support for people with a learning disability	Green	100	100	100	Reconfigure in-house accommodation with support to ensure void levels are reduced and capacity is maximised
Review of transport services for day care services	Green	50	50	50	Review of transport arrangements for service users who access building based services
Income generation for White Top Centre through offering services to neighbouring authorities	Green	77	77	77	Maximise capacity of Whitetop Respite service through offering spare capacity to neighbouring authority areas

Review external provision of day care	Green	40	40	40	Demand for traditional day services for people with a disability has reduced significantly over recent years due to an increase in the range of alternative supports available. Resources will be reviewed to ensure they are more appropriately aligned with demand levels.
Test of Change - Move from sleepovers to overnight responder services within Mental Health and Learning Disability Services (external care providers)	Green	75	100	100	Test of change to complement existing waking night workers and replace some sleepover services where safe to do so. Working in partnership with external care providers.
Realign level of domestic service required for housing support / care at home services for people with a learning disability	Green	32	32	32	An internal review of domestic services has been undertaken which assessed current levels of provision against need, including the need to encourage service user independence. This has resulted in a net reduction in the number of hours of domestic support required .
Reduce External Care Home Budget	Green	500	500	500	Due to transformational change around the way in which community based health and social care is provided locally, demand for care home placements has reduced and the budget required should reduce accordingly.
Community Equipment Store Initiatives (eg new procurement arrangements)	Green	40	40	40	Procurement arrangements already agreed by IJB in December 2018 (Report DIJB68/2018).
Implement Substance Misuse Service Investment Plan	Green	40	40	40	The Substance Misuse Service Investment Plan was considered and approved by the IJB at its meeting of the 18th December 2018.
Review of Operational Budgets	Green	100	100	100	Reduce discretionary expenditure budgets and ensure all operational budgets are subject to tight control.
Realign Meals Service contract to reflect lower levels of demand	Green	100	100	100	Renegotiate contract with Tayside Contracts to reflect a reduced number of meals provided per year. This would be an interim arrangement prior to benefit realisation from the new Tayside Contracts Central Processing Unit to be developed by August 2020.
<b>Total Base Budget Adjustments</b>		<b>1,850</b>	<b>1,875</b>	<b>1,875</b>	

### Transformation Programme Financial Savings

Review of Community Based Health and Social Care Services	Amber	1,400	1,450	1,450	See SBAR 1
Redesign of Homeless Services	Amber	150	150	150	See SBAR 2
Integrated Admin Review	Amber	100	100	100	See SBAR 3
Mobile Working / IT systems review	Amber	100	100	100	See SBAR 4
Review Charging Policies to ensure equity across client groups as part of move to "Contributions Policy"	Amber	140	280	280	See SBAR 5

### Total Transformation Programme Savings

<b>1,890</b>	<b>2,080</b>	<b>2,080</b>
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### Corporate Savings

Consolidation of Change Fund Projects	Green	850	850	850	See SBAR 6
Assessment of impact of demand for new legislation (Free Personal Care for Under 65s, Carers Act demand)	Green	800	600	400	Total additional funding for new legislation of approximately £1.2m includes elements to support projected increases in demand for services. It is anticipated that much of this demand will not materialise within the first full year therefore a non-recurring saving is anticipated, reducing year on year.

### Total Corporate Savings

<b>1,650</b>	<b>1,450</b>	<b>1,250</b>
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### Total Savings Proposals

<b>5,390</b>	<b>5,405</b>	<b>5,205</b>
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### Savings Target

**5,936**

### Savings Shortfall

**546**

\* Risk Assessment of Deliverability of Savings

Green - Low Risk (nb savings have been/are likely to be achieved as planned)

Amber - Medium Risk (some risks associated with delivering the saving as planned)

Red - High Risk (significant risk that saving won't be delivered as planned)

## **SBAR 1 - REVIEW OF COMMUNITY SERVICES 2019/2020**

### **1. SITUATION AND BACKGROUND**

Over the last two years, the Dundee Health and Social Care Partnership has supported the redesign of services to support Unscheduled Care pathways and to improve discharge from hospital. There has also been a shift towards more preventative/early intervention approaches for adults with complex needs and long-term conditions.

Utilising both monies from change funds and redistributed resources, the partnership has successfully shifted the balance of spend from institutional setting to community settings. This has included a reduction within inpatient services in Royal Victoria, a reduction in Care Home placements for Older People and a reduction in bed days lost due to non-complex delays. In addition the partnership invested additional resources into Care at Home services at a time when other partnerships were experiencing budget reductions and significant pressures across their whole systems. While these changes were made to improve outcomes for people, the redesign programme resulted in an overall financial shift which facilitated the remodelling of services, increased capacity where this was required and provided a level of financial savings.

New monies in 2018/19 to progress the redesign of services for people who misuse substances and for people with a Mental Health need will facilitate the testing of new innovative services which support people at an earlier stage. This will include further embedding of recovery models of support. This, alongside the developments across Primary Care services, will bring forward a significant shift in the ways in which we deliver community health and social care services. Moving into 2019/20, an additional £2.134 million to be made available the partnership to continue the redesign programmes across Primary Care and Mental Health services.

Despite these significant and innovative changes, the demand for community services has continued to rise. As more people remain at home, the level of complex community care support packages has also increased and we are currently experiencing pressures within the system. In summary while we have continued to develop a range of models which has progressed our priorities, we have been unable to ensure that our community services have developed to meet the shifting demands. This next phase of redesign will support the consolidation of current changes programmes and build on the initiatives planned.

### **2. ASSESSMENT**

In reviewing the progress made by the partnership we recognised that there are areas where the partnership has demonstrated a range of improvements and areas where the approach has not resulted in the improvements we would wish to see. To further progress our performance will involve a review of community pathways and service delivery models.

While the bullet points below are provided as a means to describe the range of change, this programme will be set against a whole system move to more locality working with integrated teams and co-located service provision. As many of the services noted below are universal services this will support all areas of the population.

In taking forward our next programme of review we anticipated that this will broadly include the following:

- Locality Modelling of Community Health and Social Care Services - this will include a shift towards locality working and models which integrate community services at a team level. It will

take into account current redesign at both a local and national level and draw on emerging understanding and research.

- Redesign of Rehabilitation and Enablement Services – this will include a review of our current service models to target resources at this people who, with a focused rehabilitation and enablement input, will be able to achieve an improvement in their level of independence.
- Further review of inpatient models to support the development of shared services and complete the proposed remodelling outlined within the Reshaping Non Acute Care proposals for both the Royal Victoria Hospital and the Kingsway Care sites.
- Development of New Community Roles – this redesign will support the development of enhanced community roles which will support those with complex needs to maintain both their social and health care needs. It will reduce duplication and seek to enhance the skills across the current workforce. It will also take into account current programmes of work such as Transforming District Nursing and any reports arising from the National Groups.
- Implementation of Eligibility Criteria – to ensure we identify need appropriately, ensure services are delivered to the right people at the right time and that early interventions and will include sign posting and better use of the wider community resources.
- Implementation of Aligned Change Programmes to support and consolidate the development of community services – Primary Care Improvement Plan; Mental Health Action 15 programme; Substance Misuse Improvement Plan; Falls Strategy and Unscheduled care Improvement Plan.
- Review of Referral, Assessment and Review processes and systems – to ensure early access to intervention and prevention, technology enabled care; Self Direct Support and models of recovery. In addition to a review of practice this will require a consolidation of integrated process and integrated Information Technology systems.

In implementing this work programme it is anticipated that the programme will seek to save £1,400,000 over the next financial year: This will include:

- Reduction in duplication and increase in efficiencies as a result of improvements with processes; locality working and redesigned pathways
- Reduction in demand on community services, including building based services as a result of early interventions and prevention and the further implementation of SDS; Technology Enabled Care and Eligibility Criteria.
- Natural reduction in staffing as a result of the consolidation of posts and redesign of pathways
- A further impact and improvement in relation unscheduled care and delayed discharge leading to a further positive impact on the value of the large hospital set aside.

### 3. RECOMMENDATIONS

To some extent this work programme will consolidate the current work streams taking place across the partnership. While it will seek to make best use of current resources by redesigning services to be cost efficient; reduce duplication and ensure investment will have the greatest impact, it will also support a move towards more integrated services at a community level by taking a whole systems approach and providing better outcomes for the people we work with.

It is therefore recommended that the Integrated Joint Board agree to the progression of the proposals within this paper; instruct the Chief Officer to produce a report to the June IJB providing the detailed action plan linked to work stream.

<b>Name (Author)</b>	<b>Diane McCulloch</b>
<b>Designation</b>	<b>Head of Health and Community Care</b>
<b>Date</b>	<b>18/02/2019</b>



## **SBAR 2 - HOMELESSNESS**

### **1. SITUATION**

A review of options for the Homelessness Budget to contribute to DHSCP savings was undertaken. This SBAR provides an overview of actions to contribute to DHSCP Financial Strategy.

### **2. BACKGROUND**

A Strategic Plan for Preventing Homelessness was endorsed by Dundee IJB and Dundee City Council Neighbourhood Services Committee on October 2017. Key the strategic plan is a focus on:

- Prevention of homelessness occurring and reoccurring and reducing health inequalities for people at risk of and who are homeless.
- A shift away from current temporary accommodation model to that of a model which promotes prevention, locality based support and supported accommodation for people with complex needs.
- A shift away from current centralised housing support to locality based housing support.
- Development of rapid rehousing (a tenancy is allocated upon homelessness) and housing first (enhanced support to people who have been allocated a tenancy after homelessness) as approaches to support our strategic shifts.

DHSCP resource the third sector temporary accommodation and housing support and DCC Neighbourhood Services resource network flats and lily walker centre and due to this a joint approach has been undertaken. Since ratification of the Homelessness Strategic Plan at IJB and Neighbourhood Services Committee during 2017, as a partnership key activities have been undertaken to support our strategic objectives which includes:

- Endorsement of Rapid Rehousing and housing first by DCC Neighbourhood Services Committee on 07.1.19.
- Review of temporary accommodation and a new model to meet our objectives outlined above was agreed at homelessness partnership in 2018.
- Test of change to align current housing support provision to the 4 x substance misuse/ complex needs locality teams developed during 2018.

### **3. ASSESSMENT**

It is planned to develop a Homelessness Investment Plan for the financial period 2019 – 2021 with members of the Homelessness Partnership and Neighbourhood Services for ratification at IJB Committee during 2019.

The Homelessness Investment Plan will articulate and propose:

- Investments and disinvestments which build capacity and support implementation of the Homelessness Strategic Plan, Rapid Rehousing Plan and Dundee Health and Social Care Partnership Strategic Plan.
- Implementation during 2019 – 2021 of Temporary Accommodation Transformation Programme linked to the Homelessness Investment Plan.
- A concerted focus on early intervention and prevention as a means of building capacity to prevent homelessness occurring and reoccurring and support vulnerable people in localities across Dundee.
- How savings to the value of £100 – 150k on a recurring basis can be achieved through this

process.

It is aimed that this will also provide evidence as to:

- Co-production and transparency in decision making relating to use of funding available to improve individual outcomes and achieve our strategic and operational objectives.
- Investment and disinvestment linked to strategic plans and redesign activity.
- Best value and efficient use of public resources.

#### **4. RECOMMENDATIONS**

It is recommended that the:

- Development of a Homelessness Investment Plan is endorsed as an approach to investment, disinvestment and savings by Dundee IJB.
- Homelessness Investment Plan 2019 – 2021 is considered for approval at Dundee IJB Committee in 2019.

Alexis Chappell  
Locality Manager

## **SBAR 3 - INTEGRATED ADMINISTRATION REVIEW**

### **1. SITUATION AND BACKGROUND**

The administration support to the Dundee Health and Social Care Partnership (DH&SCP) is made up of two elements. Services delivered and managed through the Central Business Support Services (CBSS) for Dundee City Council (DCC) administration employees and through NHS Tayside employed administration staff who are aligned to DH&SCP and managed directly by DH&SCP staff.

Over the last two years there has been a continual review of the level of administration staff aligned to the DH&SCP by the CBSS, with an overall reduction in staffing due to both redesign of systems and processes and a rationalisation of the workforce. Any associated saving is retained by the CBSS. The initial process did not consider an integrated approach to support and decisions were made as part of a single agency approach. The respective services were tasked by the Chief Officer to consider how a more whole systems, integrated approach to the review of administration services for the DH&SCP could be progressed. This revised approach was to take into account the remodelling of services and teams. To support this process an Integrated Administration Steering Group was established. This steering group is yet to report on any findings.

### **2. ASSESSMENT**

The DH&SCP recognised that as we progress towards more integrated services, there will be a requirement to move towards more integrated systems and to streamline the processes which are currently in place. Staff are currently working using duplicate systems and processes with single agency access to information. As we move towards integrate teams and locality working we will require administration services which can support multidisciplinary teams working in different ways. To do this will require staff to be upskilled to be able to appropriately manage multiple electronic systems. As a result of this review we anticipate that there will be a reduction in duplication and a streamlining of support arrangements.

As part of this work we would also seek to consolidate corporate processes undertaken by H&SCP staff. This includes processes which flow to the partnership through both NHS Tayside and Dundee City Council, such as complaints management; authorisation of recruitment and the management of HR processes.

It is anticipated that through this redesign work we will see a shift in the level staff resources which are required. It would be our intention to manage any reduction as part of the natural turnover of employees.

### **3. RECOMMENDATIONS**

It is recommended that the Integrated Joint Board note the proposal to move to an integrated administration workforce and seek discussions with Dundee City Council to agree how any potential savings made across the CBSS and DH&SCP will be distributed.

It is recommended that £100,000 of savings for the DH&SCP be aligned to the proposal.

<b>Name (Author)</b>	<b>Diane McCulloch</b>
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<b>Date</b>	<b>18/02/2019</b>

## **SBAR 4 - MOBILE WORKING / IT SYSTEMS REVIEW**

### **1. SITUATION**

There are significant benefits to be realised through having a workforce which can operate effectively within the community on a mobile basis. This will require investment in mobile technology and a cultural shift in how teams have traditionally worked. Associated with this is to ensure that the IT systems the workforce utilises are working at their full functionality and are configured in the most efficient way.

### **2. BACKGROUND**

By its very nature, much of the HSCP's workforce is community based with staff being out and about on a daily basis, often having to return to office bases on numerous occasions to access files or to write up notes resulting in increased travel time and duplication.

However with the right technology in place, staff can access files remotely thereby reducing the need to carry files and reducing travel "downtime". They can also reduce duplication by entering information directly into systems while they are with service users rather than taking notes and having to re-input these when back in the office. Ensuring staff are able to work most efficiently is essential given the increasing levels of demand for services.

A small test of change was carried out by the OT service which saw significant benefits of taking a more mobile approach, despite not having full access to the range of systems required. While not limited to the following, there are opportunities to expand this to other services such as community nursing, social care and care management.

Dundee City Council is undertaking further work on potential opportunities to support a more mobile workforce across its services therefore there will be opportunities to access learning and support to develop this within an integrated health and social care context.

The new council based client recording system, MOSAIC, is currently in its final stages of full implementation however interim reviews have shown that many of the workflows within the system can be improved to ensure it works more effectively. The council has invested in additional capacity in the short term to assist with the further development of the system. The system has the ability to be accessed and input to securely from remote settings. Further assessment of the ability to utilise the range of NHS based systems on a remote basis will provide further opportunities.

### **3. ASSESSMENT**

There are numerous benefits to be gained through supporting a more mobile workforce, including reducing travel time, single input of information, ability to interrogate systems in real time and minimise the need to return to service users to seek further information. This can be enhanced through ensuring that the systems being accessed are working effectively.

It is estimated that staff time efficiencies can be made to the value of £100k initially as a result of shifting to a more mobile based workforce and through improved workflows within systems which avoid duplication.

### **4. RECOMMENDATIONS**

It is recommended that:

- The HSCP explores the options of supporting a more mobile workforce through a working group which will report to the Transformation Delivery Group and work closely with Dundee City Council's Changing for the Future Mobile Working Workstream.
- The working group comes forward with proposals to invest in technology to support mobile working on a spend to save basis.
- The MOSAIC Implementation Board carry's out a review of the effectiveness of the system and supports the reconfiguration of ineffective elements of the workflows.

Dave Berry  
Chief Finance Officer

## **SBAR 5 - CHANGE OF BASIS FOR NON-RESIDENTIAL CHARGING POLICY**

### **1. SITUATION**

A number of Scottish Local Authorities have already changed, or are considering changing the basis of their non-residential charging policy to what is known as a “Contributions Based” policy. This is in response to the introduction of Self Directed Support, to reflect the change from traditional output service delivery to outcomes focussed service delivery.

### **2. BACKGROUND**

A contributions policy in essence is where each supported person pays a set amount based on a planned service, regardless of the actual service delivered in a period. Some Councils operate a yearly reconciliation process and apply refunds/credits depending on service uptake, however, most do not.

The following is an extract from the CoSLA National Strategy & Guidance document “Charges Applying to Non-Residential Social Care Services 2018/19”:-

*6.3 Self-directed Support enables people to exercise control over the use of resources identified to meet agreed outcomes. This requires the person to be aware of the financial value attributed to meeting their needs to allow them to make an informed choice about how it is used to meet their needs.*

*6.4 Instead of developing a menu of service types which will have fairly set charges, the self-directed approach involves the development of plans based on outcomes and the selection of support within an identified budget. The underlying structure of the traditional system of charging is linked to services. However, in a personalised or self-directed system of support, the focus shifts to enabling people to control and adjust their support at the point of delivery in order to meet their needs and achieve their outcomes. As such, the connection between ‘the service’ and ‘the charge’ becomes less well defined – and in some cases will disappear altogether. In view of this, a conceptual shift will have to be made in respect of how councils charge for services*

*6.5 This guidance recognises that councils will have been undergoing transition to these new arrangements since 2014, and that*

*resulting service re-design and staff development requirements will be ongoing. Some local authorities have changed their approach to a system predicated on a general ‘care and support charge’. Under these arrangements, subsequent to a financial assessment, those individuals with the ability to pay may be required to fund a proportion of their overall budget, which has been calculated as appropriate to meet their needs and achieve their outcomes. This ‘care and support charge’ may be linked to their personal budget and their ability to pay rather than the services that they ultimately utilise to meet their needs.*

*6.6 Several local authorities have chosen to refer to this as a ‘contribution’ based charging arrangement but for the purpose of this guidance we have chosen to describe this as the ‘care and support charge.’ A number of third sector organisations have raised concerns around the term ‘contribution’ as they feel it implies a voluntarism or a willingness to pay however the contribution is towards the care package.’ With that observation, councils should give careful consideration to how any new arrangements are described.*

The implementation of such a policy would remove some of the current charging inequities within the

non-residential charging system whereby some client groups are charged for services and others aren't for similar services (e.g. service users within council run housing support services for adults are charged however those within external care provision are not).

All decisions around charging remain a matter for Dundee City Council to determine as charging is not a delegated function to the IJB.

### 3. ASSESSMENT

A "contributions based" charging system for all non-residential care services will be simpler to understand, reduce administration costs and be easier for service users to manage. A reconciliation element would increase complexity in relation to administration.

Decisions as to whether to continue with some flat rate charges such as community alarm or the meals service would need to be considered.

The development of the contributions based charging policy would take cognisance of the introduction of free personal care for under 65s, waiving of charges for carers under the Carers Act in addition to embedded legislation such as free personal care.

A period of consultation and co-production would be required to transition to a contributions based charging system based on planned activity.

Addressing the current inequities within the non-residential charging system are estimated to increase chargeable income by around £280k in a full financial year.

### 4. RECOMMENDATIONS

It is recommended that:

1. A proposal is made to Dundee City Council to transition to a charging policy that is compatible with Self Directed Support legislation and considers the impact of the introduction of free personal care for under 65s and waiving of charges for carers.
2. The impact on people who are being supported should be assessed using the checklist was included in previous CoSLA charging guidance to ensure any transition is fair and transparent:-
  - a. *Councils should carry out a desktop analysis to determine the impact of changes to the policy on both individuals and income to the authority as a whole;*
  - b. *Councils should ensure that any new policy is co-produced with citizens and communities of interest;*
  - c. *An equality impact assessment should be undertaken;*
  - d. *Councils should consider what (if any) transitional arrangements may be needed where the amount an individual is charged changes significantly. Any transitional protection should compare the amount that an individual paid under the previous charging regime against the amount he or she is required to pay under the new arrangements. Transitional protection should have a clear timeframe which should apply equally to all, be transparent and recorded in a policy.*
3. Consultation with stakeholders on any policy changes is essential. Any consultation document would need to help people to understand why these changes are being introduced and how it will affect the way people engage with councils and partner organisations.

Sheila Weir  
Section Leader (Finance)



## SBAR 6 - CONSOLIDATION OF CHANGE FUND PROJECTS

### 1. SITUATION AND BACKGROUND

This report relates to two historical change funds which the DH&SC Partnership (the partnership) has used to test and embed change programmes: Integrated Change Fund and the Delayed Discharge Funding.

The partnership currently has available £1,660,000 Integrated Care Fund to test projects which support redesign and innovation. This funding is held within the partnerships mainstream budget but allocated to projects through the Integrated Care Fund Monitoring Group.

The partnership currently allocates £693,950 Delayed Discharge funding to projects which support improvements across unscheduled care and discharge planning pathways. This funding is held within the partnerships mainstream budget but allocated to projects through the Home and Hospital Transitions Group.

#### Integrated Change Fund

The Integrated Care Fund forms part of the Integrated Joint Board's overall Transformation Programme Investment Fund with the aim of funding innovation and development and supporting tests of change in the way community infrastructure and health and social care services are provided. This investment has been identified as a key component in supporting the actions set out within the Strategic and Commissioning Plan to meet the IJB's strategic priorities.

The Scottish Government allocated this ring fenced change fund for the implementation of integrated care and service improvement at a local level. Dundee's share of this fund was £3.1 million. This budget was mainstreamed as part of the 2017/18 budget settlement, however as the partnership had allocated the funding to projects and redesign work with a 2 – 3 year span, it was agreed to maintain the fund as a change fund until the completion of the project and redesign phase. In the financial year 2018/19, in line with the evaluation of projects and financial pressures facing the partnership, this change fund resource was reduced to £1.8 million. At this time it was recommended that continuation funding was agreed on a temporary basis until the 31<sup>st</sup> March 2019.

#### Delayed Discharge Funding

Within Dundee a Home and Hospital Transitions Group, oversees performance and improvement actions in relation to discharge management. Each financial year improvement actions for the following year are set out. These actions reflect the previous year's performance, identified gaps and new national targets. This action plan is presented to and approved by the Integrated Joint Board.

The Scottish Government allocated this ring fenced budget for the improvement of delayed discharges at a local level. Dundee's share of this fund was £930K. This budget was mainstreamed as part of the 2017/18 budget settlement, however as the partnership had allocated the funding to support redesign work over a 2 – 3 year span, it was agreed to manage the fund as a change fund until the completion of the redesign phase. In the financial year 2018/19, in line with budget pressures, this resource was reduced to £694k. The Home and Hospital Transition Group reviewed the projects previously receiving funding and reallocated the budget available. Historically, the Home and Hospital Transition Group has maintained a budget underspend to address winter pressures.

Over the last year our performance has highlighted a positive trend towards an overall reduction in the number of people who are delayed where the standard maximum delay period applies, with our



current performance halved since 2016/17. The programmes currently funded through the Delayed Discharge fund have directly contributed to the improvement in performance.

## 2. ASSESSMENT

In January 2019, the Integrated Care Fund Monitoring Group considered an evaluation of each of the currently funding projects. The evaluation took into account the impact of the projects on the priorities of the Integrated Strategic Plan, the risks associated with the reduction in funding to projects, the previously proposed exit plans and the ability for projects to be incorporated into core business. In addition the Home and Hospital Transition Group gave consideration as to which projects could be incorporated into current budgets. The recommendations regarding continuation funding are set out in Appendix A (Integrated Care Fund) and Appendix B (Delayed Discharge funding).

It should be noted that both funds support projects delivered by the statutory, third sector and independent sector organisations. Due to the historical nature in which the budgets had been initially provided to the integrated authority, there are a mixture of both permanent and temporary funded projects/resources. Decisions regarding the future funding of projects will require to take into account any notice periods arising from the discontinuation or amendment to allocated funding.

The Integrated Care Fund and the Delayed Discharge funding has supported the redesign of services which has enabled the DH&SC Partnership to develop and remodel services. While the funding associated with the Delayed Discharge funding was fixed in its focus, in that the funding was used to support the delivery of the Home and Hospital Transition Plan, the Integrated Care Fund was used to invite a broad range of bids from across the partnership in order to support a range of tests of change. Inherent in this process was the requirement to consider exit plans from the funding support. It should be noted that the majority of the projects no longer funded through these funding sources will continue, with the funding of the projects absorbed into business as usual or delivered through redesign.

Following multiagency discussion around the submitted evaluations it was agreed to recommend a reduction in the Integrated Change Fund in line with the recommendations made by the Integrated Care Fund Monitoring Group. This would reduce spend against this fund from £1,660k to £1,010k.

Following discussion at the Home and Hospital Group it was agreed to recommend a reduction in spend against the Delayed Discharge funding from £694k to £494k.

While every effort has been made to support the projects to achieve their exit strategies it is acknowledged by both groups that these projects remain central to the delivery of current redesign work streams. As a result it is becoming increasingly difficult to consider these projects as standalone projects. It is therefore recommended that where continuation funding is agreed that these projects and associated funding be absorbed into the current mainstream budgets. Where projects sit out with the Health and Social Care Partnership, this additional funding will become part of the contractual arrangements with external organisations and be monitored through contract monitoring.

## 3. RECOMMENDATIONS

The Integrated Joint Board is asked to approve:

- The proposed projects for continuation funding through the Integrated Care Fund and the proposed disinvestments as detailed in Appendix A.
- The proposed projects for continuation funding through the Delayed Discharge Fund and the proposed disinvestments as detailed in Appendix B.
- The incorporation of both the Integrated Care Fund and the Delayed Discharge Fund internally into mainstream budgets or into contract arrangements with the named organisations.

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<b>Date</b>	<b>18/02/2019</b>

## Recommendations for Future Funding

## Appendix A

Project Name	Project Lead/Organisation	Project Description	2018/19 funding	2019/20 funding	Comments
<b>Programme 1: Community Capacity Building</b>					
Capacity Building Fund – Small Grants	Dundee Voluntary Action	Small tests of change across a range of community services. The funding is allocated annually. Included within the budget is administration support which provides a admin function to all DH&SCP services commissioned through DVA	80,000	20,000	This fund will continue to support the Administrative element of the current funding.
Home from Hospital - Dundee Supporting Your Recovery Service	Royal Voluntary Service Dundee Voluntary Service	The service offers support to those older people who have been in hospital and who have no or minimal care support in place. The service supports people to remain in their own home and re-engage with their community. Carers who live with the older person can also be supported by the provision of respite in the persons own home.	45,000	50,000	This service is commissioned through DVA on behalf of DH&SCP. Addition resource allocation reflects current demand.
Community Cars	Dundee Voluntary Action Dundee Community Transport	Community Cars is a volunteer-delivered door-to-door transport project for older and vulnerable people living across Dundee and who are at risk of social isolation due to lack of affordable, accessible transport.	46,950	42,680	This service is commissioned through DVA on behalf of DH&SCP. Reduction in spend will reflect changes since commencement of project.
Community Companion	Dundee Voluntary Action	Community Companions is a befriending service for adults who experience or have the potential to experience social isolation and/or loneliness. The emphasis is placed on creating a friendship between the volunteer and the person in need of support.	37,182	37,449	This service is commissioned through DVA on behalf of DH&SCP.
Good Governance Award	Dundee Voluntary Action	The Good Governance Award was launched in the spring of 2017 after a successful two-year pilot called Healthy Organisations Quality Matters Award. It is the only quality standard designed specifically for Scottish charities and supported by the Office of the Scottish Regulator (OSCR) and the Scottish Council for Voluntary Organisations.	42,000	25,246	DVA are currently in discussions with other funders to part fund this service.
Dial-Op	Volunteer Dundee	Dial – OP provides a multifaceted support	24,000	0	This project will continue and will

## Recommendations for Future Funding

## Appendix A

Project Name	Project Lead/Organisation	Project Description	2018/19 funding	2019/20 funding	Comments
		service to vulnerable and isolated adults in Dundee including the provision of an information line; the Blether Buddies telephone befriending service and a daily morning call for older people to provide re-assurance.			be funded through H&SCP core funding.
<b>Programme 2: Prevention</b>					
Welfare Rights in Primary Care	Dundee City Council	Facilitates the testing of a Welfare Benefits and Health Partnership approach to welfare advice. Currently based within 8 GP areas, this award winning project has ensured that Dundee people have accessed the welfare support they require. The project sits as part of DCC Welfare Rights Team.	68,000	0	The funding was provided as a test of change to explore both the appetite and potential for welfare rights services to be based within GP Practices. Consideration to be given to mainstreaming this approach into the general service.
Sources of Support – GO Project	Volunteer Dundee	The GO Project provides one to one practical and emotional support to individuals and allows them to access appointments, social activities or social groups of their choice.	22,000	0	This service received additional external funding during 2018/19.
Do you need to Talk Listening Service	NHS Tayside	The listening service is currently provided within 24 GP surgeries, and supports people to talk through their anxieties and concerns relating to life, rather than just their medical conditions.	19,000	0	This project will continue and will be funded through Mental Health Action 15 funding.
<b>Programme 3: Protecting People</b>					
Safe Zone	Tayside Council on Alcohol	Dundee Safe Zone is a multi-agency partnership project which provides a safe space for anyone who needs it. The Safe Zone bus operates in the Dundee City centre on Friday and Saturday nights between 10pm and 4 am and is primarily staffed by volunteers.	28,000	10,000	This project was already in existence prior the implementation of the ICF. Funding was agreed to substitute for a loss of the projects previous funding and as a bridging arrangement. The DH&SCP wished to continue to contribute to the project and will continue to discuss funding arrangements for

## Recommendations for Future Funding

## Appendix A

Project Name	Project Lead/Organisation	Project Description	2018/19 funding	2019/20 funding	Comments
					the project going forward.
Dundee Recovery Partnership Co-ordinator	Addaction	Supports the development and day-to-day operational management of the Albert Street Hub. The hub is part of a range of services which support recovery focused interventions to individuals, families and communities affected by substance use.	40,000	22,500	The Alcohol and Drug Partnership is in the process of commissioning research to review the effectiveness and future models of locality based Hubs. 6 months funding was awarded to allow this research to progress and future funding will be agreed in line with the priorities arising from this research.
<b>Programme 4: Carers</b>					
Caring Places	Dundee Carers Centre	Caring Places was established in response to engagement work with carers and stakeholders on how carers' services should be delivered in the future. The project aimed to identify all carers in specific localities in Dundee and to design and construct a locality information framework.	110,546	0	This project will continue and will be funded through a combination of core budget and Carers Legislation funding.
Carers (Scotland) Act Implementation Officer	Dundee Carers Centre	Supports the implementation of the carer's legislation.	31,530	0	No further ICF Funding required.
Moving & Handling – Carers Centre	Dundee Carers Centre	Project initially supported carers to access moving and handling support. Resources were sourced and developed. * Due to an underspend in the previous year, monies were carried forward into 2018/19 to purchase this support.	0*	0	Support will continue, however direct support will be now provided through the H&SCP.
<b>Programme 5 : Community Assessment Model</b>					
Increase Capacity in Social Work Teams	Dundee Health and Social Care Partnership	Additional staffing resource supported the roll out of the Enhanced Community Support model and a move towards locality aligned teams.	139,700	0	This service will continue and will be absorbed into core budget through the alignment of resources.
Step down to	Dundee Health and	This project aims to support capacity and	87,000	58,000	The funding difference relates to a

## Recommendations for Future Funding

## Appendix A

Project Name	Project Lead/Organisation	Project Description	2018/19 funding	2019/20 funding	Comments
assess for 24 hour care	Social Care Partnership	flow across the acute sector and support a more focused assessment within a more appropriate environment.			reconfiguration of staffing since the commencement of the project.
<b>Programme 6 : Models of Care</b>					
Housing with Care	Dundee Health and Social Care Partnership	Housing with Care provides a flexible, responsive service for people who might previously been cared for in a residential care home service. The funding extended this model into a further 3 sites within Dundee.	255,000	255,000	Funding agreed, any further roll out of model to be sourced from core budgets.
Technology Enabled Care	Dundee Voluntary Action Dundee Health and Social Care Partnership.	The project aims to increase awareness and use of technology enabled care.	29,596	47,000	In 2018/19 the project had access to additional Scottish Government funding. The increased cost reflects the full year cost for 2019/20.
Community Treatment Centre (Leg Ulcer Clinic)	Dundee Health and Social Care Partnership	This purpose of this project was to review and deliver a revised model of care for non-house bound patients with chronic venous leg ulceration.	76,600	76,000	Full year funding to be provided in 2019/20. It is anticipated that this project will be incorporated into the development of Community Treatment Centres within Dundee.
Malnutrition in the Community	Dundee Health and Social Care Partnership Dundee Voluntary Action	Aims to reduce the incidence of undernutrition in older people living in the community.	63,000	68,000	The project is in the process of seeking additional funding to further extend the project
Transitions from CBIR to Mackinnon Centre	Dundee Health and Social Care Partnership	Supports adults to step down from the Centre for Brain Injury Rehabilitation to a more community setting while completing their rehabilitation programme.	104,000	52,000	The project aims to take a more flexible approach to the use of the existing placements and open this service to other Tayside Partnership areas.
<b>Programme 7</b>					
Organisational Development – Integration	Dundee Health and Social Care	This development fund delivered organisational development programmes to support staff and teams from across the H&SCP and associated organisations to	20,000	10,000	The budget will be combined with the resource allocated below.

## Recommendations for Future Funding

## Appendix A

Project Name	Project Lead/Organisation	Project Description	2018/19 funding	2019/20 funding	Comments
		further develop integrated ways of working.			
Organisational Development Localities	Dundee Voluntary Action Dundee Health and Social Care Partnership	This project delivered organisational development programmes to support staff and teams from across the H&SCP and associated organisations to further develop locality networks and other forms of organisational development.	61,200	31,500	The budget will be combined with the resource allocated above to support a revised programme of organisation development.
<b>Programme 8: Community Rehabilitation Models</b>					
Enhanced Community Support (ECS) - Speech Therapy	Dundee Health and Social Care Partnership	Supports the roll out of the ECS model, and includes an enhanced, responsive service to those with dysphagia in the community and in care home settings.	81,00	81,000	Will be incorporated into ongoing review of community services.
ECS Pulmonary Rehabilitation	Dundee Health and Social Care Partnership	Supports the roll out of the ECS model, and includes an enhanced, responsive service for those who experience Chronic Obstructive pulmonary Disease.	26,200	28,500	Will be incorporated into ongoing review of community services.
ECS Falls Co-ordinator / Falls Prevention Classes	Dundee Health and Social Care Partnership	The falls service provides a triage, advice and signposting service which aims to ensure that both prevention and management of falls is integral to those at risk. Evidenced based OTAGO classes are aimed at people who have fallen or at risk of falling are now established in several community venues within Dundee.	34,000	28,500	The partial reduction in funding takes into account the redesign of physiotherapy services and the use of core funding to support the continuation of the service.
Allied Health Professions Roving Team	Dundee Health and Social Care Partnership	Supports early identification of patients suitable for discharge from hospital, and can provide and can provide an outreach service to assess and treat patients in their own environment.	87,000	43,500	The partial reduction in funding takes into account the redesign of physiotherapy services and the use of core funding released through the implementation of ECS to support the continuation of the service.

**Programme 9 : Independent Sector**

## Recommendations for Future Funding

## Appendix A

Project Name	Project Lead/Organisation	Project Description	2018/19 funding	2019/20 funding	Comments
New Opportunities – Scoping the Contribution of the Independent Sector	Scottish Care	Provides an opportunity to look at how the independent sector agencies could better work together and with the DH&SCP to further develop integrated care as part of the integrated care pathway.	35,000	23,000	The reduction in budget reflects a re-organisation of the national programme and maintains the current level of service.
<b>Total Planned ICF Expenditure</b>			1, 659,858	1,009,875	



## Recommendations for Future Funding – Delayed Discharge

## Appendix B

Project Name	Project Lead/Organisation	Project Description	2018/19 funding	2019/20 funding	Comments
Increased Home Care	Dundee Health and Social Care Partnership	To improve flow from Enablement Services to longer term care.	160,000	160,000	Full continuation of funding recommended
Resource Matching Unit	Dundee Health and Social Care Partnership	Management and organisation of social care referrals; service providers and quicker identification and makes best use of resources.	122,000	0	Service now embedded within core budget
Extension of the COPD Team	Dundee Health and Social Care Partnership	Dedicated team to improve follow up support following admission to hospital and promote and sustain self-care approaches.	100,000	100,000	Full continuation of funding recommended
Community Nursing	Dundee Health and Social Care Partnership	Community Nursing input into multi-disciplinary team approach to assessment and treatment. Resource funds the Advanced Practitioner Post.	40,800	40,800	Full continuation of funding recommended
Increased Mental Health Officer Input.	Dundee Health and Social Care Partnership	Mental Health Officer based with Hospital Discharge Team to facilitate guardianship application and reduce delays in hospital.	44,000	44,000	Full continuation of funding recommended
Nursing Co-ordinator	Dundee Health and Social Care Partnership	Increased nursing input into the Delayed Discharge Team with facilitated quicker assessment and support discharge from hospital.	45,000	45,000	Full continuation of funding recommended
Acute Frailty Service	Dundee Health and Social Care Partnership	Medical input to support the approach to Acute Frailty Service, including community outreach.	72,000	72,000	Full continuation of funding recommended
Step Down Housing (Magdalen Yard Road)	Dundee Health and Social Care Partnership	Step Down Housing supports people delayed in hospital awaiting alternative accommodation and /or assessment in a home environment.	10,000	10,000	Full continuation of funding recommended
Step Down Housing (Gourdie Place)	Dundee Health and Social Care Partnership	Step Down Housing supports people delayed in hospital awaiting alternative accommodation and /or assessment in a home environment.	11,000	11,000	Full continuation of funding recommended
Step Down Housing (Craigmont Road)	Dundee Health and Social Care Partnership	Step Down Housing supports people delayed in hospital awaiting alternative accommodation and /or assessment in a home environment.	10,900	10,900	Full continuation of funding recommended
Step Down Housing	Dundee Health and Social Care Partnership	Step Down Housing supports people delayed in hospital awaiting alternative	10,900	0	To be provided from within internal services

## Recommendations for Future Funding – Delayed Discharge

## Appendix B

Project Name	Project Lead/Organisation	Project Description	2018/19 funding	2019/20 funding	Comments
(Mental Health)		accommodation and /or assessment in a home environment.			
Winter Pressures Resource	Dundee Health and Social Care Partnership	Resources held to manage demand during winter.	67,350	0	Additional monies are allocated by the Scottish Government to address winter pressures each year
			693,950	493,700	



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
29 MARCH 2019

**REPORT ON:** STRATEGIC AND COMMISSIONING PLAN 2019-2022

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB12-2019

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to seek approval of the Partnership's Strategic and Commissioning Plan 2019-2022 as attached at Appendix 1.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the work undertaken to revise the Strategic and Commissioning Plan, including the contributions made by a range of stakeholders (sections 4.2 and 4.3).
- 2.2 Note the key themes from the public consultation exercise and steps taken to incorporate these into the final version of the Strategic and Commissioning Plan (section 4.4 and 4.5).
- 2.3 Note the progress made in revising the suite of companion documents to the Strategic and Commissioning Plan (section 4.6), and instruct the Chief Officer to submit the Workforce and Organisational Development Strategy to the Integration Joint Board for approval on 25 June 2019 and the Housing Contribution Statement for approval at the earliest available date (section 4.6).
- 2.4 Note that the Integrated Strategic Planning Group will oversee the implementation of the Strategic and Commissioning Plan, reporting progress to the Performance and Audit Committee through mid-year and annual performance reports (section 4.7).
- 2.5 Approve the Strategic and Commissioning Plan 2019-2022.
- 2.6 Instructs the Chief Officer to submit the approved Strategic and Commissioning Plan 2019-2022 to NHS Tayside Board.
- 2.7 Instructs the Chief Officer to issue directions to NHS Tayside and Dundee City Council as set out in section 8.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The Strategic Commissioning Plan outlines a 3 year financial framework within which delivery of the priorities will be set against. This framework will continue to be refined over the period of the plan as assumptions around cost pressures, funding levels, demographic demand and the pace of transformation become clearer. This will in turn, effect the pace of change required to deliver on the priorities.

## 4.0 MAIN TEXT

4.1 Section 37 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities within a three year period of their establishment to undertake a review of the effectiveness of their current strategic plan. In August 2018 the IJB directed the Chief Officer, following appropriate engagement and collaboration with stakeholders, to prepare a replacement Strategic Commissioning Plan for the Partnership prior to 31 March 2019 (Article VII of the minute of the meeting held on 28 August 2019 refers).

4.2 The process of revising the Strategic Commissioning Plan has been led by the Integrated Strategic Planning Group (ISPG). The process of revision has drawn on the Scottish Government's overview of the original set of plans published by Integration Authorities (published in 2016), our own learning from the Partnership's first three years of operation and a range of performance information. The plan complements other strategic plans across the Community Planning Partnership and within the corporate bodies (NHS Tayside and Dundee City Council). The Plan has been produced in full compliance with statutory provisions relating to strategic plans (sections 29 to 39 of the 2014 Act) and supplementary national guidance.

4.3 The replacement draws from our continuous conversations over the last three years with communities, people accessing health and social care services, their families and with carers. This has been supplemented by specific activities across the full range of health and social care stakeholders to consult on the Strategic and Commissioning Plan 2019-2022. The following stakeholder groups have been specifically consulted about the Plan:

- Members of the Partnership's Strategic Planning Groups, including members of the Health and Social Care Partnership workforce, third sector and independent providers and service user, community and carer representatives;
- Members of the four Community Planning Partnership Executive Boards and other community planning groups;
- Dundee City Council Management Team;
- Dundee City Council, Policy and Resources Committee;
- NHS Tayside Leadership Team; and,
- Dundee Health and Social Care Partnership Staff Forum

In addition to these specific groups drafts of the Plan have been made widely available to the health and social care workforce, third and independent sector providers and community planning partners. The Plan will be submitted to NHS Tayside Board at the earliest available opportunity.

4.4 During February 2019 a 3 week public consultation exercise was undertaken where members of the public could provide feedback through a short online survey hosted on the Partnership's website. The survey was promoted through both Dundee City Council and NHS Tayside social media accounts and by circulating information to the workforce and service providers. In total 188 people responded to the survey. Approximately two-thirds of respondents live within Dundee, with the remaining third working within Dundee. Just under 40% of respondents identified as being a carer. Key themes identified from responses were:

- The majority of respondents who commented about the four priorities (31 respondents in total) were supportive of them;
- The need to further refine the length, style and language used within the document to ensure it is public facing;
- More prominence to be given to supporting transition of young people into adulthood;
- Further detail required to set out how the Partnership will take action in relation to obesity;
- Further detail required as to how the Partnership will take action to embed support for carers;
- Concern that a focus on health inequalities will detract from the provision of services to the whole population;

- Concern that not all service users, carers and communities will wish to utilise digital technologies and that other options must be available;
  - The need for ambitions regarding the use of digital technology to be properly resourced;
  - Just over half of respondents agreed with how we intend to use our resources over the next three years (just over 20% disagreed);
  - Concern that the scale and pace of current transformation and service re-design work may mean it is difficult to understand what is actually working in achieving better outcomes;
  - Just over 55% of respondents agreed with the outcomes we are trying to achieve through the Plan (15% disagreed);
  - The need to take evidence based approaches to service planning and redesign.
- 4.5 Following the public consultation exercise the length, language and formatting of the Plan has been significantly revised to respond to the responses received. Additional detail has been added within the content in relation to supporting carers, transitions to adulthood and obesity. The section of the plan focusing on digital technologies has been revised to provide assurance that these approaches to support and service delivery form part of a range of options available to service users and will be utilised as part of a personalized approach to service delivery. The section of the plan focused on Pathways of Care / Models of Support has been further revised to focus only on key programmes of re-design. Finally, the benefits of addressing health inequalities for the whole population have been more clearly described within the Plan and assurance provided regarding continued availability of improvement of population wide services.
- 4.6 Work is ongoing to revise the suite of companion documents that support the Strategic and Commissioning Plan. Revision of the Equality Outcomes and Equality Mainstreaming Framework is at an advanced stage and this will be presented to the IJB for approval on 29 March 2019 (see report DIJB13-2019). Revision of the Housing Contribution Statement has also progressed, however this cannot be finalised until the new Local Housing Strategy has been approved by Dundee City Council; once the Local Housing Strategy has been approved the Housing Contribution Statement will be submitted to the IJB for approval. The Workforce and Organisational Development Strategy will also be presented to the IJB for approval by June 2019. The Partnership's Strategic Needs Assessment was updated in early 2018 and is already available on the Partnership website. The draft Strategic and Commissioning Plan includes commitments to revise the remaining two companion documents, the Market Facilitation Strategy and Participation and Engagement Strategy, by the end of 2019.
- 4.7 Following approval of the Strategic and Commissioning Plan the Integrated Strategic Planning Group will oversee the implementation of the Plan on an ongoing basis. This will include directing the production of mid-year and annual performance reports for submission to the Performance and Audit Committee. Implementation of the Plan will be supported by the Partnership's Strategic Planning Group (SPG) structure, which will now be reviewed by the ISPG in order to ensure that the function and structure of SPGs is fit for this purpose. A more detailed performance management framework will also be developed, utilising the Pentana online performance monitoring database, to support the ISPG (and other relevant governance bodies) to monitor progress of implementation.

## 5.0 POLICY IMPLICATIONS

This report has been subject to an assessment of any impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. An Integrated Impact Assessment is attached.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	That the plan is not fully implemented and/or does not achieve the desired outcomes.
<b>Risk Category</b>	Operational, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High risk level)
<b>Mitigating Actions (including timescales and resources )</b>	The Plan is already supported by a range of more detail Strategic Commissioning Statements developed by individual Strategic Planning Groups who lead implementation work in their own areas of expertise. A more detailed performance management framework will sit behind the Plan and this will mitigate against key priorities not being progressed (at all, or quickly enough).
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level)
<b>Assessment of Risk Level</b>	Given the risk mitigation actions in place the risk is assessed to be manageable and acceptable.
<b>Risk 2 Description</b>	There is a risk that future funding (2020/21 onwards) will be insufficient to fully implement the Plan.
<b>Risk Category</b>	Financial
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High Risk Level)
<b>Mitigating Actions (including timescales and resources )</b>	Both Dundee City Council and NHS Tayside have endorsed the content of the Plan. Future years budget settlements between the corporate bodies and IJB should take account of the agreed Plan.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Assessment of Risk Level</b>	Given the risk mitigation actions in place the risk is assessed to be manageable and acceptable.

## 7.0 CONSULTATIONS

The Integrated Strategic Planning Group, Chief Finance Officer, Head of Service, Health and Community Care, NHS Tayside, Dundee City Council, Dundee Community Planning Partnership and the Clerk have been 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.

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

## 9.0 BACKGROUND PAPERS

None.

David W. Lynch  
Chief Officer

DATE: 22 March 2019

Kathryn Sharp  
Senior Manager, Strategy and Performance

Allison Fannin  
Planning and Development Manager

Joyce Barclay  
Senior Officer, Strategy and Performance







### DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB12-2019
2	Date Direction issued by Integration Joint Board	29 March 2019
3	Date from which direction takes effect	1 April 2019
4	Direction to:	Dundee City Council and 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	All delegated services
7	Full text of direction	Dundee IJB directs Dundee City Council and the NHS Tayside Board to develop and align their services to support the vision, priorities and actions identified within the plan.
8	Budget allocated by Integration Joint Board to carry out direction	To be confirmed once the budget has been agreed.
9	Performance monitoring arrangements	The performance of the Strategic and Commissioning Plan will be measured by national targets and indicators, including Ministerial Strategic Group measures through the regular submission of information to the IJB's Performance and Audit Committees and respective Scrutiny Committees of Dundee City Council and NHS Tayside.
10	Date direction will be reviewed	March 2022





## **INTEGRATED IMPACT ASSESSMENT REPORT**

**Committee Report No:** DIJB12-2019

**Document Title:** Dundee Health and Social Care Partnership Strategic and Commissioning Plan

**Document Type:** Strategy

**New/Existing:** New

**Period Covered:** 31/03/2019 - 31/03/2022

### **Document Description:**

This is a plan which describes DHSCP strategic priorities for the next three years and the key actions required to deliver it. The plan describes how the Partnership will develop health and social care services for adults over the next 3 years.

**Intended Outcome:** The Plan has been developed to support each citizen of Dundee to have access to the information and support that they need to live a fulfilled life.

### **How will the proposal be monitored?**

The Integrated Strategic Planning will oversee the implementation of the Strategic and Commissioning Plan on behalf of the Integration Joint Board, reporting progress to the Performance and Audit Committee through mid-year and annual performance reports.

### **Author Responsible:**

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**Title:** Senior Officer  
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**E-Mail:** joyce.barclay@dundeecity.gov.uk  
**Telephone:** 01382 433947  
**Address:** Floor 1, Friarfield House, Barrack Street, Dundee

### **Director Responsible:**

**Name:** David Lynch  
**Title:** Chief Officer  
**Department:** Health and Social Care Partnership  
**E-Mail:** david.lynch@dundeecity.gov.uk  
**Telephone:** 01382 434000  
**Address:** Dudhope Castle, 3 Infirmary Brae.

**A. Equality and Diversity Impacts:**

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

**Equality and diversity Implications:**

The plan is expected to deliver a positive impact to people affected by the above characteristics and by Socio-economic Disadvantage.

The survey used for Public Consultation specifically asked about potential negative impacts of the draft plan. 25% of 188 people answering the survey said they thought it might.

All who said there might be a negative impact were asked to comment on this.

There were a limited number of comments that seemed to relate to equality or socio-economic disadvantage. These comments included:

- The plan has a potential negative impact on these sections of society (protected Characteristics and Socio-economic disadvantage) if not implemented in a co-ordinated way
- Concentrate on Health.....don't try to fix poor housing, lack of employment, low wages
- Unstable home environments may impact on delivery of Health services
- You have too much focus on It/Tech this will exclude people
- A concern was raised about older people with dementia and lack of understanding a resources
- A mixture of local and centralised services is best. The focus on locality based services will dilute what is available. If services are centralised you can use one bus fare for more than one activity/appointment. You could spend some money subsidising transport costs into the city centre
- A greater range of services is needed
- The content of the (Draft) plan could demonstrate a better recognition of difference in gender and how it relates to gender equality.

We have considered the comments made. We agree that the Plan needs to be implemented in a coordinated way, this coordination will be delivered through the planning and governance structures of the IJB. We believe that working in Partnership to help address the socio economic causes of health inequalities (including housing, employment and economic deprivation) is crucial if we are to reduce the stark inequalities seen in the City. We understand that some of our communities are less able to access technology and IT. This may be due to a number of factors which may be linked to protected characteristics or deprivation and will ensure that we mitigate these risks by continuing to impact assess our policies and procedures and by working with our Partners to help develop resources and capacity in our communities to make use of new emerging technology. We recognise that for communities of interest a City Wide approach may need to be taken to ensure best use of resources and will take this into account when developing locality approaches to our services and supports. Further work is required to better understand inequalities due to sex and how we can address these.

Over all the Plan is thought to be able to contribute to improving outcomes for people affected by all of the above characteristics. The Equality Outcomes which have been set at the same time as the plan will take action to address any potential negative impacts on people. The Equality Outcomes were developed in Partnership with Dundee Citizens.

**Proposed Mitigating Actions:** Not applicable

**Is the proposal subject to a full EQIA? :** No

### **B. Fairness and Poverty Impacts:**

#### **Geography**

<b>Strathmartine (Ardler, St Mary's and Kirkton):</b>	Positive
<b>Lochee (Lochee/Beechwood, Charleston and Menzieshill):</b>	Positive
<b>Coldside (Hilltown, Fairmuir and Coldside):</b>	Positive
<b>Maryfield (Stobswell and City Centre):</b>	Positive
<b>North East (Whitfield, Fintry and Mill O' Mains):</b>	Positive
<b>East End (Mid Craigie, Linlathen and Douglas):</b>	Positive
<b>The Ferry:</b>	Positive
<b>West End:</b>	Positive

#### **Household Group**

<b>Lone Parent Families:</b>	Positive
<b>Greater Number of children and/or Young Children:</b>	Positive
<b>Pensioners - Single/Couple:</b>	Positive
<b>Single female households with children:</b>	Positive
<b>Unskilled workers or unemployed:</b>	Positive
<b>Serious and enduring mental health problems:</b>	Positive
<b>Homeless:</b>	Positive
<b>Drug and/or alcohol problems:</b>	Positive
<b>Offenders and Ex-offenders:</b>	Positive
<b>Looked after children and care leavers:</b>	Positive
<b>Carers:</b>	Positive

#### **Significant Impact**

<b>Employment:</b>	Positive
<b>Education and Skills:</b>	Positive
<b>Benefit Advice/Income Maximisation:</b>	Positive
<b>Childcare:</b>	No Impact
<b>Affordability and Accessibility of services:</b>	Positive

**Fairness and Poverty Implications:**

The Plan is expected to have a positive impact on most of the groups listed above. The priority given to Health Inequalities supports the Fairness agenda including work to support employment, work in deprived communities and money advice. Some areas have been identified no impact as DHSCP works in partnership with Children and Family services but has no direct responsibility for families with high numbers of children or single parents so no impact is anticipated.

**Proposed Mitigating Actions:** Not applicable

**C. Environmental Impacts****Climate Change**

**Mitigating greenhouse gases:** No Impact  
**Adapting to the effects of climate change:** No Impact

**Resource Use**

**Energy efficiency and consumption:** No Impact  
**Prevention, reduction, re-use, recovery or recycling waste:** No Impact  
**Sustainable Procurement:** No Impact

**Transport**

**Accessible transport provision:** Positive  
**Sustainable modes of transport:** No Impact

**Natural Environment**

**Air, land and water quality:** No Impact  
**Biodiversity:** No Impact  
**Open and green spaces:** No Impact

**Built Environment**

**Built Heritage:** No Impact  
**Housing:** Positive

**Is the proposal subject to Strategic Environmental Assessment?**

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

**Proposed Mitigating Actions:**

Not applicable

**Environmental Implications:**

Not applicable

**D. Corporate Risk Impacts****Corporate Risk Implications:**

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

**Corporate Risk Mitigating Actions:**

Not applicable

Dundee Health and Social Care  
**Strategic and  
Commissioning Plan**

**2019 - 2022**







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## Foreword



**Welcome to our Strategic Commissioning Plan 2019-2022. This Plan sets out an ambitious change programme, building on the achievements made since our first plan was developed in 2016.**

This Plan describes our broad strategic priorities for the next three years. It is not a detailed description of all past and future activity, rather it is a Plan that outlines our intentions, focus and direction. The Plan describes what we will prioritise and what successful delivery will mean for people accessing our services, their carers and our communities.

Our first plan stated that we wanted to make a positive difference to the lives of those who needed our support and to achieve the best outcomes for Dundee families and communities. We also acknowledged that people need to be at the heart of everything we do and that our communities are unique. This commitment to working with the people we serve to improve personal outcomes, remains unchanged. We hope you can identify from our Plan how our priorities have been shaped by our continued conversations with you, the citizens of Dundee, and our partners in Dundee City Council, NHS Tayside, the third and independent sectors and others.

The challenges facing our city are well known. Low life expectancy, too many people living in deprivation and health equality gaps between communities. We are also however an innovative, vibrant city with strong, cohesive communities and an enviable resilience. We need to build on the recent investment in the City Waterfront area. Our city is entering a new era, and our Plan describes a strategic direction that captures this ambitious spirit.

The Plan is underpinned by our belief in equality and fairness for all. We know that by supporting those who are most in need, we benefit, either directly or indirectly, all Dundee citizens and communities.

Over the next three years we will continue to deliver what is working well, whilst also targeting resources across the following priority areas:



1

**Health Inequalities**



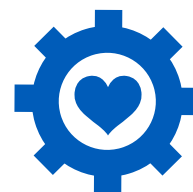
2

**Early Intervention  
Prevention**



3

**Localities and Engaging  
with Communities**



4

**Models of Support/  
Pathways of Care**

We have reduced the number of our strategic priorities to reflect the progress made over the past two years. For example, we have listened to, and worked with carers and carers organisations, to improve support available. This has provided us with a greater understanding of the impact of our supports and services on carers. This Plan reinforces the Partnership's recognition of the immeasurable positive contribution carers provide and our commitment to ensuring that the role of carers remains integral to all that we do.

Our refreshed strategic priorities will also maintain our focus on moving resources from hospitals to community based care, in order to provide easily accessed more personal support, closer to home.

Delivery on the ambitions set out in this Plan will bring us closer to achieving our vision that *'Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life'*.

There is however no doubt that the next three years will continue to be financially challenging. We need therefore to focus our resources in a more targeted way. By doing this, we are confident that we can achieve the positive, transformational change needed to improve the health and wellbeing of our citizens. Recent achievements such as reducing delayed discharges from hospital demonstrate how transformation can still be delivered during periods of financial constraint and increasing demand for services.

Over the next three years, we will work ever more closely with our partners to integrate our collective resources and agree how best to use them to enhance the lives of people across our city. The ideas, creativity and commitment of our workforce and the citizens of Dundee will be central to our success. We urge all those with an interest in the health, social care and wellbeing of the residents of Dundee to contribute to the delivery of our Plan. We look forward to collaborating with all partners as we work towards delivering on our vision.



*Trudy McLeay*

**Trudy McLeay, Chair**

Dundee Integration Joint Board



*Ken Lynn*

**Councillor Ken Lynn, Vice Chair**

Dundee Integration Joint Board



*David Lynch*

**David Lynch, Chief Officer**

Dundee Health and Social Care Partnership

# Introduction



## 2.1 Who We Are

The Dundee Health and Social Care Partnership ('Partnership') is responsible for delivering person centred adult health and social care services to the people of Dundee. The Partnership consists of Dundee City Council, NHS Tayside and providers of health and care services from across the third and independent sectors.

The Dundee City Health and Social Care Integration Joint Board ('IJB') is the body responsible for the planning, oversight and delivery of the Partnership's services. The IJB consists of voting members from Dundee City Council and NHS Tayside, as well as representative members from the third and independent sector, employees, people using services and their carers. The IJB is advised by senior staff including the Chief Officer, Chief Finance Officer, Chief Social Work Officer and Clinical Advisors for Nursing, Primary Care and non-Primary Care.

In accordance with the **Public Bodies (Joint Working) (Scotland) Act 2014** ('Public Bodies Act'), an Integrated Strategic Planning Group ('ISPG') established by the IJB, has developed this Health and Social Care Strategic and Commissioning Plan ('Plan'), which is effective from 1 April 2019.



## 2.2 This Plan

This Plan describes our strategic priorities for the next three years and the key actions required to deliver on our ambitious vision for the city. The Plan represents the knowledge we have gained through our ongoing engagement with communities, people who use health and social care services, their families and with carers.

Our Plan describes what has been achieved so far. It also outlines what still needs to be done to arrange services in a way that helps Dundee citizens receive the right information and support at the right time, to live a healthy and fulfilled life in the way they want.

The core themes and priorities of our first plan, **Health and Social Care Strategic and Commissioning Plan 2016-2021** were established following extensive engagement and remain relevant today. Since the first plan was developed, we have created a number of Strategic Planning Groups to strengthen partnership working. These specific interest groups inform our everyday working, help to shape how we do things and reflect on what we need to do better. This Plan draws on key themes from each of the Strategic Planning Groups as well as from national, regional and local policies.

The strategic priorities and associated actions described in this Plan, alongside the expansive NHS **Transforming Tayside** programme, will help realise our mutual objectives of better health, better care, better value and better wellbeing of the workforce.

This Plan is a critical companion document to other plans such as the **City Plan for Dundee 2017-2026** and the **Tayside Primary Care Improvement Plan**. Success can only be achieved by our continued joined up working with partner organisations. As a Partnership, we are emboldened by the new vibrancy felt across the city and are determined to play our role in realising the full potential of each Dundee citizen by enhancing individual health and wellbeing.

This Plan is not a finite document, rather it is part of our continued conversation with the people of Dundee and our partners. We will work through established community and citywide engagement structures, listening to the voices of people using services, carers, volunteers, the third and independent sectors to plan flexible, sustainable services. As part of our commitment to collaboration, the Partnership will monitor progress of this Plan on an ongoing basis, and will report through the Integrated Strategic Planning Group, to the IJB and other partner bodies.



## Vision and Ambition



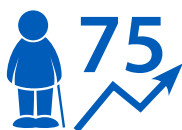
### Our Partnership vision for health and social care is that:

**Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.**

The vision sits alongside Scotland's long term aim for people to live longer, healthier lives at home or in a homely setting. Scotland's **National Health and Wellbeing Outcomes** guide our work:

<b>Outcome 1:</b>	People are able to look after and improve their own health and wellbeing and live in good health for longer.
<b>Outcome 2:</b>	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
<b>Outcome 3:</b>	People who use health and social care services have positive experiences of those services, and have their dignity respected.
<b>Outcome 4:</b>	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
<b>Outcome 5:</b>	Health and social care services contribute to reducing health inequalities.
<b>Outcome 6:</b>	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
<b>Outcome 7:</b>	People using health and social care services are safe from harm.
<b>Outcome 8:</b>	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
<b>Outcome 9:</b>	Resources are used effectively and efficiently in the provision of health and social care services.

Our vision will only be realised however, by recognising and responding to the changing patterns of demand for health and social care and the different environments in which services will be delivered, including:



the proportion of people aged over 75 in Dundee – who tend to be the highest users of health and social care services – will increase significantly.



the continuing shift in the pattern of illness towards long term conditions, particularly the growing numbers of older people with multiple conditions and complex needs such as dementia.



an increasing population of younger adults (under 65) who have complex health and social care needs, often related to substance misuse and poor mental health.



an increase in the number of carer hours and complexity of the caring role, because of the predicted increasing numbers of people affected by long term conditions, frailty and complex needs.



an enhanced focus on population wide public health responses to health and wellbeing issues such as obesity, mental health and substance misuse.



a need to work closely with partners delivering services for Children and Families to address the impact of complex health and social care needs, including parental mental health and substance misuse, on children and young people and to support good transitions for young people as they move into adulthood.



a need for more community and family based supports, including provision of services by the Partnership and third and independent sectors, during a period of sustained financial pressures.

As a Partnership we have made significant advances towards achieving our vision, some of which are highlighted in Appendix 2 of this Plan. We are operating in a much more integrated way with our partners. We are investing more in early intervention and prevention and are making positive strides in expanding the effectiveness of primary care to ensure that we deliver as much integrated health and social care as locally as possible.

We are particularly proud of our achievements in getting people back to their home from hospital, as soon as is appropriate, through our work to shift the balance of care towards community based services and resources. Our work with carers to co-produce local arrangements for responding to their specific needs and to recognise the valuable and unique contribution that they make within local communities has also been a highlight over the last three years.

We recognise however that our journey has only just begun and the ambition described in our vision has yet to be fulfilled. The pace of transformational change required to improve the health and social care outcomes for the people of Dundee will need to be accelerated over the lifetime of this plan.



Alongside our partners, we will work towards our collective vision by:



supporting communities to address the impact inequality has on the health and wellbeing of our citizens.



investing in early intervention and prevention approaches that are designed to prevent health and social care needs escalating, including prioritising such approaches to those people who are at most significant risk of poor health.



providing citizens with the opportunity to improve their wellbeing, to lead an active healthy life and to make positive lifestyle choices.



supporting carers to have a positive caring experience.



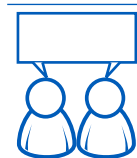
supporting individuals to make informed choices on living and dying well, and in a place of their choice during end of life care.



supporting carers and those with lived experience of long term conditions to influence our decisions and raise awareness.



developing outcome focused and asset based approaches which are co-produced with individuals, carers and communities.



working with our partners, particularly the Children and Families Service, to address the needs of people at risk of harm, including people using Community Justice Services.



taking a fair and transparent approach to how resources are allocated to ensure investment is made where health and social care needs are greatest.



maintaining a confident, professional and valued workforce.

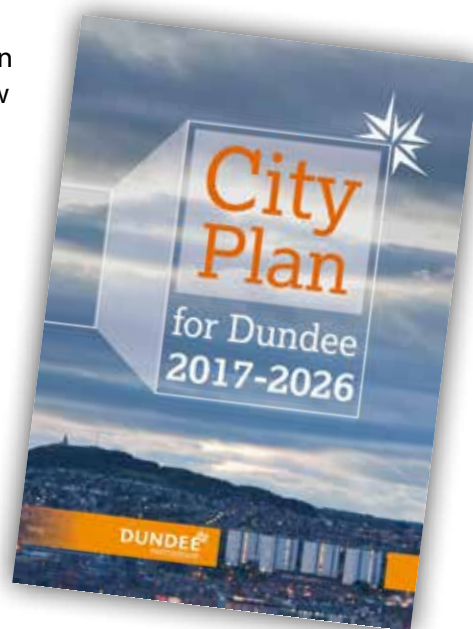


measuring and reporting our performance on an ongoing and transparent basis.

We look forward to creating a more hopeful and positive future for Dundee citizens by taking a whole systems approach. Our vision will only be realised by working with all partner organisations, tapping into our collective strengths and creating a cohesive response to the significant health and social care challenges faced across our city. We need to be both bold in our actions and realistic in what is achievable. Resources are limited, so we need to work collaboratively with local people, communities and partner organisations, to create a culture of shared resolve, continuous improvement and innovation.

The **City Plan for Dundee 2017-2026** sets out the wider economic, environmental and social aspirations for Dundee. The transformation and renewed vibrancy of the Dundee Waterfront is testament to how our city can change when partners come together with common purpose.

Building on the momentum of the **City Plan for Dundee 2017-2026** and other recent transformational local health and wellbeing strategies, such as the **Tayside Plan for Children, Young People and Families**, the **Tayside Primary Care Improvement Plan** and the **Transforming Tayside Programme**, there is no better time to reinvigorate our vision for health and social care across Dundee.



# Strategic Priorities



## 4.1 Introduction

When we developed the first strategic plan, we outlined the case for change based on a comprehensive analysis of need, demographics and available resources. We stated that this would involve investing in some areas of service and disinvesting in others, for example moving resources towards preventative services and closer to communities. From this we developed eight priorities:



1

**Health Inequalities**



2

**Early Intervention  
Prevention**



3

**Person Centred Care  
and Support**



4

**Carers**



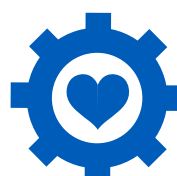
5

**Localities and Engaging  
with Communities**



6

**Building Capacity**



7

**Models of Support/  
Pathways of Care**



8

**Managing our  
Resources Effectively**

We have progressed a series of actions under each priority and have undertaken a review of how far we have come in achieving our vision for the citizens of Dundee. As part of our continued conversation with our stakeholders, including people using services and their carers, we have asked ourselves:

How successful have we been?

How do we build on what is working well?

What do we need to do differently to achieve better outcomes for people?

Can we resource what we would like to do?

By asking ourselves these questions, we have refined and reframed our priorities for the next three years. We have learned from our models of success that if we focus our resources in a more targeted way, we can achieve transformational change much more quickly. With this in mind, we are targeting resources in this Plan to respond to the following four priority areas:



1

**Health Inequalities**



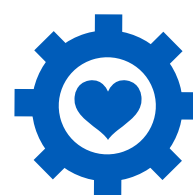
2

**Early Intervention Prevention**



3

**Localities and Engaging with Communities**



4

**Models of Support/ Pathways of Care**

The 2016-2021 plan's four remaining strategic priorities - Person Centred Care and Support, Carers, Building Capacity and Managing our Resources – will now be embedded in our everyday work.

For example, in terms of carers, we will build on our concrete achievements, which include increased collaboration with carers and partners, strengthened locality working and more varied short breaks. We will continue the transition from a traditional service model to a focus on community resilience for carers and all Dundee citizens. We will use what we have learned to work towards achieving the outcomes identified by carers in the carers strategy - **A Caring Dundee**. This will include identifying Carers Champions through the Adult Carers Subgroup of the Dundee Carers Partnership. These Champions will identify and support carers to access appropriate local community resources. This 'locality approach' is currently in place for carers in Strathmartine and Coltside and there are plans for this to be developed across the city. Actions like this will ensure that carers continue to feel valued and listened to as respected members of our communities. This approach will ensure that Dundee citizens who are carers will not only be seen as care givers, but citizens in their own right.

The four refreshed strategic priorities will bring about change at different levels across the whole system to ensure we achieve better outcomes for people and provide more accessible, personal support, closer to home. The plan also responds to the significant negative impact of health inequality.

All four strategic priorities align with the **Health Literacy Action Plan for Scotland** by supporting more people to become more involved in the management of their own health and wellbeing needs.

As we remodel our own services, centred around the four priority areas, we will work closely with partners as they pursue their own transformation programs, including the developing NHS Tayside Clinical Strategy, the Tayside Mental Health Strategy, the Tayside Mental Health Improvement Plan and the work of the Dundee Drugs Commission.

## 4.2 Strategic Priority 1 - Health Inequalities



### Our Ambition:

**Health inequalities across Dundee will reduce so that every person, regardless of income, where they live or population group, will experience positive health and wellbeing outcomes.**

Health inequalities are preventable and unjust. They significantly contribute to differences in health status experienced by certain population groups. We know that people who live in areas of deprivation have significantly poorer health. This is evidenced in Dundee, where a disproportionate amount of people affected by substance misuse and long term physical and/ or mental conditions live in our most disadvantaged communities.

As well as considering the impact of deprivation on health inequalities, we also need to consider the specific challenges experienced by people who belong to protected equalities groups.<sup>1</sup> We know that people with protected characteristics can find it difficult to access health and social care services and/or have a poorer experience of their care, often contributing to poorer health outcomes.<sup>2</sup>

Our **Equalities Outcomes and Mainstreaming Equalities Framework** sets out our priorities for addressing equality issues. We monitor and report on our progress against each of the agreed equality outcomes, refreshing equality outcomes as required. We have also contributed to the Dundee Fairness Commission<sup>3</sup>, which is responding to the impacts of poverty on Dundee citizens, including mental health and stigma.

<sup>1</sup> Protected characteristics under the Equality Act 2010 are: age; disability; sex; gender reassignment; pregnancy and maternity; sexual orientation; marriage and civil partnership; religion, belief or lack of religion / belief; and, race.

<sup>2</sup> Scottish Better Together Survey Patient Survey Programme

<sup>3</sup> <https://www.dundeefightingforfairness.co.uk/the-story-so-far>

Dundee has a long history of innovative activity to reduce health inequality across the city. At the time of the first plan we undertook to build on this activity.

**One example of how we are tackling health inequalities is the Lochee Hub:**

### Lochee Hub

Located in the heart of the Lochee community, the Lochee Hub provides secure, respectful and friendly services that are valued and supported by local people. These services include 'Stay and Play' for parents and children, advice and advocacy for housing and benefits, support to tackle substance misuse and recovery, support for carers, employment support, access to food banks and peer support.

Employees and volunteers work together to provide the activities and services, which are open and easily accessible to all in the community. The Hub follows a whole family approach, to improve families' experience of services and enhance their outcomes.

Over 2016/ 2018, we have redesigned and invested in substance misuse mental health services. We have recruited social prescribing link workers and developed a series of initiatives to develop our employees' awareness of health inequalities. Our achievements to date have delivered encouraging results. For example, we have reduced the variation in performance between the most and least deprived areas of Dundee in key health and social care indicators such as emergency bed days, delayed discharges and readmissions within 28 days.



### Action Points 2019-2022

**Over the next three years, we will further our response to reducing health inequalities by:**

- seeking opportunities to bring a range of assessment and treatment services closer to local communities.
- continuing to provide training and support across all sectors to reduce the stigma of poverty.
- developing a city wide approach to social prescribing and enhancing the skills of GPs who use social prescribing approaches in their practice.
- further developing the availability of health checks, including health checks for carers.
- making better use of community resources such as community centres and community pharmacies to promote health and wellbeing, improve accessibility and tailor services to community need.



- continuing to embed gender-based responses to domestic abuse and other forms of violence against women, including the introduction of the Caledonian Programme<sup>4</sup> and strengthening of the Safe and Together model<sup>5</sup> and Multi-Agency Risk Assessment Case Conferencing<sup>6</sup>.
- changing the approach to employment support to increase employment particularly across marginalised groups.
- developing the way in which we measure and report differences between service use and outcomes for people who experience health inequalities and in the general population of Dundee.

As a Partnership, we are committed to working with all our partners to reduce the current health inequalities across our city. We are confident that by taking forward the above actions, alongside the critical work of others, the health inequality gap experienced by people from protected characteristic groups and from those living in our most deprived areas will have reduced further by 2022.

### 4.3 Strategic Priority 2 - Early Intervention and Prevention



#### Our Ambition:

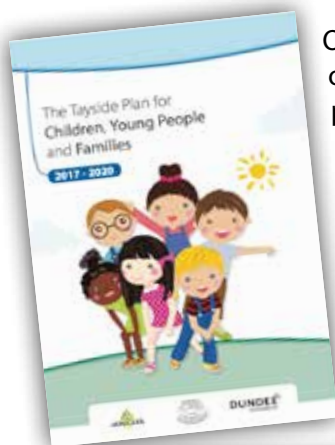
**Enhanced community based supports are enabling people to take greater control of their lives and make positive lifestyle choices that enhance their health and wellbeing and reduce the need for service based interventions.**

By working with people earlier, we can reduce the incidence and impact of ill health. It is a difficult decision to prioritise prevention and early intervention when resources are limited. We believe however that a focus on prevention and early intervention is a positive choice, which will reduce the need for more intensive or acute support at a later time. It is by prioritising early intervention and prevention that we improve outcomes in the longer term, more effectively manage demand for services and release resources to where they are most needed.

<sup>4</sup> The Caledonian Programme is an integrated approach to address domestic abuse. It works with men convicted of domestic abuse related offences to reduce their re-offending and improves the lives of women, children and the men undertaking the programme.

<sup>5</sup> Safe and Together is a child-centred model for responding to domestic abuse that aims to work towards keeping children safe and together with the non-perpetrating parent. The model provides a framework to support services to partner with survivors and intervene with perpetrators to enhance the safety and wellbeing of children.

<sup>6</sup> Multi-Agency Risk Assessment Conferencing is a model of multi-agency risk management that is specifically designed to respond to domestic abuse.



Our approach to early intervention and prevention recognises the critical importance of working closely with community planning partners to implement agreed priorities, for example, in the **Tayside Plan for Children, Young People and Families**. Improvement in the health and wellbeing of children and young people, through family based early intervention and prevention approaches, has the potential to significantly reduce the health and social care needs of the future adult population.

**An illustration of one of the Partnership's early intervention and prevention programmes is our collaborative work with the third sector promoting mental health recovery:**

### 'Making Recovery Real' in Dundee



In November 2015, the Partnership, in conjunction with the Scottish Recovery Network, launched an initiative called "Making Recovery Real" (MRR), to promote and advance mental health recovery in Dundee.

For people with mental health difficulties, being heard and understood, particularly by others who have had similar experiences, provides an opportunity to discuss their struggles and emotional stresses. It can offer an effective way of supporting people and breaking down the social isolation felt by many people with mental health issues. Enabling individuals to meet and interact with others who have experienced similar challenges and circumstances, increases individual self-confidence and improves overall mental health and wellbeing.

Meeting positive role models and seeing that recovery is possible can provide people with the hope and motivation they need to commit to their own recovery and reduce the reliance on mental health and other services. Research has shown that peer support can encourage social integration, reduce the number of symptoms displayed in those with mental health difficulties and reduce hospital admissions.

The work of MRR has resulted in the creation of more peer recovery roles and the establishment of a Peer Recovery Network for mutual support and ongoing development.

**The following quotes from people who took part in the MRR initiative illustrate the strength and success of the programme:**

"helping others helped my recovery  
....supporting one another"

"I didn't have anyone in my life who had a mental illness....so talking to people who understood really helped my recovery"

"when you're helping someone else, you're helping yourself"

"my confidence has grown....hugely"



Over 2016/ 2018, we have also developed and invested in money advice services. We have developed better supports for young carers and those recovering from mental health issues. We have also improved referral processes for a range of community care services. Our achievements are ensuring that our services are becoming more efficient, person centred and more easily accessed as early as possible by the people who need them most.



## Actions for 2019/ 2022

We will build on our achievements and maintain our focus on prevention and early intervention by having a focus on **Asset Building, Promoting Health and Wellbeing** and **Improving Service Redesign**.

The priority on early intervention and prevention includes how we increase the capacity of people, families and communities to find the right support for themselves (Asset Building). We will focus on

**Asset Building** by:

- making sure people have opportunities to contribute to their families, their community and to the city.
- supporting individuals to maximise their financial situation through work, access to learning and access to the benefits they are entitled to.
- working collaboratively with Children and Families Service and Community Justice Services to support families to understand and build on their strengths.
- building capacity within the third sector to identify and meet needs in our communities that support people to live full and healthy lives.
- building on current engagement methods to identify community need and initiatives and further develop community capacity.

We will **promote health and wellbeing** by:

- working with community health networks to promote and support positive health changes.
- engaging people around health and wellbeing, to increase self-care, and avoid longer term ill health through a range of models at an individual level and community level.
- developing services and supports to reduce isolation and loneliness by connecting individuals to others and supporting positive mental and physical health.
- developing approaches that support lifestyle changes to improve health and address our key priorities of tackling obesity, improving mental health and wellbeing and reducing reliance on substances.

We will improve **service redesign** and access to services by:

- developing community health resources within neighbourhoods in line with developments across primary care services.
- developing community rehabilitation and enablement approaches which integrate pathways and further develop access to services by communities.
- expanding the Enhanced Community Support Multidisciplinary Team for each G.P. cluster in line with Reshaping Non Acute Care Programme, to ensure individuals receive the appropriate health support at the right time.
- testing a mental health Patient Assessment Liaison and Management Service to support access to mental health specialists within a GP setting.
- supporting health and social care employees to be part of the wider social prescribing workforce by identifying community resources and signposting/supporting individuals to access these resources.
- ensuring care pathways, including in GP practices, are person focused not condition focused.
- redesigning chronic pain pathways, including developing quality prescribing for chronic pain.
- redesigning sexual and reproductive health service delivery.
- commissioning services with Children and Families Service, particularly in relation to substance misuse, mental health, obesity and parenting support.
- working collaboratively with neighbourhood services, third sector and key partners to deliver joint approaches to preventing homelessness.
- working with our public protection partners to re-design how we respond in an integrated way to concerns about people at risk.

Our continued commitment to early intervention and prevention is clearly demonstrated in the above actions. We believe this unwavering commitment will improve the health and wellbeing of citizens across the city.



## 4.4 Strategic Priority 3 Locality Working and Engaging with Communities



### Our Ambition:

People can access services and supports as close to home as possible, with these services and supports responding to the specific needs of the local community.

Dundee has a strong ethos of working in partnership with communities and the people it supports. The following factors impact on the way in which local services are accessed by the population within Dundee:

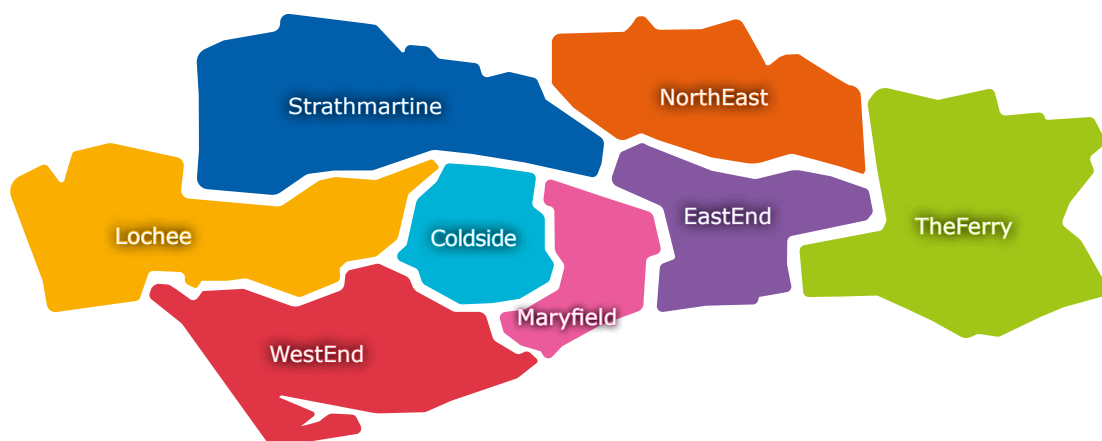
- **geography of Dundee** – Dundee occupies a small geographical area (approximately 60 km<sup>2</sup>). The city's compact size, coupled with a tradition of community activism, creates positive opportunities for collaboration between our workforce, communities and people using services and carers and means that any specific sites of service delivery will be relatively accessible to the whole population.
- **GP registration** – in Dundee, GP registration does not correlate with area of residence and therefore, in most instances, it cannot be assumed that GP surgeries are responding to the needs of the local population. In addition, practices within Dundee have over 20,000 people registered who do not live within the city boundary.
- **definitions of community** – Dundee's communities do not necessarily identify with the locality designations ascribed to them by the Council's administrative boundaries, with distinctive community identities existing within and across localities.

The Partnership follows a 'locality model' approach to delivering services within the city to ensure that services are targeted to meet the needs of individuals and their carers. The approach also helps professionals and providers to communicate better with each other in local areas.

The Partnership is organised into four service delivery areas, with two Local Community Planning Partnerships (LCPP) areas forming each single service delivery area:

- **Maryfield and East End**
- **The Ferry and North East**
- **Strathmartine and Lochee**
- **West End and Coldsid**

The four service delivery areas also encompass 54 natural neighbourhoods.



In the first plan we identified Locality Working and Engaging with Communities as one of our eight key strategic priorities. We acknowledged that Dundee has a wide range of people with diverse needs across different parts of the city and pledged to invest in an infrastructure to support the development of locality planning and to allocate resources to implement locality plans.

Since then we have worked hard with communities and our planning partners to better understand community need and to increase the capacity to plan and deliver services across the city.

Over 2016/ 2018, we have targeted resources and service planning at the neighbourhood level. We have developed locality needs assessments for each LCPP and enhanced reporting at the locality level to increase the transparency of our performance reporting arrangements. Our progress is ensuring we are better able to allocate resources to the neighbourhoods where they are most needed.

The following example provides an illustration of how our focused locality working is making a positive difference to lives in Dundee:

### Ardler Drop In Café

Tom is a carer and regularly meets up with a member of staff from the Dundee Carers Centre. During one of their one to one catch ups, Tom highlighted that he thought that his cousin Claire is a carer to her dad. Tom and the member of staff talked this over and agreed that Tom should chat to Claire. Tom met Claire to see how she was doing and to see if she wanted to come along to one of the Drop In Cafés at Ardler. Claire decided to come along with Tom to see if there was help she could get to support her in her caring role.

Tom and Claire attended the next Drop In Café and Tom introduced Claire to the Localities Development Worker. The Localities Development Worker had a chat with Claire to find out more about her caring role, how this affects her, and what kind of support Claire would like. Claire highlighted that her caring role was making her feel tired, sore and grumpy most of the time. Claire was having difficulty sleeping and was finding that all her time was being taken up with looking after her dad. Claire missed going out to see her friends and that things were starting to get on top of her. Claire's dad has been recently diagnosed with dementia and Claire lives closer to him than the rest of her family.

The Localities Development Worker listened to Claire and introduced her to the Senior Keep Well Nurse at the Café and arranged a Keep Well Health Check at the community centre next to her block of flats. The Localities Development Worker asked Claire if community groups would help. Together they found groups nearby which Claire did not know about. These groups included aerobics, swimming, knitting circles and a dementia support group.

Claire had her health check and found that her physical health is ok, but her emotional health is affected by dealing with her dad's diagnosis on her own. Claire had thought she had to deal with her dad herself, however with the support from Tom, the Localities Development Worker, and the Senior Keep Well Nurse she asked for help from her family and social work. Claire now regularly attends the Drop In Café, dementia support group and goes swimming.



## Actions for 2019/ 2022

Much of the work undertaken over the last three years has been focused on helping us to understand the specific needs and expectations of people in each of Dundee's localities and neighbourhoods. Over the next three years we will focus on how we structure and deliver services to respond to these needs and expectations by **Realigning Service Delivery to Community Need** and **Maintaining Community Engagement**.

### Realigning Service Delivery to Community Need

#### We will:

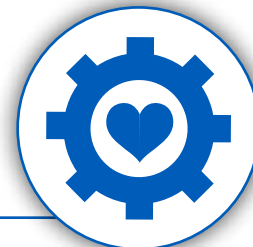
- Continue to realign our services to the four service delivery areas in order to ensure people can access services where they are needed most. This also means increasing the level and range of services delivered in local communities, in line with the **Tayside Primary Care Improvement Plan**.
- Work with Children and Families Service to align our services to similar service delivery areas.
- Further develop our carers locality support model to enable implementation across all localities of Dundee.
- Work with commissioned and third sector services to realign service delivery to community need.
- Develop a property strategy for the Partnership, in collaboration with NHS Tayside and Dundee City Council, that supports the realignment of services.

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### Maintaining Community Engagement

#### We will:

- Continue to be involved in the development and delivery of Local Community Plans, making sure that communication initiatives resonate across all care groups, young and old.
- Share data with communities to enable citizens to continue to inform the Partnership on what success should like from a citizen perspective.
- Refresh the Partnership's Participation and Engagement Strategy to ensure an integrated approach with wider Community Planning Partners, particularly Community Learning and Development.



## 4.5 Strategic Priority 4 Models of Support, Pathways of Care



### Our Ambition:

**People will live more independently at home for longer, supported by redesigned community based, person centred services**

The Kings Fund report **Reimagining Community Services - Making the most of our assets** published in 2018, notes that *"A radical transformation of community services is needed, making use of all the assets in each local community wherever these are to be found, breaking down silos between services and reducing fragmentation in service delivery."*

To help support this transformation, our last plan detailed our goals to improve the way that people move between large hospitals and the community, how we would redesign models of non-acute hospital-based services and re- invest in community-based services including our response to protecting people concerns. We understood that we needed more specialised residential resources and had to invest in housing with support and day opportunities. We also needed to increase telehealth and telecare supports available to help people live more independently for longer.

Over 2016/ 2018, we have developed a series of strategic plans to address these challenges and improve the way we support people with different needs in the community. We have reviewed residential care services and increased our care at home capacity. We have also redesigned a number of services, for example, the rapid rehousing transition plan is moving more people from temporary accommodation to their own tenancies.

The following example provides an illustration of how our changing models of support are making a positive difference to Dundee lives:

### Red Cross Assessment at Home

**Feedback from people who have used the Red Cross Assessment at Home service:**

**" I thought I was going to have to move into a care home and I was scared, I couldn't believe it when I was able to go home with support. Within a few days I was managing much better that I thought I would."**

**"They really helped me to settle back in at home. My confidence was away after being in hospital, but now I'm getting on fine."**



## Actions for 2019/ 2022

We will continue to focus on the actions detailed within each of our care group strategic commissioning plans. This will help to further improve models and pathways of care we have developed and will develop for future need. We will also work with NHS Tayside to support the re-design of clinical pathways across a range of service delivery areas.

We are committed to providing person centred support and will create more flexible options around the type of support available. By remodelling integrated care and support planning, we can support people to achieve their personal outcomes. By furthering the development of self-directed support 'SDS', we will enable people to take more direct control over their support.

There are a number of 'must dos' across all of our service developments to ensure that it is person centred. We will:

- Sustain and continue to review training, learning and development programmes for our workforce, to embed person centred practice.
- Simplify our processes and systems to make access to care and support easier.
- Further develop systems and processes to ensure standards of quality and safety and best outcomes for individuals are achieved in the provision of services.
- Invest further in the workforce to develop integrated roles, improve quality and increase capacity.
- Commission internal and external services on a locality basis.
- Increase the balance of care towards care at home services over the period of the plan.
- Ensure that service developments are co-produced with people accessing the services and carers, addressing the needs and outcomes of both carers and the person they care for.



**To deliver on our ambition, we will continue to enhance our models of support, including:**

- **Primary Care Transformation and Improvement Plan** – modernise primary care services, with a specific focus on general practice and the introduction of the new GP contract and the development of a multidisciplinary approach to primary care.
- **Community Health Services** – review the model of health interventions in the community to develop locality models that include Health and Community Care Centres, community based clinics; integrated community health and care roles and a modernized community nursing service.
- **Community Independent Living Services** - remodel services to deliver an integrated model which supports early intervention, active and independent living and improved outcomes for people accessing the services and their carers.
- **Care at Home Services** – remodel the in-house service to ensure it is person centred, efficient and responsive to the increasing needs of people accessing the service and their carers.
- **Substance Misuse** – redesign integrated services for adults who use substances to improve access to recovery orientated treatment services and supports to improve outcomes for people and their families. Implement actions to support the prevention of drug related deaths, taking into account the findings of the Dundee Drug Commission.
- **Mental Health and Wellbeing** – remodel community services by developing early intervention services and crisis care models, including services delivered from GP practice and ‘peer navigation’ services within acute hospital and accident and emergency settings.
- **Homelessness and Complex Needs** – implement a lead professional model and undertake a redesign of temporary accommodation and rapid rehousing to improve access and coordination of support and outcomes for people who have a complex needs.
- **Sexual and Reproductive Health** - redesign sexual health and reproductive services to maximise efficiency and a focus on outcomes while maintaining access to adults and young people with specialist sexual and reproductive health needs.
- **Learning Disability** – increase the provision of community health supports and opportunities for adults with a learning disability and/ or autism to receive more personalised support in leisure, recreational and social activities, including in the evening and at weekends.
- **Carers** – implement the Carers Strategic Plan and through this increase the identification and support to carers.
- **Palliative Care** – remodel specialist services and develop pathways with people accessing services and their carers, to enable more people to live at home when they want to do so.
- **Transitions** – work with Children and Families Service and other partners to enhance arrangements for transitions between child and adult services, including within public protection services.
- **Protecting People** – actively lead and contribute to the implementation of the Transforming Public Protection Programme.
- **Suicide Prevention** – develop a plan that reflects the national priorities and reduces the number of suicides within the city.
- **Community Justice** – work with the Scottish Prison Service and other partners to support the planning and delivery of the Women’s Custody Unit and enhance transitions from custody and resettlement for both male and female prisoners.





## 5.1 Background

The Partnership, providers, people who use services and their carers, already access and use digital technologies such as telecare, equipment and adaptations to support independent living, and access health and social care information through a range of websites. Technology can be transformative for those people who choose to use it. We want build on the technological advances we have already made and continue to develop digital technologies to deliver more positive outcomes for people across Dundee.

Digital technology will become an ever increasing enabler as the Partnership seeks to deliver on its ambition and vision, with technology playing a critical role in areas such as enhancing the contribution of the primary care sector in delivering good health and social care outcomes within people's own communities.

However, we also understand that new technology is not for everyone. Our person centred approach to providing support will make sure that people will not be disadvantaged should they be unable to make use of it or have a preference not to use new technologies.

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## 5.2 Dundee Smart Health and Care Strategy

We have developed a strategy on the use of technology - **Dundee Smart Health and Care Strategy**. This strategy will ensure that the use of technology within the Partnership will help to achieve all four strategic priorities set out in this Plan by:

- promoting equality and social inclusion.
- addressing health inequalities.
- supporting early intervention and prevention.
- protecting people from harm.
- increasing the accessibility and efficiency of services so that people can gain the right support at the right time.
- increasing opportunities for people to be involved in the design and development of supports and services.
- improving the way teams share information and communicate with one another.



To support implementation of our strategic approach to technology, we have adopted the following guiding principles:

### Guiding Principles

co-producing our developments with people who use services, carers and our workforce.

ensuring technology is easy to access and available for use in citizens' homes and communities.

using technology to improve outcomes for citizens and communities.

integrating technology into system redesign so that technology is fully accessible and integrated into service delivery.

promoting innovation and personalisation in the use of technology.

ensuring equality in our approach so access to technology is fair, consistent and free from discrimination; and

promoting best practice in use of technology and ensuring compliance with national standards.

## 5.3 Outcomes

The Partnership's focus on technology and achievement of the strategic outcomes set out in the **Dundee Smart Health and Care Strategy** will contribute to improvements to health and wellbeing, support increased independent living, and enable people to feel more in control of their lives. Each of these positive outcomes, complements our determination to reduce health inequalities across Dundee.

## 5.4 Longer Term

The Scottish Parliament Health and Sport Committee report on technology and innovation in health and social care stated that *'Digital technology has the potential to change the face of health and social care delivery.'*<sup>7</sup> The Annual Report by England's Chief Medical Officer titled 2040 – Better Health Within Reach<sup>8</sup> looks even further ahead, providing examples of currently available artificially intelligent health diagnostic and monitoring devices and envisages a future that includes their expanding use.

Over the longer term, the Partnership recognises that radical transformation is required in the way technology is used to ensure that we can provide sustainable, person centred, locally delivered services that can adapt to the city's changing demographics and financial outlook.

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<sup>7</sup> *Technology and innovation in health and social care* - [http://www.parliament.scot/S5\\_HealthandSportCommittee/Reports/HSS052018R01.pdf](http://www.parliament.scot/S5_HealthandSportCommittee/Reports/HSS052018R01.pdf)

<sup>8</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/767549/Annual\\_report\\_of\\_the\\_Chief\\_Medical\\_Officer\\_2018\\_-\\_health\\_2040\\_-\\_better\\_health\\_within\\_reach.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767549/Annual_report_of_the_Chief_Medical_Officer_2018_-_health_2040_-_better_health_within_reach.pdf)





## 6.1 Financial

### Context

The **2016-2021 Strategic and Commissioning Plan** was set within a context of an increasingly challenging financial time for the public sector – tightening budget allocations, increasing demand for services and rising costs of service provision. Three years on, this challenging financial position remains unchanged, and the potential impact of Brexit on health and care service also adds to uncertainty.

The Partnership's budget consists of financial resources provided by NHS Tayside and Dundee City Council. The financial position of both statutory partners has been well publicised in recent times with each organisation required to make significant efficiencies and savings to bring expenditure in line with available funding. The financial challenges facing these organisations clearly impacts on the level of funding the Partnership receives to plan and deliver services.

Given the challenging financial environment, the Partnership needs to explore all opportunities to work more closely with partners to deliver services more effectively. Our budget allocation of around £235m, when combined with the undoubted skills and innovation of our workforce and that of our partners, offers scope to build on our successes and deliver on the ambitions set out in this Plan.

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### What We Have Done With Our Resources

Since the establishment of the Partnership in 2016, we have worked hard to make the best use of our resources and to effect change in the way services are delivered in line with our strategic priorities. The Scottish Government has supported us in our endeavours, providing dedicated funding to integrate health and social care services.

We have used the funding to test different models of care, to meet increased demand for services, to pay the living wage to all adult social care workers and to better support carers.

It is by investing in tests of change, that we have been able to develop a multi-professional model of care within the community (the Enhanced Community Support model) and start to move resources to support the roll out of this model across the city.

We have also invested over £1.1m to increase the number of care at home hours provided by the third and independent sectors. This increased community capacity is reducing the number of people experiencing delays in leaving hospital and returning home and progressively moving the balance of care from hospital to community based settings.

However, although our resources are substantial, they remain under considerable pressure when set alongside the increasing demand and cost of services. We have been accessing reserves built up in previous years to fund some of our critical activity. This position however is not sustainable in the long term, a point also highlighted by Audit Scotland within their **2017/18 Annual Audit Report** on the IJB.

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## Three Year Financial Framework

In recognition of the financial challenges we face we have developed a Transformation Programme. The Programme is key to ensuring that we are financially sustainable in the long term and includes consideration of how we bring more services together and how we will explore ways of doing things differently to provide better outcomes for those in need within the city.

The estimated scale of transformation and efficiency savings required is set out as part of the Three Year Financial Framework. The framework sets out the estimated resources the Partnership is likely to have over 2019/22, when set against the anticipated increases in expenditure from rising demand and costs of providing services (e.g. pay inflation). The following table from the Three Year Financial Framework describes the resultant gap between funding and service provision:

	2019/20 (Year 1) £000	2020/21 (Year 2) £000	2021/22 (Year 3) £000
<b>Base Budget</b>	227,321	235,689	241,516
<b>Estimated Additional Costs</b>	14,317	9,035	10,175
<b>Estimated Budget Requirement</b>	241,638	244,724	251,691
<b>Estimated Funding Provided</b>	235,689	241,516	248,417
<b>Transformation Required</b>	5,949	3,208	3,274

*Note: Figures provisional until IJB budget for 19/20 is set. Excludes value of Large Hospital Set Aside - to be confirmed.*



The Scottish Government continues to support the integration of health and social care through the latest Scottish Budget, with the further transfer of £160m in 2019/20 from the NHS budget to health and social care partnerships via local authorities.

This funding will contribute to the cost of implementing Free Personal Care for Under 65s, the costs associated with the second year of the Carers Act, an increase in the living wage and other cost pressures within the sector including demographic demand. Further specific funding streams for services such as Primary Care Improvement Funding and Mental Health Funding, will provide additional opportunities to enhance community based health and social care services.

The estimated additional funding for 2019/20 for Dundee IJB for these areas is:

<b>Funding Stream</b>	<b>Estimated Dundee Allocation (£000)</b>
Carers Act – Stage 2	301
Free Personal Care for Under 65s	888
Investment in Community Health and Social Care	3,252
Primary Care Improvement Funding	275
Mental Health Action 15 Funding	178
<b>Total Additional Funding</b>	<b>4,894</b>

It is not anticipated that support for investment in community based health and social care will come solely from additional Scottish Government funding. The legislation underpinning integrated health and social care services makes provision for partnerships to influence the size and shape of some elements of acute sector hospital based services and enables the transfer of funding from that sector to the community. This is called the Large Hospital Set Aside and is largely based on the cost of unplanned admissions to hospital.

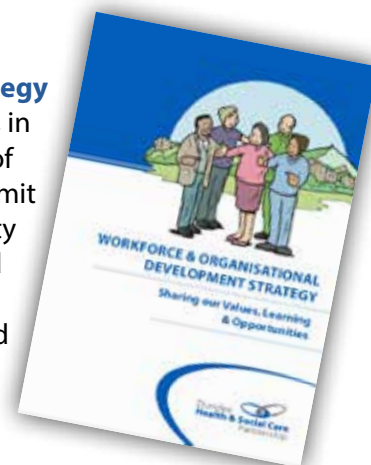
By examining the unplanned care pathway in partnership with the health board and the council, we can ensure community based services become more effective in preventing people from being admitted to hospital in an unscheduled way. It is by reducing unscheduled admissions and having a safe and supportive environment for people to go home to, that we can reduce the number of hospital beds required and release savings, which can be used to reinvest in community services.

The number of days Dundee citizens spend in hospital as a result of an emergency has fallen significantly from just under 121,000 in 2016 to around 103,000 in 2018. We expect this number to fall further throughout 2019/20 to around 97,000. While there is still much to do, this shows that despite the financial challenges, with the collective will of all partners we can deliver transformative services that make a positive difference to the lives of Dundee citizens.

Our commitment to make the best use of the finances available to us, will require a comprehensive consideration of current and potential future funding arrangements in line with the Strategic Priorities detailed in this Plan. While this may involve commissioning new services and disinvesting in others, our decisions will always be guided by ensuring the best outcomes for Dundee's citizens.

## 6.2 Workforce

We have an established **Workforce and Organisational Development Strategy** to ensure that the Partnership recruits, develops and retains the right people, in the right place, at the right time to deliver positive outcomes for the people of Dundee. The strategy covers all employees within service areas within the remit of the Partnership. This includes those employed by NHS Tayside, Dundee City Council, third and independent sectors, volunteers, peer mentors and unpaid carers. The Partnership understands that the Vision and priorities within the Plan will only ever be realised by the actions and behaviours of our integrated workforce.



### The strategy:

- provides us with the framework to ensure a positive and enabling organisational culture.
- gives clarity of direction to our workforce.
- ensures that the priorities for our workforce are aligned with the priorities of our citizens and the priorities set out by the Integration Joint Board and our change programmes.
- supports the transformation of roles across the Partnership to reflect changes in the way services are delivered, either through national, regional or local transformation programmes.
- supports leadership at all levels to give clear direction to employees and the success of integrated services.
- delivers an environment supportive of continuous professional development.
- recognises the need to plan ahead in conjunction with professional and academic institutions to ensure we are able to meet our future workforce requirements.

As a Partnership, we recognise the distinct perspective each individual brings to their role and value the contribution all our employees are making to the health and well-being of the people of Dundee. We are committed to ensuring we have clear engagement processes to enable employees and their representative to influence and contribute to change programmes and to have a strong voice throughout the organisation.

As we move forward, we remain committed to supporting and developing our entire workforce to ensure we work in a co-productive, engaged, flexible way to improve the outcomes for the citizens of Dundee.

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## 6.3 Information Technology

Using Information Technology (IT) to its full potential is essential if our workforce is to operate efficiently, flexibly and securely. In a sustained period of financial constraint and increasing demand for more individualised services, access to effective, innovative IT and real time information has never been more necessary.



As the Partnership is provided with IT support services by Dundee City Council and NHS Tayside, it is critical that all partners continue to work together to meet the specific IT needs of our integrated health and social care workforce. Working with our partners, our IT priorities over the next three years include:

- the implementation of modern, secure, compatible, email systems.
- the introduction of secure interfaces between recording systems to allow for streamlined systems, improved access to information and reduced duplication of data entry.
- supporting our workforce with technology for mobile and flexible working.

Delivering on these priorities will not only drive efficiencies for our workforce, but importantly will deliver a more personalised, local experience for people using our services. We will also continue to build on recent innovations such as Attend Anywhere, which allows online outpatient clinics for up to six people in online meeting rooms. Our approach is improving accessibility for citizens and reducing travel time for health professionals, patients, the carers who support them and the social care workforce.

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## 6.4 Property

The Partnership delivers a range of services from properties across Dundee. This includes office accommodation, hospital based services, commissioned services delivered by third and independent sector providers and residential or day services. Property is a critical component of our ability to deliver services within environments that are modern, compliant, functionally suitable, and sustainable and, where applicable – close to the localities where people live.

As decision making with regards to purchase, rental, decommissioning and capital investment rests with Dundee City Council and NHS Tayside Health Board, we will continue to work closely with our partners to ensure we strengthen our integrated approach to property so that it supports delivery of this Plan.

The Partnership's key objectives for developing property to support our Vision include:

- rationalising our centralised office based property through better use of flexible working arrangements and information technology. This will include supporting Dundee City Council and NHS Tayside to deliver their property rationalisation plans and managing the property implications of our Reshaping Non-Acute Care Programme.
  - shifting the balance of service delivery from large centralised, office based accommodation to localised, shared accommodation. This will include considering how we move towards a property estate that supports co-location of general practice with other health and social care professionals in order to improve integrated care.
  - developing a range of accommodation for individuals with health and social care needs. Priorities within this include taking account of those people transitioning from young adult services to adult services, those people currently placed outwith the city in specialist services, and those people currently or likely to stay in hospital unless individually designed accommodation and support is available.
-

## 6.5 Procurement

This Plan provides current and potential providers with local demographic data. The Plan confirms that, in line with what our citizens are telling us, we need to ensure health and social care services are delivered as locally as possible.

This Plan will form the foundation for our ongoing dialogue with providers on the services that will be needed over the next three years to realise our Vision.

Services in the Partnership are delivered through a mixed economy of local authority health, third and independent sector provision. Our partners from the third and independent sector form an essential element of our overall provision.

Our current contractual arrangements with external providers involve the supply of regulated social care services, ranging from residential care, home care, homelessness, substance misuse, mental health, housing support to care at home. In addition, providers deliver a range of unregulated services, including meals provision, lunch clubs, shopping deliveries, outreach support, befriending, humanitarian protection, mentoring, advocacy and family support.

The Partnership will maintain a proactive approach to working with external providers, seeking co-produced solutions to ensure the best use of local resources. We will ensure supportive contractual management and monitoring arrangements continue. We will promote fair employment practice, community benefits and economic and environmental sustainability within all contractual arrangements.

Our ethos and commitment to partnership working with the third and independent sector, will help us to collectively deliver the services required over the next three years. We will work with provider organisations to update our market shaping strategy – **Shaping the Adult Health and Social Care Market in Dundee 2017-2021** to ensure providers can respond to the changing needs of the local population.

## What Success Looks Like



We believe that if we have achieved the vision set out in this Plan that:



fewer people will access hospital acute services, and more resources will have been released to support enhanced provision of community care responses.



citizens will receive the support they want, in the locations they want, at the time they need it, from a workforce that is actively working together across the health and social care system.



citizens will be protected from harm and supported to recover from the impact of trauma.



carers will feel listened to, valued and supported so that they feel well and are able to live a life alongside caring.



the need for the intervention of services will have reduced and there will be a greater role for community based supports.



communities and individuals will thrive in the areas they live in.



the health and social care inequality gap will be reduced for people living in deprivation and for those who are part of protected equality groups.



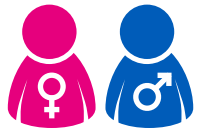
more people will take greater control of their lives and feel more motivated to make lifestyle choices that will positively enhance their health and wellbeing.

As a Partnership, we will continue to monitor and report on progress through the range of performance reporting and quality assurance activities that we have developed over the last three years. Whilst we will continue to report publicly against the National Health and Wellbeing Indicators, we are committed to further developing approaches that focus on health and social care outcomes at a locality and neighbourhood level.

## Appendix 1: About Dundee: Demographic Context

Dundee is Scotland's fourth largest city. Like many densely populated cities, Dundee faces longstanding serious and pronounced health and social challenges, which correlate to the levels of deprivation across the city.

### Population



**148,710**

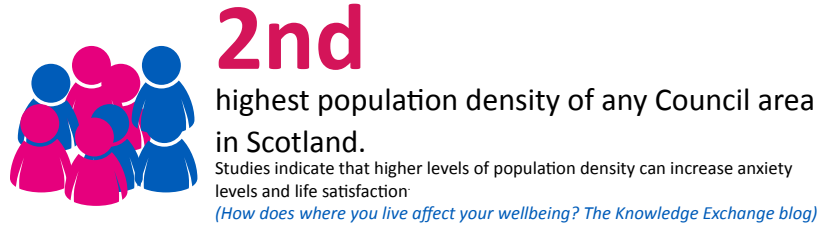
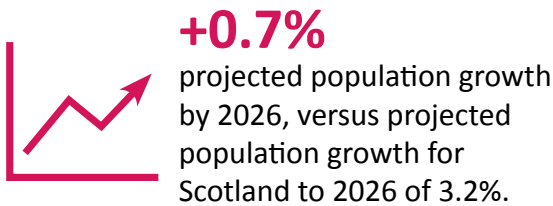
Dundee's Population

(Mid 2017 population estimates Scotland – National Records of Scotland)



**22,000**

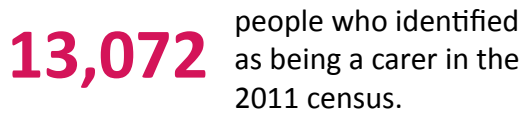
people living outside city registered with GP practices



Higher proportion of people with one or more disability in comparison to the rest of Scotland.



East End, Lochee and Coldsides are the areas of Dundee that have the highest prevalence of people with mental health conditions, physical disabilities, learning disabilities and sensory impairment. *(source: 2011 census)*



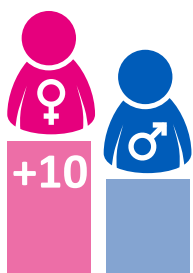
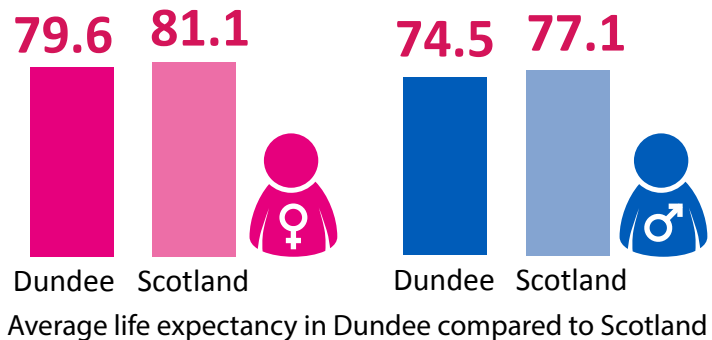
**360,000**

hours of care per week provided by carers in Dundee.

### Life Expectancy



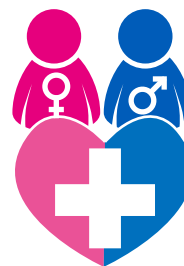
**2nd** lowest life expectancy of any council area in Scotland.



Life expectancy of a female who lives in one of the least deprived areas of Dundee is over ten years more than a male who lives in one of the most deprived areas.

**63.7**

years Healthy Life Expectancy (HLE) for females in Dundee. This is lower than Scotland which is 65.3 years.

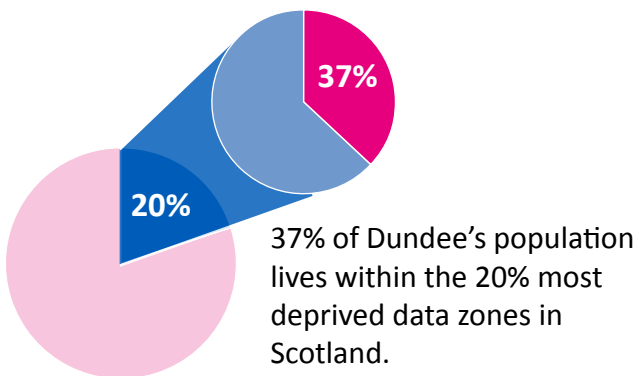


**61**

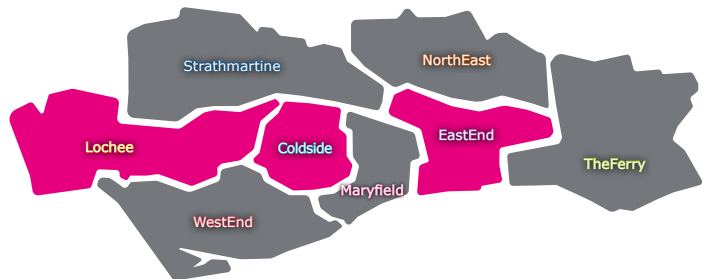
years Healthy Life Expectancy (HLE) for males in Dundee. This is lower than Scotland which is 63.1 years.

## Deprivation and Health Inequalities

Given the stark variation in how long a person lives and critically how long they live healthily, Dundee needs to invest resources where deprivation is at its most pronounced. Deep rooted deprivation is closely linked to health inequalities.



More than half of those living in East End, Coldsides and Lochee live in the 20% most deprived areas in Scotland.



Lochee, East End and Coldsides have the highest rates of mental health conditions.

(source: 2011 census data)



**20**

times higher rate of drug related hospital discharges in the most deprived areas of the city.



drug related deaths per year on average between 2013 and 2017, the highest rate across Scotland.



**3rd**

highest prevalence of substance use in Scotland.

**2,900**

Estimated problem drug users in Dundee.

**2nd**

highest prevalence of domestic abuse in Scotland, 40% higher than the rate across all Scotland

*(Domestic abuse recorded by the Police in Scotland, 2016-17)*



Rate of Accident & Emergency attendances due to alcohol related harm is 4 times higher in the most deprived areas of the city.

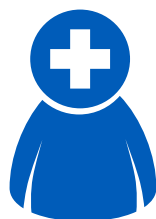


**4th**

highest number of people self reporting a mental health condition across Scotland.

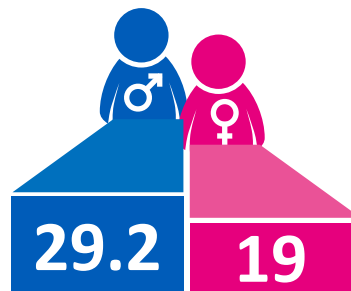


Males in Dundee have the second highest suicide rate in Scotland.



**63%**

increase in hospital stays for mental health and behaviour disorders since 2013/14.



The suicide rates in Dundee per 100,000 is 29.2 for males and 19 for females for the period 2013 - 2017.

## Further Information

Further information about Dundee's demographic context and health and social care needs, including how these vary across localities, can be found in our [Strategic Needs Assessment](#) and accompanying [Locality Needs Assessments](#).

## Appendix 2: Our Achievements

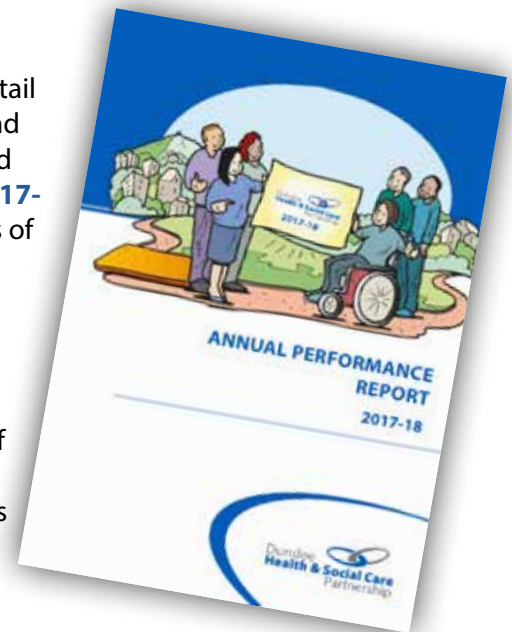
### Introduction

The Partnership's statutory annual performance reports set out in detail the progress we are making on a daily basis to improve the health and care of Dundee residents to ensure that everyone lives as fulfilled and independent lives as possible. Our **Annual Performance Report 2017-2018** provides a comprehensive insight into the many achievements of the Partnership in its second year of operation.

It is gratifying that Dundee citizens rate their experiences of health and care services very highly. Against most health and social care integration indicators, the people of Dundee express greater satisfaction with local services than the rest of Scotland. Examples of high performing areas for the Partnership include ensuring people feel supported to live as independently as possible, ensuring services are well coordinated, and services are maintaining or improving quality of life.

While this Plan quite rightly centres on what more we must do as we move forward, it is useful to reflect on how far we have come since our formation. Over the last three years we have learned that when we focus our resources and commit to a whole systems approach to improvement, we can make substantial progress. We have also learned that more positive outcomes are achieved when we co-produce solutions with people who use services, their families and carers. This is best demonstrated by shining a light on two of our achievements:

- our progress in reducing unscheduled health and social care required in an emergency and the impact of lengthy hospital stays after people have been admitted as an inpatient; and
- our unwavering commitment to recognising the critical importance of supporting and involving carers in delivering on our organisational vision.





## Unscheduled Care and Discharge Management

Unscheduled care is a term used to describe any unplanned health or social care. Improving unscheduled care provision across Scotland is a key priority for the Partnership. Our goal is to reduce unscheduled care by minimising avoidable attendances at A&E departments and reducing emergency admissions. By planning across all services, we aim to strengthen the contribution of community based services and reduce the numbers of people being admitted to hospital without prior planning.

Once in hospital, people can remain in hospital longer than necessary as they await the right support to return home, this is referred to as 'delayed discharge'. Longer than necessary stays in hospital are associated with increased risk of infection and poor mental health. Our goal is to make the entire discharge process as effective and efficient as possible, including agreeing when a person is fit for discharge, coordinating packages of support and enabling carers to be part of discharge planning.

People are affected negatively by both unscheduled care and delays in discharge from hospital. Unscheduled care and delayed hospital discharge also negatively impact on attendance at A&E, patient flow within hospitals and the cost of hospital care. By safely reducing the length of hospital stays and number of hospital beds required, savings can be realised from in-patient services for investment into community services.

Since early 2017, a Tayside wide Unscheduled Care Board has worked across NHS Tayside and the three Tayside Health and Social Care Partnerships, to deliver improvements across acute and community sectors. In Dundee, the multi-agency Home and Hospital Transitions Group has led improvement work to ensure more timely discharge from hospital. The Partnership has targeted investment across a number of areas to ensure that people in hospital are only there as long as they need to be. For example, we have:

implemented the Dundee Enhanced Community Support Service and the Dundee Enhanced Community Support Service – Acute. These services work across primary care to identify, assess and treat patients who are at risk of hospital admission.

embedded the use of Anticipatory Care Planning across more service areas, enabling more people to exercise greater choice and control in their care.

developed a Home Care and Resource Matching Unit to increase the efficiency of care at home services.

increased the range of step-down<sup>9</sup> resources we offer people before they return home from hospital.

improved the effectiveness and efficiency of assessments for home adaptations and provision of aids for daily living.

adopted a 'discharge to assess' model, ensuring assessments accurately reflect an individual's ability to manage in their own environment.

developed the Integrated Discharge Hub, providing a single route for referrals and response to discharge activity.

worked alongside the acute sector to increase collaborative working across different professional groups.

increased mental health officer resources, significantly reducing the time taken to review power of attorney and guardianship requests.

<sup>9</sup> Step-down care includes a range of supports and services which focus on re- and rehabilitation, this enables people to be discharged from hospital.

doubled our investment in the learning disability acute liaison nursing service to support adults and their families admitted to acute hospital care.

enhanced how we involve carers in discharge planning.

increased availability of Allied Health Professionals, Hospital Coordinators, Pharmacy Professionals and Scottish Ambulance Service resources.

redesigned a number of condition specific pathways with a focus on reducing unscheduled care and supporting people within their own homes.

contributed to the development of the Tayside Winter Pressures Plan, taking a more proactive approach to managing seasonal fluctuations in admission and discharges from hospital.

This concerted partnership working has led to a range of performance improvements. The number of days Dundee citizens spend in hospital as a result of an emergency has fallen from almost 121,000 in 2016 to around 103,000 in 2018. We expect this number to fall further throughout 2019/20 to around 97,000 days. We have also shown a sustained reduction in the number of bed days lost due to delayed discharges between 2016 and 2018.

Our integrated approach to reducing delayed discharges clearly demonstrates that long term challenges can be successfully overcome with the necessary focused response and investment. Our work however is not complete, and we plan to introduce further improvement actions to enhance our performance, particularly for people aged 18 to 74 who have complex needs.

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## Carers

The Partnership recognises the critical contribution that carers make in supporting people they care for and the vital place that carers have in communities across our city. According to the Census 2011, there were around 13,000 carers in Dundee providing support to family or friends who are older, disabled or seriously ill. This equates to approximately 1 in 9 people currently being carers within Dundee, with many others having had previous caring experience. Many more of us will be carers during our lifetime. Some Dundee citizens will be carers for most of their life, some taking on this role at a very early age. For others caring may be a short-term responsibility. Caring is therefore part of day to day life for many.

Carers face unique challenges and experiences and as a Partnership we are responding to these challenges. Local carers tell us that the nature of their caring role means that they often focus on someone else's needs to the detriment of their own, causing negative impact on their own health and wellbeing. Despite having experience of the needs of the person they care for, and expertise in how they care for that person, carers can sometimes be overlooked when support plans are developed. Carers have told us that want to tell their story only once and don't wish to repeat it each time they meet different people. They also tell us support agencies must work better together and should be more flexible to suit the circumstances of both the person cared for and the carer.

In 2017, the Dundee Carers Partnership produced, the **Dundee Carers Strategy – A Caring Dundee**. Carer voices were key to how the strategy developed, with a carer noting that *"I feel that things are moving in the right direction for carers. We now have a voice – let's make sure it continues to be heard and acted upon"*. The **Carers Strategy** sets out how we will achieve:

**A Caring Dundee in which all carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring**



The Strategy serves as the driver for a range of actions being taken forward by the Partnership to improve the lives of Dundee carers.

The “It’s all about the Break” scheme was developed as a pilot to support people who use mental health services and their unpaid carers to access new types of short breaks more suited to their needs. This project has since become a mainstream service due to its effectiveness. The success of the service is clearly demonstrated by the increasing referral rates and the number of short breaks provided to carers, as well as in the positive personal outcomes achieved by people using services and their carers. The ways in which carers request their breaks also continues to widen.

In partnership with the Dundee Carers Centre, and others, we are further strengthening our focus on the health of carers, through increased promotion of wellbeing checks for carers through the Keep Well Team. Carer feedback has been very positive about the added value of this support. As with the short breaks scheme, referral rates for health and wellbeing checks are increasing.

A major focus for the Partnership has been the local implementation of the **Carers (Scotland) Act 2016**, which came into effect in April 2018. Some key activities undertaken to fulfil legislative duties included:

- the provision of learning and development activities for our workforce and partners, to enhance their understanding of carers and the Act.
- the further development, in partnership with the Dundee Carers Centre, of locality models for supporting carers within the service delivery area in which they live.
- the creation and delivery of a ‘Carers of Dundee’ website and carers factsheets to provide information and advice for local carers and professionals.
- the introduction of a Carers Interest Network for practitioners across health, social care, third and independent sectors to develop coordinated approaches to supporting carers.

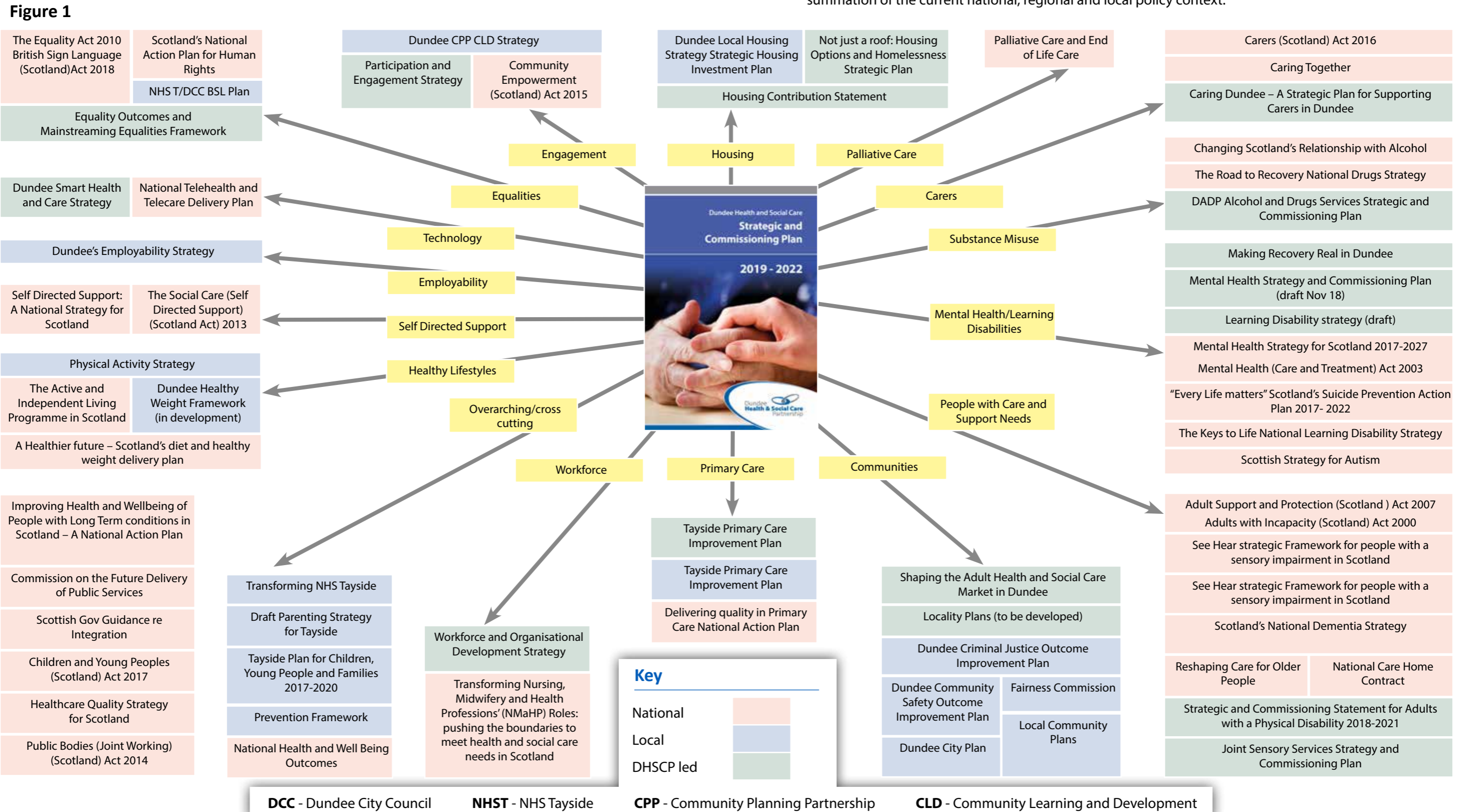
As a Partnership, we have taken some big steps to recognise the invaluable contribution carers make in our communities to the person they care for and we are proud of our expanding range of services, supports and information specifically designed for carers, with carers. We have learned that working alongside carers should be a mainstream activity across all areas of the Partnership and embedded in everything that we do. This includes working alongside our colleagues in Children and Families Service to support young carers. By doing this we ensure that young people who are carers have a life similar to their peers.

## Appendix 3: Legislative and Policy Context

### Background

To ensure that we achieve more positive health and wellbeing outcomes for the people of Dundee, it is important that we incorporate relevant national, regional and local policies as we plan, design and deliver services.

The policy context that supports and drives this Plan is comprehensively detailed in the **Health and Social Care Strategic and Commissioning Plan 2016/ 2021**. There have however been noteworthy changes in terms of the legislation and policy context since our first plan was agreed. Figure 1 provides a summation of the current national, regional and local policy context:



## National Context

At a national level, new ideas have emerged around the delivery of health and social care, with an increased focus on further shifting the balance of care from hospital to community based settings. This Plan responds to the changing national policy landscape, including the:

- **Carers (Scotland) Act 2016**, which places a range of duties on Integration Joint Boards to support unpaid carers, including developing a carers strategy and having clear eligibility criteria in place.
- **Free Personal Care** for under 65s, which extends free personal care to all under 65s who require it regardless of condition.
- **General Medical Services (GMS) Contract in Scotland 2018** which envisages a radical change and expansion within primary and community care across Scotland. The Contract acknowledges the need to shift the balance of work from GPs to multi-disciplinary teams.
- **Health and Social Care Standards**, which set out what people should expect when using health, social care or social work services in Scotland. For the Partnership, the standards mean a new framework for inspections will be introduced over time for our own services. We will work with third and independent sector providers to evaluate contracted services against the new standards.
- **Mental Health Strategy 2017-2027** which sets out an ambitious set of priorities, with considerable focus on prevention and early intervention. The Partnership's own emerging strategic commissioning plan for mental health and wellbeing is consistent with the national strategy and is being guided by the views of people living in Dundee who have experienced mental health challenges.
- **Public Health Priorities for Scotland**, sets out a national approach to improving the health of the population, centred on six priorities - healthy communities; early years; mental wellbeing; use of alcohol, tobacco, drugs; a sustainable economy; and healthy eating and physical activity.

In addition, to these most recent, significant national developments, the Partnership has developed this Plan within the context of a wide range of other national policies, reviews and strategies, including:

- **Health and Social Care Delivery Plan**
- **National Clinical Strategy for Scotland**
- **National Health and Social Care Workforce Plan**
- **Scotland's Digital Health and Care Strategy**
- **Social Services in Scotland: A shared vision and strategy 2015-2020**
- **Strategic Framework for Action on Palliative and End of Life Care.**



## Regional/ Local Context

This Plan also aligns new priorities with the developing Tayside public health strategy and several landmark regional and local plans, including:

- **City Plan for Dundee 2017-2026** - Dundee's City Plan identifies the biggest strategic priorities, opportunities and challenges ahead as the Community Planning Partnership improves the city over the next ten years. The City Plan strategic priorities are Fair Work and Enterprise; Children and Families; Health, Care and Wellbeing; Community Safety and Justice; and Building Strong and Empowered Communities. All of these priorities will complement this Plan in delivering a better future for Dundee citizens.
- **Dundee Community Justice Outcome Improvement Plan** – Sets out how we and our community justice partners will work together with communities to reduce re-offending through developing the community justice workforce and providing interventions at every stage of the community justice pathway (prevention, community alternatives, and support to those in custody and post custody support).
- **Fighting for Fairness** – This report, prepared for the Fairness Commission, sets out a series of recommendations to help Dundonians struggling with poverty. These recommendations have been collated under the themes of people and money, mental health and stigma.
- **Tayside Drug Death Annual Report** – sets out a series of recommendations to reduce drug deaths across Tayside.
- **Tayside Plan for Children, Young People and Families 2017 – 2020** – Community Planning Partners in Angus, Dundee and Perth & Kinross have set out their vision for reducing inequalities and improving outcomes for all children in Tayside. This includes joint priorities to address the impact of substance misuse, mental health and obesity on the lives of children and to enhance parenting support.
- **Tayside Primary Care Improvement Plan (PCIP)** builds on the **General Medical Services (GMS) Contract in Scotland 2018**. Developed by the Partnership with Angus and Perth & Kinross Partnerships and NHS Tayside, it will systematically reshape primary care services over the next three years to allow GPs to fulfill their role as “expert medical generalists” at the heart of coordinating clinical care for patients in each specific community.
- **Transforming NHS Tayside Programme** - NHS Tayside is leading on a range of improvement projects including the development of an Integrated Clinical Strategy that will support NHS Tayside and Integration Joint Boards to develop new service models and pathways for the local population for the next five to 10 years.



We are closely aligning how we plan and deliver services across localities. Aligning services in this way helps support the requirements of other plans, particularly the **General Medical Service Contract**.



This Plan is also influenced by a series of Partnership strategies, each of which respond in detail to different needs across the city. It is by planning and working together with council, NHS, third and independent sector organisations and people accessing services and their carers, that we can make the positive changes that Dundee citizens need. These local strategies are led by Strategic Planning Groups, which comprise of people who use services, their carers and people delivering services. The Partnership currently has the following Strategic Planning Groups:



\* The Strategic Planning Groups for Alcohol and Drugs and for Suicide Prevention also form part of wider strategic planning arrangements for Public Protection.

Many of the Strategic Planning Groups have developed strategic plans. The following strategic plans have been approved by the IJB:

- **A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee** – The plan identifies the actions required to achieve four outcomes for carers – *‘I am identified, respected and involved; I have had a positive caring experience; I can live a fulfilled and healthy life; I can balance my life with the caring role.’*
- **Dundee Smart Health and Care Strategy** – This plan sets out the commitment to becoming a leader in the use of technology to improve the lives of people living in Dundee.
- **Joint Sensory Services Strategic and Commissioning Statement 2017-2020** – The statement provides the strategic direction for developing services and support for people with sensory requirements.
- **Not Just a Roof! Housing Options and Homelessness Strategic Plan 2016-2021** – This plan sets out how partners, including people with lived experience of homelessness, will work together to ensure that the people of Dundee live a fulfilled life in their own home or homely setting and are able to access quality information, advice and support if they do become homeless.
- **Strategic and Commissioning Statement for Adults with a Physical Disability 2018-2021** – This plan focuses on five key action areas to improve outcomes for people with physical disabilities in Dundee - improving health and social care support; having somewhere to live and the support to live there; learning and working , keeping safe and taking risks.
- **Substance Misuse Strategic Commissioning Plan for Dundee 2018-2021** - This plan proposes a focus on the prevention of substance misuse to achieve the vision that *‘People in Dundee thrive within safe, nurturing and inclusive communities supported by effective alcohol and drug services that focus on prevention, protection, resilience and recovery.’*

In addition, strategies are currently in development for frailty, learning disability and autism, mental health and wellbeing, suicide prevention and humanitarian protection, and active and independent living. These strategies are being developed with underpinning themes including, a focus on mental health promotion, prevention and early intervention and person centred, strength based approaches to care and support services.

There are also other important documents that complement this plan, including:

- **Equality Outcomes and Mainstreaming Equalities Framework**, which describes the equality outcomes as developed for the Partnership, alongside a framework and reporting cycle for the review of the Partnership's progress in mainstreaming equalities.
- **Housing Contribution Statement** outlines the contribution of the local housing sector to achieving the outcomes identified in this Plan.
- **Strategic Needs Assessment (version 2)** describes the socio demographic characteristics of Dundee as well as levels and patterns of health and social care needs
- **Shaping the Adult Health and Social Care Market in Dundee (2017-2021)** represents a continuing dialogue between the Partnership, service providers, people using services, carers and other stakeholders, about the future shape of our local social care market and how, together, we can ensure this is responsive to the changing needs and aspirations of Dundee's citizens.
- **Workforce and Organisational Development Strategy** sets out how the Partnership recruits, develops and retains the right people, in the right place, at the right time to deliver positive outcomes for the people of Dundee.

The Dundee Strategic and Commissioning Plan and associated documents were produced, on behalf of the Dundee Integration Joint Board, in partnership with a wide range of stakeholders and was overseen by the Integrated Strategic Planning Group.

### **Get in touch:**

If you have any questions about the information contained in this document, please email:

**[dundeehscp@dundeecity.gov.uk](mailto:dundeehscp@dundeecity.gov.uk)**

Dundee  
**Health & Social Care**  
Partnership

The logo consists of two interlocking white rings, one slightly offset from the other, creating a circular, intertwined shape.







**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
29 MARCH 2019

**REPORT ON:** EQUALITY OUTCOMES AND MAINSTREAMING FRAMEWORK 2019-2022

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB13-2019

## 1.0 PURPOSE OF REPORT

The purpose of this report is to seek approval of the Partnership's Equality Outcomes and Mainstreaming Framework 2019-2022.

## 2.0 RECOMMENDATIONS

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

- 2.1 Note the process undertaken to develop the proposed Equality Outcomes and Mainstreaming Framework, including involvement of people with protected characteristics (sections 4.2 and 4.3).
- 2.2 Approves the Mainstreaming Framework (attached as Appendix 1), including adopting the Equality Outcomes contained within this.
- 2.3 Approves the intended approach to publication and dissemination (see section 4.4).
- 2.4 Instructs the Chief Officer to issue directions to NHS Tayside and Dundee City Council as set out in section 8.

## 3.0 FINANCIAL IMPLICATIONS

- 3.1 The implementation of the Mainstreaming Framework and associated actions will be met from the existing IJB's delegated budgets.

## 4.0 MAIN TEXT

### 4.1 The Public Sector Equality Duty

- 4.1.1 The Public Sector Equality Duty, laid out in the Equality Act 2010 (the Act) came into force in Scotland in April 2011. This equality duty is often referred to as the "general duty" and it requires public authorities (including Health and Social Care Partnerships) to have "due regard" to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
- Foster good relations between people who share a protected characteristic and those who do not.

The general duty covers the following protected characteristics: age; disability; sex; gender reassignment; pregnancy and maternity; sexual orientation; marriage and civil partnership; religion, belief or lack of religion/belief; and, race.

- 4.1.2 Integration Joint Boards were added to the list of public authorities subject to the requirements of the Act in 2015 and were required to publish Equality and Mainstreaming Outcomes plans by the end of April 2016. The first [Dundee Health and Social Care Partnership Equality Outcomes and Mainstreaming Equalities Framework 2016/17](#) was published in May 2016 (Article XIV of the minute of the IJB Meeting held on 4 May 2016 refers). There is a requirement to substantively review Equality Outcomes at least every four years; meaning the first substantive review in Dundee must take place by 1 April 2020.
- 4.1.3 The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) impose “specific duties” on Scottish public authorities to publish a set of Equality Outcomes and a report showing progress being made in mainstreaming equality at intervals of not more than two years. The Integration Joint Board approved and published its first Equality Mainstreaming Report on 30 March 2018 (Article III of the minute of the IJB Meeting held on 30 March 2018 refers). At this time the IJB also instructed the Chief Officer to submit for approval a revised set of Equality Outcomes, co-produced with people with protected characteristics, prior to 31 March 2019.
- 4.1.4 From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, will come into force across Scotland. The new duty places a legal responsibility on public bodies, including Integration Joint Boards to ‘pay due regard’ to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies will also be required to publish a short written assessment showing how they have fulfilled the duty.

## 4.2 Equality Outcomes

- 4.2.1 Appendix 1 contains the proposed Equality Outcomes for the Dundee Integration Joint Board. These have been co-produced with people who have protected characteristics and who are affected by socio-economic disadvantage. They have also been informed by the expertise and experience of organisational stakeholders who have an interest in equality and fairness issues.
- 4.2.2 As well as drawing on a range of ongoing conversations with people who have protected characteristics or who are affected by socio-economic disadvantage, through their involvement in Strategic Planning Groups and in specific projects focused on equality and fairness issues (such as the Black and Ethnic Minority Health and Social Care Project) we have also undertaken specific activities to consult on draft outcomes. Focus groups were held to support members of the public to give their views about draft outcomes and a range of other mechanisms were utilised to support those who could not, or did not want to, attend focus groups to contribute to the process. The contributions made by members of the public are described in further detail in appendix 1.
- 4.2.3 The proposed equality outcomes have also drawn on the existing outcomes for Dundee City Council and NHS Tayside. This is particularly important in relation to the employment matters as the Partnership does not employ staff directly but must work closely with Dundee City Council and NHS Tayside to address employment provisions within the Act and to progress equality mainstreaming within the delegated workforce.

## 4.3 Equality Mainstreaming Framework

- 4.3.1 The proposed Equality Mainstreaming Framework for 2019-2022 is contained within appendix 1. Similarly to the proposed Equality Outcomes the framework has been co-produced with people who have protected characteristics (see section 4.2.2 for further detail). The framework document has been written primarily for members of the public and written in plain English.

- 4.3.2 As well as containing some basic information about equality duties under the Equality Act and introducing the IJB's Equality Outcomes, the framework sets out key actions it will take to deliver each outcome and sets out high level intentions regarding reporting progress in implementing these actions and mainstreaming equalities. The framework does not include all activity that the Partnership will take in relation to equality and fairness, but focuses on key issues that people with protected characteristics and who are affected by socio-economic disadvantage have told us are most important to them. The framework is particularly closely linked to the Health Inequalities priority within the Partnership's draft Strategic and Commissioning Plan 2019-2022.
- 4.3.3 Once the Equality Outcomes and Mainstreaming Framework have been approved work to identify performance indicators against each outcome will be further progressed. These indicators will form the basis of future Equality Mainstreaming Reports, with the next report due by 31<sup>st</sup> March 2020. Further work will also be undertaken with NHS Tayside and Dundee City Council to agree any indicators relating to employment matters and ensure that this data is made available to the IJB as required for performance reporting purposes.

#### **4.4 Publication and Dissemination**

- 4.4.1 The Regulations specify that Equality Outcomes and Mainstreaming Frameworks must be clearly identifiable and accessible to any member of the public who may have an interest in them. The Equality and Human Rights Commission recommends that reports are published on websites in a location that is easy to find and in a format that is compatible with accessibility features, such as screen reading facilities for people with sight impairments. It is therefore intended that following approval the Equality Outcomes and Mainstreaming Framework document will be uploaded onto the Partnership website in a manner which is compliant with this guidance. In addition, further work will be undertaken to develop versions in alternative formats, such as British Sign Language, and to disseminate these to organisations and identifiable community groups who are known to have a specific interest in the rights of people with protected characteristics and who are affected by socio-economic disadvantage.

#### **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Integrated Impact Assessment. An Integrated Impact Assessment is attached.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Services delegated to the Integration Joint Board do not meet the needs of people who share protected characteristics, leading to poorer outcomes and a widening inequality gap.
<b>Risk Category</b>	Governance, Operational
<b>Inherent Risk Level</b>	Likelihood 5 x Impact 4 = Risk Scoring 20 (which is an extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>• Equality Outcomes agreed and published, mainstreaming update report published every 2 years.</li> <li>• A number of Strategic Planning Groups with a specific focus on the needs and rights of people who share protected characteristics are in place.</li> <li>• Good links are in place with Dundee City Council and NHS Tayside Equalities structures.</li> <li>• Complaints mechanism available to people using services who may wish to report service responses falling below the desired standard.</li> <li>• Health Inequalities is a strategic priority within the draft Strategic and Commissioning Plan 2019-2022</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a high Risk Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a moderate Risk Level)
<b>Assessment of Risk Level</b>	Given the risk mitigation actions in place the risk is assessed to be manageable and acceptable.
<b>Risk 2 Description</b>	Failure to meet statutory duties under the Equality Act 2010, including statutory reporting requirements.
<b>Risk Category</b>	Legal, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a high Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>• Update report produced and published every two years – next due 31<sup>st</sup> March 2020.</li> <li>• Equality outcomes have been revised in advance of statutory deadline.</li> <li>• Proposed outcomes and mainstreaming framework more closely align with best practice as promoted by the Equality and Human Rights Commission than previous versions.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 1 x Impact 4 = Risk Scoring 4 (which is a moderate Risk Level)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 4 = Risk Scoring 4 (which is a moderate Risk Level)
<b>Assessment of Risk Level</b>	Given the risk mitigation actions in place the risk is assessed to be manageable and acceptable.

## 7.0 CONSULTATIONS

The Integrated Strategic Planning Group, Chief Finance Officer, Head of Service, Health and Community Care, NHS Tayside Equality & Diversity Governance Group, Dundee City Council Corporate Equalities Steering Group and the Clerk have been 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.

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

## 9.0 BACKGROUND PAPERS

None.

David W. Lynch  
Chief Officer

DATE: 22 March 2019

Kathryn Sharp  
Senior Manager, Strategy and Performance

Joyce Barclay  
Senior Officer, Strategy and Performance

Allison Fannin  
Planning and Development Manager





## DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB13-2019
2	Date Direction issued by Integration Joint Board	29 March 2019
3	Date from which direction takes effect	1 April 2019
4	Direction to:	Dundee City Council and 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	All delegated functions to the IJB.
7	Full text of direction	To ensure services are delivered in a way that complies with the Equality Outcomes and Mainstreaming Framework.
8	Budget allocated by Integration Joint Board to carry out direction	Within existing resources.
9	Performance monitoring arrangements	Performance Indicators yet to be agreed.
10	Date direction will be reviewed	March 2022







## Integrated Impact Assessment Report

### Integration Joint Board Report No: DIJB13-2019

**Document Title:** Equality Outcomes and Mainstreaming Framework 2019-2022

**Document Type:** Policy

**New/Existing:** Existing

**Period Covered:** 31/03/2019 - 31/03/2022

**Document Description:** This IJB report seeks approval of the Health and Social Care Partnership's Equality Outcomes and Mainstreaming Framework 2019-2022. Appendix 1 of the IJB report describes our duties arising from Equality Act 2010 and includes information about the proposed Equality Outcomes for Dundee IJB and actions to achieve these.

### Intended Outcome:

That Dundee Health and Social Care Partnership, will

- Take actions to prevent people with Protected Characteristics and affected by socio - economic disadvantage from being treated less favourably (eliminate unlawful discrimination);
- Take actions to help people with Protected Characteristics to be able to access the same rights, services and supports as other people (advance Equality of opportunity); and,
- Treat people with Protected Characteristics fairly and positively (foster good relations).

### How will the proposal be monitored?

The progress towards the Equality Outcomes will be monitored through Dundee Integration Joint Board and the Integration Strategic Planning Group. A formal progress report will be submitted in 2021.

### Author Responsible:

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### Director Responsible:

**Name:** David Lynch  
**Title:** Chief Officer  
**Department:** Health and Social Care Partnership  
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**Telephone:** 01382 434000  
**Address:** Dudhope Castle, 3 Infirmary Brae, Dundee.

**A. Equality and Diversity Impacts:**

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

**Equality and diversity Implications:**

It is anticipated that people with protected characteristics will be positively impacted by the actions in the Framework document. The proposed Equality Outcomes for the Dundee Integration Joint Board have been co-produced with people who have protected characteristics and who are affected by socio-economic disadvantage. They have also been informed by the expertise and experience of organisational stakeholders who have an interest in equality and fairness issues.

**Proposed Mitigating Actions:**

Not applicable

**Is the proposal subject to a full EQIA? :** No

**B. Fairness and Poverty Impacts:****Geography**

<b>Strathmartine (Ardler, St Mary's and Kirkton):</b>	Positive
<b>Lochee (Lochee/Beechwood, Charleston and Menzieshill):</b>	Positive
<b>Coldside (Hilltown, Fairmuir and Coldside):</b>	Positive
<b>Maryfield (Stobswell and City Centre):</b>	Positive
<b>North East (Whitfield, Fintry and Mill O' Mains):</b>	Positive
<b>East End (Mid Craigie, Linlathen and Douglas):</b>	Positive
<b>The Ferry:</b>	Positive
<b>West End:</b>	Positive

**Household Group**

<b>Lone Parent Families:</b>	Positive
<b>Greater Number of children and/or Young Children:</b>	Positive
<b>Pensioners – Single/Couple:</b>	Positive
<b>Single female households with children:</b>	Positive
<b>Unskilled workers or unemployed:</b>	Positive
<b>Serious and enduring mental health problems:</b>	Positive
<b>Homeless:</b>	Positive
<b>Drug and/or alcohol problems:</b>	Positive
<b>Offenders and Ex-offenders:</b>	Positive
<b>Looked after children and care leavers:</b>	Positive
<b>Carers:</b>	Positive

**Significant Impact**

<b>Employment:</b>	Positive
<b>Education and Skills:</b>	Positive
<b>Benefit Advice/Income Maximisation:</b>	Positive
<b>Childcare:</b>	No Impact
<b>Affordability and Accessibility of services:</b>	Positive

**Fairness and Poverty Implications:**

This plan addresses fairness issues and socio-economic disadvantage and it is expected to deliver positive impacts to people who have protected characteristics and are subject to socio-economic disadvantage. There are no direct plans to impact Childcare although those who care for children may benefit as a result of other activities.

**Proposed Mitigating Actions:**

Not applicable

**C. Environmental Impacts****Climate Change**

Mitigating greenhouse gases:	No Impact
Adapting to the effects of climate change:	No Impact

**Resource Use**

Energy efficiency and consumption:	No Impact
Prevention, reduction, re-use, recovery or recycling waste:	No Impact
Sustainable Procurement:	No Impact

**Transport**

Accessible transport provision:	No Impact
Sustainable modes of transport:	No Impact

**Natural Environment**

Air, land and water quality:	No Impact
Biodiversity:	No Impact
Open and green spaces:	No Impact

**Built Environment**

Built Heritage:	No Impact
Housing:	No Impact

**Is the proposal subject to Strategic Environmental Assessment?**

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

**Proposed Mitigating Actions:** n/a

**Environmental Implications:** n/a

**D. Corporate Risk Impacts****Corporate Risk Implications:**

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

**Corporate Risk Mitigating Actions:** n/a



Dundee Integration Joint Board  
**Equality Outcomes and  
Mainstreaming Framework**

**2019 - 2022**



## Dundee Integration Joint Board Equality Outcomes and Equalities Framework 2019-2022

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## Why do we have Equality Outcomes?

### What is Equality?

Equality is about treating everyone fairly. Equality does not mean treating everyone the same. Some people may need different support or extra help to have the same outcomes as everyone else. Dundee Health and Social Care Partnership (The Partnership) wants everyone in Dundee to have the highest achievable level of health and wellbeing.

The [Equality Act](#) (2010) is a law that aims to make sure all people are treated fairly. The Equality Act talks about Protected Characteristics.

### What are Protected Characteristics?

Protected Characteristics are people's Age; Disability; Sex; Gender reassignment; Pregnancy and maternity; Sexual orientation; Marriage and civil partnership; Religion, belief or lack of religion/belief; and, Race.

Sometimes people are treated unfairly by others or discriminated against because of their Protected Characteristics. Sometimes in order for people with Protected Characteristics to have chances to achieve the same outcomes as others they need support given in a different way or extra support. They may also be more likely to have particular health and social care needs.

Some people are affected poverty and poor social circumstances. Poverty and poor social circumstances can affect any of us but sometimes can affect people with Protected Characteristics even more. This can make it even harder for them to have the same life chances as other people.

Family and friends who are carers of people with health and social care needs also have some protection under the Equality Act because of their 'association' with a person affected by the Protected Characteristics of disability and/or age. We also have Equality Duties in relation to employees in the Partnership who have Protected Characteristics, including those employed through agencies in the Third Sector and Private Sector who deliver services and supports on our behalf.

From April 2018 the Equality Act (2010) introduced The Fairer Scotland Duty. The Scottish Government has written a [Fairer Scotland Plan](#) to help make sure Scotland is a fair place to live by taking action to help tackle poverty, reduce inequality and build a fairer and more inclusive Scotland. This plan includes information about our aim to help people who are affected by poverty and poor social circumstances.

The Fairer Scotland Duty talks about Socio-economic Disadvantage. People adversely affected by Socio-economic Disadvantage can be described as people affected by poverty and poor social circumstances.

### What is Socio-economic Disadvantage?

The Scottish Government describe Socio-economic Disadvantage as meaning that a person lives on a low income compared to other people in Scotland and / or have little or no wealth (meaning money or savings). Local people have told us that the term Socio-economic Disadvantage is not easy to understand so we will use the words 'people affected by poverty and poor social circumstances'. People who are affected by poverty and poor social circumstances can have some barriers to getting some of the basic goods in life and may not have the same access to services and supports as other people.

Often people or households affected by poverty and poor social circumstances will live close to one another in the same geographic area. These areas are sometimes referred to as areas of multiple deprivation.

People affected by poverty and poor social circumstances are more likely to suffer from poor health and well-being than people living in more affluent areas.

### Why do we think that Equality is important?

We know that people with Protected Characteristics and people affected by poverty and poor social circumstances can find it more difficult to access health and social care services. Sometimes those people have a poorer experience of our supports and services.<sup>1</sup> The Dundee Health and Social Care Partnership wants to help make Dundee a fairer place to live and improve outcomes for all people living in Dundee. To do this we know that we need to work with people to make it as easy as possible to access our support and services and to make sure that people have the best experience of those services.

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<sup>1</sup> Scottish Better Together Survey Patient Survey Programme



Some of the information we have about our local population is listed below:

- Census Data from 2011<sup>2</sup> tells us that 1.7 % of Dundee's population did not speak English well or at all with only 96% speaking English well or very well. Although some of this number will be because of disability most of the number will be because English is not the person's first language. This will have implications for our interpreting services.
- The Census also indicates that in 2011 90% of Dundee's population were born in the UK and 90% of the population was White British, 4.7% White Other and 4% Asian, Asian Scottish or Asian British.
- The Census records that we had the same rate of older people over 65 in Dundee as the rest of Scotland at just under 17% but our younger population aged between 16 and 19 at 5.7% is a higher number compared to Scotland as a whole, 4.9%. This may reflect the high number of students in Dundee who often leave the city again after qualifying.
- The Census records that Dundee had a higher proportion of people living with one or more health conditions in comparison to Scotland overall. Dundee had a rate of 271 people per 1,000 population and Scotland had a rate of 261 people per 1,000 population for people aged 16 to 64. There is variation in rates across locality areas. Only 3 of the 8 locality areas have lower rates than Scotland as a whole for people aged 16 to 64.
- Across Scotland in 2016 the percentage of people identifying as lesbian, gay or bisexual (LGB), was 2.2%. This comprised of 1.2% identifying as gay or lesbian, and 1.0% as bisexual.<sup>3</sup>
- The 2011 Census indicates that there were 408 people in Dundee who could use British Sign Language as a main language. This is likely to include Interpreters and family members as well as Deaf people.
- Deprivation in Dundee is high, 36% of Dundee's population live in the most deprived areas. East End had over 60% of their population living in the 15% most deprived areas. Income deprivation continues to decrease and has fallen since 2009 in all of the locality areas. Between 2009 and 2016 The Ferry has consistently been the least affected and East End being the most affected from income deprivation.<sup>4</sup>

The Partnership wants to support people in Dundee to have the best health and wellbeing they can have. As part of our work to make Dundee a fairer city we are concerned about

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<sup>2</sup> <https://www.dundee.gov.uk/sites/default/files/publications/Dundee%20Census%20Profile%202011.pdf>

<sup>3</sup> <https://www.gov.scot/publications/scotlands-people-annual-report-results-2016-scottish-household-survey/pages/2/>

<sup>4</sup> Source: ScotPHO Dundee City Health and Wellbeing Profiles – key indicators and overview and Dundee Community Profiles 2016

Health Inequality. Health Inequalities are the unfair and avoidable differences in health between people or groups of people. People with Protected Characteristics and people affected by poverty can experience Health Inequalities. Health Inequalities which can adversely affect people's overall health and wellbeing. Reducing Health Inequalities is one of our four top priorities for the next three years.

This report (and the Equality Outcomes which are part of it) is an important part of our overall plans for how health and social care supports and services will be delivered in the future. Our aim is to work with others in the city to make sure Dundee citizens experience a fair and inclusive city and enjoy their right to the best health and wellbeing they can have. You can read more about our commitments to reducing Health Inequality and our other priorities at in our [Strategic and Commissioning Plan](#).

You can find out more about what we have already done to help make Dundee a fairer place to live [here](#).

### What does the Equality Act say we must do?

The Equality Act 2010 says<sup>5</sup> that Public Bodies, including the Dundee Health and Social Care Partnership, should:

- Take actions to prevent people with Protected Characteristics from being treated less favourably (eliminate unlawful discrimination);
- Take actions to help people with Protected Characteristics to be able to access the same rights, services and supports as other people (advance Equality of opportunity); and,
- Treat people with Protected Characteristics fairly and positively (foster good relations).

The Equality Act also says that Public Bodies must publish a set of Equality Outcomes every four years and a report describing what has been achieved (Equality Mainstreaming Progress Report) at least every two years.

The Partnership is not a Public Body which needs to produce a British Sign Language Plan but we are committed to supporting actions that are included in the BSL plans of Dundee City Council and NHS Tayside (our partner agencies).

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<sup>5</sup> PUBLIC SECTOR EQUALITY DUTY WHAT DO I NEED TO KNOW? A QUICK START GUIDE

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/85041/equality-duty.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/85041/equality-duty.pdf)

The part of the Equality Act that introduced the Fairer Scotland Duty says that Public Bodies must actively think about how they can work to reduce inequality caused by Socio-economic Disadvantage when they are making decisions about what services and supports to provide or about how services and supports will be provided.

You can find more information about the Equality Act [here](#).

## What are our Equality Outcomes?

We have had discussions with people across Dundee. In particular we have listened to the views of people who have Protected Characteristics and those affected by poverty and poor social circumstances. We have also spoken with people who have an interest in making Dundee a fairer place to live. We have agreed five Equality Outcomes which we will work towards for the next three years:

**Equality Outcome 1** – We will make sure people get the care they need and not treat people unfairly because of their characteristics or circumstances.

**Equality Outcome 2** – We will make our plans with the people that the plans will affect. We will make sure that we listen to everyone who wants to give their view. We will encourage and support people to tell us their views

**Equality Outcome 3a** – To help us plan for the future we will collect information to check that people have fair access to our services and support. This will include information about how people with Protected Characteristics and people who live in poverty and may be affected by poor social circumstances use our service. We will share this information with the people who gave us it and others anonymously and in a way that they can understand.

**Equality Outcome 3b** - We will give people information about our supports, services and plans in a way that they can access it and understand it.

**Equality Outcome 4** –The Health and Social Care Partnership will be part of activities in local communities. Everyone will have chances to be part of these activities and the activities will be accessible to everyone who wants to take part.

**Equality Outcome 5** – Employees in Dundee Health and Social Care Partnership will be treated fairly at work.

## How we have developed our Equality Outcomes

We have developed our Equality Outcomes with people who have Protected Characteristics, people who are affected by poverty and poor social circumstances, organisations who help and support these people and a range of other people and organisations who are interested in Equality issues. We also asked people to think about the actions we can take to achieve to achieve the outcomes. We did this by:

- Listening to the views of people with Protected Characteristics who have been involved in developing the plans for how we will deliver services and supports in the future (known as strategic commissioning statements). There has been a particularly high level of involvement from people with Protected Characteristics in developing our plans for mental health, physical disability, sensory impairment and learning disability and autism. In addition to this we helped support the development of the British Sign Language (BSL) Plans in NHS Tayside and Dundee City Council. This work allowed us to hear from more people who are Deaf BSL users.
- Listening to the views of people with Protected Characteristics who have participated in specific projects over the last two years, for example the Black and Minority Ethnic Health and Social Care Project and the Making Recovery Real Project;
- Sharing information with Dundee City Council and NHS Tayside about what people with Protected Characteristics said when they spoke with us about the Equality Outcomes and actions;
- Holding specific focus groups to ask people their views about our draft outcomes and develop actions to deliver these;
- Helping people with Protected Characteristics who could not or did not want to attend focus groups to give their views in a variety of different ways;
- Providing organisations who work with people who have Protected Characteristics or have an interest in Equality with questions that they used to collect views and feed them back to us; and,
- Listening to the views of people from organisations who work with people who have Protected Characteristics or have an interest in Equality.

## What did people tell us?

People who helped us to develop our Equality Outcomes and actions had lots of different views. Their valuable advice has genuinely influenced the Equality Outcomes and enhanced the format of this report. Most of their advice is included in this document. We have tried to include below some of the things that were important to many people:

- People said we must make sure we take action when unfairness is shown. We also need make sure all our services and support remain accessible to older people, people affected by poverty and those who are not computer literate.
- The outcomes need to be set in a realistic context and we need to do the best we can with the resources we have. The Partnership must make sure we continue to involve the people who may be most disadvantaged by reductions in levels of resources available to the Partnership.
- Some concern was expressed that through mainstreaming equalities work we might lose focus. People are reassured by the visible support and leadership being shown by the Partnership.
- Feedback was highlighted as very important; people said 'let us know the outcomes of our discussions with you. If you gather data and information make sure people find out how it has been used.'
- People told us that the plain language used in the Equality Outcomes is really helpful and must continue. Accessibility of information is key to involving people; the Partnership should try to make sure all important plans are accessible and have a straight forward short version. People thought it may be useful to have some commonly sought information available in other languages including videos in British Sign Language. For example information about how to make a complaint. (Outcome 3 (b))
- Some people advised us that they were currently experiencing barriers to getting the care they need .....because of their characteristics (Outcome 1).
  - Some people who cannot speak English said interpretation and translation from Arabic has been inadequate or unavailable.

- Some older Deaf people may not always have a fair experience of care and support because there has not been a full understanding of their needs for communication in British Sign Language. For example when a BSL user has a condition like dementia sensitive signed communication is very important.
- Responses to the consultation about the Partnership's Strategic and Commissioning Plan included comments on:
  - The need to consider how best to meet the needs of young people as the progress towards adult life.
  - The need to demonstrate greater understanding about the need for gender-based approaches to meeting needs and delivering supports and services.
- Regarding Outcome 2 some older people using services said they “were surprised to learn they had the option to be listened to, participate and help influence decisions. They were happy to hear that these options were available.”
- Some people said ‘The Partnership needs ongoing mechanisms - methods/systems to poverty-proof plans and practices..... Nothing about us without us should be the approach taken.’ We also learned that people (including people with Learning Disability and people with Autism and who had experience of Mental Illness) are keen to share their views and be consulted. They told us that ‘They should be involved at the planning stage before changes are made.’
- A British Sign Language User appreciated the separate arrangement made to allow them to express their view about these Equality Outcomes but equally thought that it is important for Deaf people to be part of big meetings so that people living in Dundee are aware of Deaf people's needs and for Deaf people to see that things affect other people who are not deaf as well as themselves.
- Ongoing monitoring about how people feel about services and supports is important. People told us that we must engage with all groups of people, including those who may experience the greatest stigma like people who misuse substances.
- When we are planning local activities (Outcome 4) we must make sure that activities are advertised through local organisations, that the activities are easy to engage with

and that there is support from workers/volunteers. This would include consideration of interpretation support and about where activities take place.

- Fairness at work was seen as an important outcome. When you are a British Sign Language user it can be difficult to achieve fairness at work when information and training is only provided in English (written and spoken).
- Some older service users told us that they enjoyed activities with their peers who use other services and no barriers were identified.
- Making sure that everyone who works within the Partnership has the right learning about Fairness and Equality is important. The following groups were highlighted:
  - People who make the decisions; they need to hear more from local experts-professionals and people with lived experience;
  - Students who will take up jobs in the Health and Social Care Partnership in the future;
  - Induction for all employees should include an understanding about fairness and Equality; and,
  - Senior managers and leaders, including those involved in recruitment, should have extra training/learning activity.
- A British Sign Language user thought that DHSCP should ensure the workforce have good access BSL training, translation services, interpreters etc. and should develop a comprehensive training plan for BSL, with Deaf tutors to support Deaf people to be included in all aspects of their lives.



## Other things we considered

When we developed our Equality Outcomes it was also important for us to consider the outcomes that have already been agreed by NHS Tayside and Dundee City Council. We have done this because we know that many people who use health and social care services delivered by the Partnership will also use services and supports delivered by NHS Tayside and Dundee City Council.

NHS Tayside Equality Outcomes	Dundee City Council Equality Outcomes
1. We will ensure that care is person-centred and meets the service needs of people with relevant protected characteristic(s)	1. Increase the level of disclosure of employee Equality information
2. Data collection and monitoring patient diversity information	2. Dundee City Council's Gypsy/Traveller's sites are well maintained and managed and meet the minimum site standards set in Scottish Government guidance
3. Accessible information and inclusive communication	3. Residents at the Balmuir Wood site do not experience social exclusion
4. Workforce data collection and Equality of opportunity in employment policy and practice	4. Protected characteristic communities and those living in poverty are actively involved in community planning to ensure that policies and practices reflect their needs
	5. Communities in the city and in particular adults with disabilities/mobility related issues, have accessible and sustainable transport solutions,

### Dundee Health & Social Care Partnership Equality Outcomes

**Equality Outcome 1** – We will make sure people get the care they need and not treat people unfairly because of their characteristics or circumstances.

**Equality Outcome 2** – We will make our plans with the people that the plans will affect. We will make sure that we listen to everyone who wants to give their view. We will encourage and support people to tell us their views

**Equality Outcome 3a** – To help us plan for the future we will collect information to check that people have fair access to our services and support. This will include information about how people with Protected Characteristics and people who live in poverty and may be affected by poor social circumstances use our service. We will share this information with the people who gave us it and others, anonymously and in a way that they can understand.

**Equality Outcome 3b** - We will give people information about our supports, services and plans in a way that they can access it and understand it.

**Equality Outcome 4** – The Health and Social Care Partnership will be part of activities in local communities. Everyone will have chances to be part of these activities and the activities will be accessible to everyone who wants to take part.

**Equality Outcome 5** – Employees in Dundee Health and Social Care Partnership will be treated fairly at work.

## How will we achieve our Equality Outcomes?

We have identified some specific areas of work that we will take focus on over the next two years to help us to deliver each of our Equality Outcomes. These actions are not the only things we will do to help to make Dundee a fairer place to live and work but are the things that we think will make the biggest difference to people who have Protected Characteristics or who experience affected by poverty and poor social circumstances.

**Equality Outcome 1** – We will make sure people get the care they need and not treat people unfairly because of their characteristics or circumstances.

- We will make sure access to services is based on need and not characteristics or circumstances. Whenever we design services that are targeted at specific needs we will make sure that this is based on evidence of need. For example, we might provide services that are targeted at people living in less affluent areas of the city.
- We will find ways to collect information about whether people with Protected Characteristics or who experience poverty or poor circumstances take part in our activities and access the same level of services and support that others do.
- We will work with partners in Dundee City Council and NHS Tayside to carry out their British Sign Language Plans.

**Equality Outcome 2** – We will make our plans with the people that the plans will affect. We will make sure that we listen to everyone who wants to give their view. We will encourage and support people to tell us their views

- We will carry out Equality and Fairness Impact assessments on all new or revised plans, policies, services and strategies presented to the Integration Joint Board.
- We will find ways to improve the quality of our Impact Assessments.
- Along with partners (in particular those in Community Planning) we will further develop the ways in which we involve people who have an interest in fairness and who know about how Protected Characteristics, poverty and poor circumstances affect outcomes in making plans and designing supports and services.

**Equality Outcome 3a** – To help us plan for the future we will collect information to check that people have fair access to our services and support. This will include information about how people with Protected Characteristics and people who live in poverty and may be affected by poor social circumstances use our service. We will share this information with the people who gave us it and others, anonymously and in a way that they can understand.

- We will improve the collection and reporting of Equality data to help to inform how we deliver supports and services in the future.
- We will use this data to understand how well we are doing in meeting our Equality Outcomes and will report what we find to the public at least every two years.

**Equality Outcome 3b** - We will give people information about our supports, services and plans in a way that they can access it and understand it.

- We will consider how to make our plans and information about supports and services accessible to all who have an interest in them.
- We will provide interpretation and translation and other communication supports when people need these to access our services and supports.

**Equality Outcome 4** –The Health and Social Care Partnership will be part of activities in local communities. Everyone will have chances to be part of these activities and the activities will be accessible to everyone who wants to take part.

- We will find ways to make sure that when we work with people to design services and supports that this takes into account the diverse characteristics of the local population.
- We will make sure that there are affordable opportunities for people with Protected Characteristics to be safely involved in health and social care activities in their local communities.

**Equality Outcome 5** – Employees in Dundee Health and Social Care Partnership will be treated fairly at work.

- We will work with NHS Tayside and Dundee City Council to implement their action plans which affect employees in the Health and Social Care Partnership.
- We will work with providers in our commissioned services to support them to be a fair employer. This includes the implementation of key policies such as ensuring the payment of the Scottish Living Wage for all adult social care workers.

## How will we know if we are achieving our Equality Outcomes?

Performance indicators are one way of showing how well we are doing in achieving our Equality Outcomes. We are developing performance indicators about each of our Equality Outcomes. We will publish information about our progress towards our Equality Outcomes at least every two years. We will make sure this information is published in a way that means that people with Protected Characteristics and people who are affected by poverty and poor social circumstances can access and understand it. Our next progress report will be published by the 31<sup>st</sup> March 2020.

We will actively involve local people in seeking out ways to learn if we are achieving our Equality Outcomes and where the gaps and barriers are. We will expect the workforce, at all levels, and in all parts of the Partnership, to listen and take appropriate action when they and/or local people identify issues regarding Health Inequality, people who have Protected Characteristics and people affected by poverty or poor social circumstances.

The Partnership does not directly employ our own workforce. Our workforce are employed by Dundee City Council, NHS Tayside or through commissioned organisations in the Third or Independent Sector. We will continue to work alongside all of the partners who employ our workforce to promote fairness. In total there are around 2,500 Public Sector employees who are aligned to the Partnership from NHS Tayside and Dundee City Council. We know that we commission over 160 services and supports from around 114 external providers.

As the Partnership is not an employer we are not required to produce or publish Equality information about the people who work within the Partnership; this information must be reported to the public by NHS Tayside and Dundee City Council. We will work together with NHS Tayside and the Council to support them to gather and publish this information.

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Further work is planned with local people to share the information in this document in a meaningful way and to continue to gain their views about Equality and Fairness Matters in Dundee Health and Social Care Partnership. If you wish to be involved in future please send an email to [joyce.barclay@dundeecity.gov.uk](mailto:joyce.barclay@dundeecity.gov.uk) or phone Joyce Barclay at 01382 433947.

The Dundee Strategic and Commissioning Plan and associated documents were produced, on behalf of the Dundee Integration Joint Board, in partnership with a wide range of stakeholders and was overseen by the Integrated Strategic Planning Group.

### **Get in touch:**

If you have any questions about the information contained in this document, please email:

**[dundeehscp@dundeecity.gov.uk](mailto:dundeehscp@dundeecity.gov.uk)**

Dundee  
**Health & Social Care**  
Partnership

The logo consists of two interlocking white rings of varying thickness, creating a stylized infinity symbol or a continuous loop.



## DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2019 TO DECEMBER 2019

Organisation	Member	Meeting Dates January 2019 to December 2019						
		26/2	29/3	23/4	25/6	27/8	29/10	17/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	✓						
Dundee City Council (Elected Member)	Roisin Smith	✓						
Dundee City Council (Elected Member)	Helen Wright	✓						
NHS Tayside (Non Executive Member)	Trudy McLeay	✓						
NHS Tayside (Non Executive Member)	Jenny Alexander	A						
NHS Tayside (Non Executive Member)	Norman Pratt	✓						
Dundee City Council (Chief Social Work Officer)	Jane Martin	✓						
Chief Officer	David W Lynch	✓						
Chief Finance Officer	Dave Berry	✓						
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Frank Weber	A						
NHS Tayside (Registered Nurse)	Sarah Dickie	✓						
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Cesar Rodriguez	✓						
Trade Union Representative	Jim McFarlane	✓						
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓						
Voluntary Sector Representative	Christine Lowden	✓						
Service User Representative	Linda Gray	✓						
Carer Representative	Martyn Sloan	✓						
NHS Tayside (Director of Public Health)	Drew Walker	✓						

- ✓ Attended  
 A Submitted Apologies  
 A/S Submitted Apologies and was Substituted  
 No Longer a Member and has been replaced / Was not a Member at the Time

