



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

City Chambers
DUNDEE
DD1 3BY

9th April, 2024

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD
(See Distribution List attached)

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 Joint Board which is to be held remotely on Wednesday, 17th April, 2024 at 10.00 am.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 434818 or by e-mail arlene.hay@dundeecity.gov.uk.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday, 15th April, 2024.

Yours faithfully

VICKY IRONS
Chief Officer

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AGENDA

1 APOLOGIES

2 DECLARATION 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 MINUTES OF PREVIOUS MEETINGS

(a) The minute of previous meetings of the Integration Joint Board held on 21st February, 2024 and 27th March, 2024 are attached for approval. - **Pages 1 and 5**

(b) ACTION TRACKER

The Action Tracker (DIJB14-2024) for meetings of the Integration Joint Board is attached for noting and updating accordingly. - **Page 9**

4 PERFORMANCE AND AUDIT COMMITTEE NHS MEMBERSHIP APPOINTMENTS

Reference is made to Article III(a) of the minute of meeting of the Integration Joint Board of 27th March, 2024 wherein it was noted that NHS Non-Executive voting membership of the Integration Joint Board from 1st May, 2024 would be Bob Benson (Chairperson), Beth Hamilton and David Cheape.

It is reported that there are two NHS Non-Executive voting member vacancies on the Performance and Audit Committee and the Integration Joint Board's instructions are requested with regard to the appointment of Beth Hamilton and David Cheape to fill the vacancies from 1st May, 2024.

5 LEARNING DISABILITIES, AUTISM AND NEURODIVERGENCE BILL CONSULTATION (DIJB12-2024)

The Scottish Government estimates that people with a learning disability or who are neurodivergent comprise 10-15% of the population of Scotland. They also recognise a range of evidence regarding the significant inequalities and challenges experienced by people with these characteristics, including lower life expectancy amongst people with learning disabilities and autism and higher prevalence of suicide amongst people diagnosed with autism or ADHD. People from these groups also report experiencing stigma, social isolation and loneliness and inequalities in terms of employment, education, community justice and safety and wellbeing outcomes. During 2022, as part of the Programme for Government, scoping work was carried out for a Bill, including through the establishment of a Lived Experience Advisory Panel (LEAP), a Stakeholder Panel and a Practitioner Panel. The key messages from this scoping work have now been consolidated into the Scottish Government's Learning Disabilities, Autism and Neurodivergence Bill Consultation.

The consultation aims to provide an opportunity for public discussion about how the rights of people with learning disabilities, autism and who are neurodivergent can be better protected, respected and championed. The consultation invites views in relation to:

- Overarching themes – including reach and definitions, statutory strategic plans for neurodivergence and learning disabilities, mandatory training in the public sector, inclusive communication, data and independent advocacy.
- Specific themes – including health and wellbeing, mental health and capacity law, social care, housing and independent living, complex care, relationships, access to technology, employment, social security, justice, restraint and seclusion, transport, education, and transitions to adulthood for children and young people.

The consultation period is to 21 April 2024; the document and supporting information can be accessed at: <https://www.gov.scot/publications/learning-disabilities-autism-neurodivergence-bill-consultation/documents/>

The consultation includes proposals that have a direct and indirect impact on Integration Joint Boards. This includes proposing new statutory responsibilities to produce a local strategy covering learning

disabilities and neurodivergence, to provide training for public facing staff in some public services (including the health and social care workforce), to gather data, and to comply with an enforceable Accessible Information Standard for Scotland. Proposals also cover aspects such as enhancing access to and understanding of independent advocacy, implementation of annual health checks, and the creation of a Patient Passport that will follow people across care pathways and include information about their needs and preferences.

The consultation document is lengthy and diverse, meaning that there are a number of local partners who may have contributions to make to a response from the Dundee Health and Social Care Partnership. A Senior Officer from the Strategic Planning and Business Support Team, supported by the Learning Disabilities and Autism Strategic Planning Group, is working to gather views and collate a composite response in advance of the submission deadline. This will include linking to Wellgate Day Centre who are planning an event to gather service user views. However, it should be noted that individual partners may decide to submit separate responses on specific matters directly impacting their functions.

The IJB is asked to note the consultation and intended approach to developing a response.

6 TAYSIDE PRIMARY CARE STRATEGY – UPDATE - Page 13

(Report No DIJB13-2024 by the Chief Officer, copy attached).

7 GENERAL PRACTICE PREMISES STRATEGY UPDATE - Page 19

(Report No DIJB16-2024 by the Chief Officer, copy attached).

8 DUNDEE CITY IJB STRATEGIC RISK REGISTER ANNUAL REPORT - Page 25

(Report No DIJB19-2024 by the Chief Officer, copy attached).

9 AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2023/24 - Page 39

(Report No DIJB17-2024 by the Chief Finance Officer, copy attached).

10 FINANCIAL MONITORING POSITION AS AT FEBRUARY 2024 - Page 59

(Report No DIJB15-2024 by the Chief Finance Officer, copy attached).

**11 MEETING OF THE INTEGRATION JOINT BOARD 2024 ATTENDANCES – DIJB18-2024 -
Page 71**

A copy of the attendance return for meetings of the Integration Joint Board held to date over 2024 is attached for information.

12 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday 19th June, 2024 at 10.00am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED MARCH 2024)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Non Executive Member (Chair)	Beth Hamilton
Elected Member (Vice Chair)	Councillor Ken Lynn
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	Donald McPherson
Non Executive Member	Sam Riddell
NON VOTING MEMBERS	
Chief Social Work Officer	Glyn Lloyd
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Suzie Flower
Registered medical practitioner (not providing primary medical services)	Dr Sanjay Pillai
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Liz Goss
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
Clinical Director	Dr David Shaw
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

(b) CONTACTS – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright

Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Christine Jones
Dundee Health and Social Care Partnership	Kathryn Sharp
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Richard Smith
Regional Audit Manager – NHS	Barry Hudson

ITEM No ...3(a).....



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 21st February 2024.

Present:-

Members

Role

Beth HAMILTON (<i>Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Ken LYNN (<i>Vice Chair</i>)	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Sam RIDDELL	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Chief Finance Officer
Christina COOPER	Third Sector Representative
Emma FLETCHER	Director of Public Health
Suzie FLOWER	Registered Nurse
Liz GOSS	Service User residing in the area
Diane McCULLOCH	Chief Social Work Officer
Jim McFARLANE	Trade Union Representative
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

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

Matthew KENDALL	Dundee Health and Social Care Partnership
Christine JONES	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Elaine TORRANCE	Independent Convenor, Dundee Adult Support and Protection Committee

Beth HAMILTON, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Member

Role

James Cotton	Registered Medical Practitioner (not providing primary medical services)
Vicy Irons	Chief Officer
Raymond Marshall	Staff Partnership Representative
David Shaw	Clinical Director

II DECLARATION OF INTEREST

There were no declarations of interest.

III JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION IN THE DUNDEE PARTNERSHIP – FINDINGS AND IMPROVEMENT PLANS

There was submitted Report No DIJB2-2024 by the Independent Convenor, Dundee Adult Support and Protection Committee informing the Integration Joint Board of the findings of the Joint Inspection

of Adult Support and Protection in the Dundee Partnership, published by the Care Inspectorate on 19th December 2023, and outlining improvement plans arising from these findings.

The Integration Joint Board agreed:-

- (i) to note the content of the inspection report published by the Care Inspectorate (attached as appendix 1 of the report);
- (ii) to note the summary of inspection findings, including areas of strength and areas for improvement (section 4.5);
- (iii) to note the multi-agency approach to improvement planning that had been progressed since receipt of inspection findings and the improvement plan approved by the Dundee Chief Officers Group and submitted to the Care Inspectorate on 7th February 2024 (section 4.6 and appendix 3 of the report); and
- (iv) to instruct the Chief Officer to make arrangements for a further update on implementation and impact of improvement plans to be provided to the IJB in line with the schedule of reporting between the Adult Support and Protection Committee and Chief Officers Group (section 4.6.4).

Following questions and answers the Integration Joint Board further agreed:-

- (v) to note that the position statement completed prior to the start of the inspection process aligned closely with what the inspectors identified during the inspection;
- (vi) to note that work was underway to review how concerns and referrals were received into the service with the intention of implementing a new pathway;
- (vii) to note that the Lead Officer post for Adult Support and Protection was due to be permanently recruited to next month;
- (viii) to note that steps had been taken to ensure GP and Primary Care engagement; and
- (ix) to note that there was an action in the ASPC Delivery Plan relating to addressing the advocacy issues that had been highlighted.

IV MINUTES OF PREVIOUS MEETINGS

- (a) The minutes of meetings of the Integration Joint Board held on 13th December, 2023 and 31st January, 2024 were submitted and approved.
- (b) ACTION TRACKER

The Action Tracker DIJB8-2024 for meetings of the Integration Joint Board was submitted and noted.

V PERFORMANCE AND AUDIT COMMITTEE

- (a) MINUTE OF PREVIOUS MEETING OF 31ST JANUARY, 2024

The minute of the previous meeting of the Performance and Audit Committee held on 31st January, 2024 was submitted and noted for information and record purposes.

- (b) CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB9-2024 by Donald McPherson, Acting Chairperson of the Performance and Audit Committee, 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.

VI MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – CHIEF SOCIAL WORK OFFICER

It was reported that as Diane McCulloch would be retiring from the position of Chief Social Work Officer, Glyn Lloyd, Head of Children and Families Social Work and Community Justice would cover all Chief Social Work Officer functions effective from 1st March, 2024 and replace Diane as a member of the Integration Joint Board from that date.

The Integration Joint Board noted the position.

VII FALLS SERVICE

There was submitted Report No DIJB3-2024 by the Chief Finance Officer providing analysis of falls-related hospital admissions and assurance regarding the preventative and proactive work being undertaken.

The Integration Joint Board agreed:-

- (i) to note the contents of the report and the analysis of falls-related hospital admissions (section 5.0 of the report);
- (ii) to note the current model for prevention and rehabilitation and how this linked with the wider socio-economic situation; and
- (iii) to note the development of the Tayside Falls Prevention and Falls Management Framework.

Following questions and answers the Integration Joint Board further agreed:-

- (iv) to note that although there may be an issue around the coding element in Tayside compared with Scotland in relation to falls hospital admission data, the data would still be used to track progress; and
- (v) that Matthew would take back to the Falls Group for discussion the suggestion to have older people and carer representatives.

VIII DUNDEE IJB 2024/2025 BUDGET DEVELOPMENT UPDATE

There was submitted Report No DIJB7-2024 by the Chief Finance Officer providing the Integration Joint Board (IJB) with an overview of the potential implications of the Scottish Government's Draft Budget 2024/2025 on the IJB's Delegated Budget.

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 Draft Budget on Dundee City Council and NHS Tayside's financial settlements as set out in section 4.2 of the report;
- (ii) to note the provision of additional specific funding from the Scottish Government to support Health and Social Care Integration as set out in sections 4.2.4 to 4.2.6 of the report; and
- (iii) to remit to the Chief Finance Officer to present a proposed budget for 2024/2025 for consideration by the IJB at its meeting on 27th March 2024.

IX FINANCIAL MONITORING POSITION AS AT DECEMBER 2023

There was submitted Report No DIJB5-2024 by the Chief Finance Officer providing the Integration Joint Board with an update of the projected year-end financial position for delegated health and social care services for 2023/2024.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the overall projected financial position for delegated services for the 2023/2024 financial year end as at 31st December, 2023 as outlined in Appendices 1, 2, and 3 of the report;
- (ii) to note steps continued to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2023/2024 as part of the Financial Recovery Plan process, as outlined in section 4.7 of the report; and
- (iii) to approve the release of earmarked reserves totalling £1.6m to support the overall financial position for In Patient Mental Health Services in Tayside as outlined in section 4.3.9 of the report.

X MEETINGS OF THE INTEGRATION JOINT BOARD 2023 ATTENDANCES

There was submitted a copy of the Attendance Return DIJB4-2024 for meetings of the Integration Joint Board held to date over 2023.

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

XI DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday 27th March, 2024 at 10.00am.

Beth HAMILTON, Chairperson.



At a SPECIAL MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 27th March, 2024.

Present:-

Members

Role

Beth HAMILTON (<i>Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Ken LYNN (<i>Vice Chairperson</i>)	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Sam RIDDELL	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Acting Chief Officer
Christina COOPER	Third Sector Representative
Suzie FLOWER	Registered Nurse
Liz GOSS	Service User residing in the area
Christine JONES	Acting Chief Finance Officer
Jim McFARLANE	Trade Union Representative
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Jenny HILL	Dundee Health and Social Care partnership
Diane McCULLOCH	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Angie SMITH	Dundee Health and Social Care Partnership

Beth HAMILTON, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members

Role

Emma Fletcher	Director of Public Health
Vicky Irons	Chief Officer
Glyn Lloyd	Chief Social Work Officer
Raymond Marshall	Staff partnership Representative
Dr Sanjay Pillai	Registered Medical Practitioner (not providing primary medical services)
Dr David Shaw	Clinical Director
Siobhan Tolland	Nominated by Dundee City Council (Elected Member)
Dr David Wilson	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

II DECLARATION OF INTEREST

There were no declarations of interest.

III MEMBERSHIP APPOINTMENTS

(a) CHAIRPERSON AND NHS NON-EXECUTIVE MEMBERS

It was reported that NHS Tayside had advised that the following membership had been agreed:

Up to 1st April 2024:

Beth Hamilton (Chairperson)

Donald McPherson

Sam Riddell

Proxy: Jenny Alexander

From 1st April 2024 until 30th April 2024:

Beth Hamilton (Chairperson)

David Cheape

Vacancy

Proxy: Andrew Thomson

From 1st May 2024:

Bob Benson (Chairperson)

David Cheape

Beth Hamilton

Proxy: Andrew Thomson

The Integration Joint Board noted the position.

(b) NON-VOTING MEMBERS

It was reported that at the meeting of Tayside NHS Board held on 29th February, 2024 it was agreed that Dr Sanjay Pillai would replace Dr James Cotton as the registered medical practitioner (not providing primary care medical services) from this date.

The Integration Joint Board noted the position.

IV DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2024/2025

There was submitted Report No DIJB10-2024 by the Chief Finance Officer advising Dundee Integration Joint Board of the implications of the proposed delegated budget for 2024/2025 from Dundee City Council and indicative budget from Tayside NHS Board and to seek approval for the range of investments and expenditure proposed to set a balanced budget for Dundee Health and Social Care Partnership for 2024/2025.

The Integration Joint Board agreed:-

- (i) to note the implications of the proposed delegated budget to Dundee Integration Joint Board from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2024/2025 as set out in sections 4.2 and 4.4 of the report;
- (ii) to accept the delegated budget proposed by Dundee City Council as set out in section 4.4 and Table 3 within the report;
- (iii) to instruct 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 lead partner budgets on the IJB's net budget position;
- (iv) to note the range of estimated cost pressures and funding uplifts anticipated to impact on the IJB's 2024/2025 delegated budget (as at Appendix 1 of the report);

- (v) to approve an uplift to staff pay element of Adult Social Care Providers' Contract Value to enable the increased hourly wage payment to staff providing direct care with effect from April 2024, with all other externally contracted service payments remaining at 2023/2024 levels (as detailed in 4.6.2 of the report);
- (vi) to approve the budget savings and financial support from reserves as outlined in Appendix 2 to the report; and
- (vii) to remit the Chief Officer to issue directions as set out in Section 8 of the report.

Following questions and answers the Integration Joint Board further agreed:-

- (viii) to commend the delivery of a balanced budget;
- (ix) to note that the transformation programme would be escalated over the course of this year;
- (x) to note that Jim McFarlane would pass on any specific instances in relation to terms and conditions issues with contractors to Jenny Hill to follow up if required;
- (xi) that the Acting Chief Officer would consider with the Management Team the possibility of bringing a report to a future IJB meeting on social care commissioning;
- (xii) to note the good quality of the Integrated Impact Assessment which may be shared as an exemplar;
- (xiii) to acknowledge the commitment of the workforce who were working within financial constraints.

V MEETINGS OF THE INTEGRATION JOINT BOARD 2024 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB11-2024 for meetings of the Integration Joint Board held to date over 2024.

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

VI VALEDICTORY

The Chair, on behalf of the Integration Joint Board, paid tribute to Diane McCulloch, Head of Health and Community Care/Chief Social Work Officer upon her retiral, expressed thanks for her commitment and support and wished her well for the future.

VII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday 17th April, 2024 at 10.00am.

Beth HAMILTON, Chairperson

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ITEM No ...3(b).....

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 21ST FEBRUARY 2024 - DIJB14-2024

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	24/08/22	XII(iv)	LEARNING DISABILITY STRATEGIC PLAN	to remit the Chief Officer to submit a further report to the Integration Joint Board in December 2022 outlining a Commissioning Plan which would accompany the Strategic Plan.	Locality Manager	December 2022 June 2024	In progress	A 2 day Tayside Learning Disability development workshop is planned for April. Following this session, we will review the current strategy, draft commissioning plan and report on updated actions including those achieved.
2	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that a progress report in relation to Priority 2 would be submitted to the IJB later in the year.	Chief Officer	October 2023 June 2024	In progress	Report being developed through the Tayside Executive Group
3	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would coordinate a range of options for IJB members to visit mental health services	Chief Officer	June 2023 June 2024	In progress	Visits to the Community Wellbeing Centre completed in June. Programme of visits to be agreed post summer to align with new members induction.
4	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would discuss with the Director of Public Health the possibility of arranging a specific development session for IJB members	Chief Officer	June 2023 June 2024	In progress	To be coordinated as part of programme of IJB development session on strategic planning.
5	19/04/23	IX	DUNDEE INTEGRATION JOINT BOARD DIRECTIONS POLICY	that the Directions Policy would be included in a future Development Session	Chief Finance Officer	September 2023 June 2024	In Progress	Further session on governance delayed due to Adult Support and Protection Inspection, leadership team capacity and new IJB membership – to now be held in early 2024

6	21/06/23	VIII	ANNUAL COMPLAINTS PERFORMANCE	that, on the suggestion of the Chair, some investigation be made into carrying out benchmarking against other HSCPs and/or family groups	Senior Officer, Business Planning and Information Governance	December 2023 June 2024	In Progress	Complaints Officer reviewing available complaints performance information however limited availability of consistent, published information gathered to date. Work ongoing to identify further options for benchmarking.
7	23/08/23	V	ANNUAL PERFORMANCE REPORT 2022/23	that consideration would be given to arranging a briefing session for IJB members on understanding the data presented.	Chief Finance Officer	March 2024 June 2024	In progress	A session will be provided in summer 2024.
8	25/10/23	III(a)	MINUTE OF PREVIOUS MEETING – 23 RD AUGUST 2023	that consideration would be given to arranging a discussion in relation to governance issues.	Chief Officer	February 2024 June 2024	In progress	Will include as part of development session on IJB Governance arrangements
9	13/12/23	III(b)(ii)	ACTION TRACKER	that the Chair would arrange a discussion with Councillors Lynn and McHugh about IIAs.	Chair	tbc	Complete	Service Manager, Strategy and Performance has met with Councillor McHugh.
10	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that the developed measures would be brought back to the IJB in the next quarter.	Senior Manager, Service Development and Primary Care	June 2024	Ongoing	Our delivery plan is being finalised with priority actions and outcomes underpinned by the national outcomes framework shown in action 12. Measures, and evaluation of services are priority action therefore a workstream will commence in March with service stakeholders to co-design these. We will provide information on the agreed measures relating to outcomes in the next reporting period.

11	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that in relation to the mapping event for children and young people services, consideration would be given to providing feedback from the event to a future IJB meeting.	Head of Health and Community Care Services	June 2024	Ongoing	Work is underway and progressing well. We will provide an overview of progress in the next reporting period.
12	21/02/24	VII	FALLS SERVICE	that Matthew would take back to the Falls Group for discussion the suggestion to have older people and carer representatives.	Allied Health Professions Lead	April 2024	Complete	Issue discussed at Falls Meeting on 9 th April
13	27/03/24	IV	DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2024/2025	that the Acting Chief Officer would consider with the Management Team the possibility of bringing a report to a future IJB meeting on social care commissioning.	Acting Chief Officer	June 2024	In progress	Discussion at next Senior Management Team re scope of the report.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 17th APRIL 2024

REPORT ON: TAYSIDE PRIMARY CARE STRATEGY - UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB13-2024

1.0 PURPOSE OF REPORT

1.1 To update Dundee Integration Joint Board on the work to produce a Tayside Primary Care Strategy and seek agreement that ongoing work to produce this strategy is adopted into the NHS Tayside Strategy which is progressing a system-wide approach, taking account of national and local priorities.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the work undertaken to revise the Tayside Primary Care Strategy Plan on a Page.
- 2.2 Agree that further work required to produce a Tayside Primary Care Strategy is adopted into the system-wide approach to develop an NHS Tayside Strategy.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications arising directly from this report however financial implications will continue to be considered as the strategy develops.

4.0 MAIN TEXT

4.1 Background

4.1.1 An update was provided to the IJB in October 2023 on the development of the Tayside Primary Care Strategy (IJB 58/23) (Article IV of the minute of meeting of 25th October 2023 refers). This had been jointly commissioned by the Chief Officer of Angus Health and Social Care Partnership and NHS Tayside Medical Director to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside.

4.1.2 IJB members agreed that a final version of the Tayside Primary Care Strategy be brought to the IJB for approval in February 2024.

4.2 Current Position:

4.2.1 Progress has been made to further develop the Tayside Primary Care Strategy Plan on a Page, illustrated in Appendix 1.

4.2.2 Discussions are underway to produce an NHS Tayside Strategy. This will be system-wide strategy identifying collective actions, including Primary Care. In an effort to avoid duplication

it is proposed that the Tayside Primary Care Strategy is adopted into the NHS Tayside Strategy. Timeframe to be confirmed.

- 4.2.3 Work remains ongoing to ensure the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside

4.3 Communication and Engagement:

- 4.3.1 The Tayside Primary Care Strategy Plan on a Page was presented to the NHS Tayside GP Sub Committee meeting for discussion on 15 January 2023. No amendments were requested.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	<p>As a result of an inability to:</p> <ul style="list-style-type: none"> Reliably recruit, train, and retain workforce, Have appropriate premises to deliver clinical and support services, and Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services. <p>There is a risk we will be unable to deliver safe, effective, high quality, person centred primary care services. This will result in inadequate care, reputational damage, and failure to meet legal requirements. This risk encompasses all Primary Care Services:</p> <ul style="list-style-type: none"> Dental Optometry General Practice Community Pharmacy
Risk Category	Quality of Care
Inherent Risk Level	Likelihood 4 x Consequence 5 = 20 (Extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Embedding of Primary Care Strategy Clear understanding of Lead Partner role Robust engagement activities Collaboration across all three HSCPs and NHS Tayside
Residual Risk Level	Likelihood 4 x Consequence 4 = Risk Level 16 (Extreme Risk Level)
Planned Risk Level	Likelihood 4 x Consequence 3 = Risk Level 12 (High Risk Level)
Approval recommendation	Given the mitigating actions being applied and the national focus provided to the sustainability of primary care the risk level is deemed acceptable

7.0 CONSULTATIONS

- 7.1 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	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Acting Chief Officer

DATE: 21 April 2024

Jillian Galloway, Chief Officer, Angus HSCP
David Shaw, Medical Director, Primary Care

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Appendix 1 Tayside Primary Care Strategy Plan on a Page

Our Vision
To deliver excellent, high quality, preventative Primary Care in a sustainable way, improving the health and wellbeing of the population of Tayside.

Reasons for change

- Demand for appointments is increasing, particularly for people with multiple complex problems; we need to make sure Primary Care meets the needs of everyone in Tayside, now and in the future.
- There are lots of different teams who work in Primary Care and we need to make sure they work in a more integrated way to improve care for the whole population.
- Primary Care has a key role to play as part of an ambitious and joined-up approach to prevention so that people can stay well for longer.

Our priorities

- **Prevention and proactive care**
Support the population of Tayside to avoid and reduce health problems illnesses before they develop so people have improved life expectancy and quality of life.
- **Reduce inequalities and unequal health outcomes**
We need to focus on 'getting it right for everyone', with mental health given equal priority to physical health.
- **Deliver care closer to home**
We will focus on providing care in the right place, by the right person at the right time.

Tayside Primary Care Strategy 2024 - 2029

Delivering the best Primary Care Services across Tayside

What do we mean by Primary Care?



This image is also available in other formats and large print



Guiding Principles

This strategy has been developed with the following principles at its heart:

- Person-centred** - people who use our services are at the centre of everything we do.
- Empowerment** - providing individuals with the opportunity to take greater responsibility for their own health and wellbeing.
- Partnership** - working collaboratively with the population of Tayside and the Primary Care workforce to ensure an integrated team-based approach.
- Excellence** - promoting excellence in service delivery and building on evidence-based practice.
- Safety** - ensuring that the care that we provide is of the highest possible standards.
- Deliver best practice** - ensuring that all services are evidence based, efficient and cost effective.
- Equity** - consistency in service delivery ensuring equity of access and treatment for those in need of care and support.
- Outcome focused** - aimed to achieve the priorities that individuals identify as important.

Values underpinning everything we do:
Caring, compassionate, person-centred, honest and respectful.

How we will know we have made a difference

- People will know how and when to access routine, planned, urgent care and emergency care and we will see an increase in the appropriate use of these services.
- Increase in the number of people who have a positive experience of using Primary Care services.
- Care and support will be provided by integrated teams which are designed to support the needs of their local population.
- Improved capacity and capability to accelerate prevention activities resulting in an increase in the number of people who are able to look after and improve their own health and wellbeing and live in good health for longer.
- Earlier identification of factors that put people at risk of developing a long-term condition or complex needs.
- People have access to a range of approaches, that care for and support mental health and wellbeing issues.
- We will have recruited and retained an empowered workforce with the skills to continuously improve the services they provide.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
17 APRIL 2024

REPORT ON: GENERAL PRACTICE PREMISES STRATEGY UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB16-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this Report is to update the IJB on the recommendations and activities that were outlined in the General Practice (GP) Premises Strategy and associated consultation.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

2.1 Notes the progress made to date.

2.2 Instructs the Chief Officer to continue to provide progress reports to the IJB on the implementation of the GP Premises Strategy on an annual basis.

3.0 FINANCIAL IMPLICATIONS

3.1 The costs associated with the work completed has been funded through a combination of mechanisms and funding sources including the Primary Care Improvement Programme fund, Scottish Government and NHS Tayside capital funds and reconfiguration of current budgets delegated to the IJB.

3.2 Each element of future work will require detailed work up and cost benefit analysis before progressing if needed to public consultation, building warrant and planning application stages.

3.3 The current national and local position with regards to capital funding may impact on work going forward. The Scottish Government has noted that it will not have funds available in the same way for the foreseeable future to support capital development and therefore any new builds which are being planned or would have been planned on this basis are unlikely to progress. It is also unclear at this stage any impact this may have for general practice lease acquisition as there is often a capital element to these leases.

3.4 Loans to support sustainability of practices is also unclear currently. Several Dundee practices have applied for Scottish Government loans however with the restricted financial position nationally as noted above, the Scottish Government is unable to confirm when existing loan requests will be supported or when further rounds of funding will be made available.

4.0 MAIN TEXT

4.1 The General Practice (GP) Premises Strategy set out the position and ambition for GP premises in Dundee. It identified the priorities, provided criteria on the management and investment in GP property and included recommendations and actions across the next 20

years. The GP Premises Strategy was approved by the IJB in October 2022 (DIJB76-2022, Article XI of the minute refers). A key recommendation was to undertake a Public Consultation and this was delivered to the IJB in April 2023 (Report DIJB20-23, Article VII of the minute of meeting of 19th April 2023 refers), which has informed the work. This GP Premises Strategy provides a building block to support primary care delivery and, along with the Dundee General Practice Strategy, forms part of the wider NHS Tayside Primary Care Strategy.

4.2 The GP Premises Strategy set out 4 key broad criteria which was reviewed and assessed with Dundee Citizens and agreed as the key areas of focus. They were:

4.2.1 **Look towards a community focused model delivering health and social care**

Patient responses indicated that this is the model they would like DHSCP to work towards with a GP practice building that is part of the community. This links to the 20-minute neighbourhoods outlined in the Dundee City Plan. Progress towards this goal includes one of the practices (Newfield) setting up a community cafe and they will be assessing the services and activities that are most valued by those who use it. Family Medical Group have also developed significant links to local community groups and are working closely within the Douglas area, particularly since they consolidated on to one site in Douglas.

The focus groups were clear that consultation should use existing citizen groups to support co-production and to develop person centred services. The Primary Care Team had already recognised the value of citizen feedback, securing it in the development of the subsequent General Practice Strategy. Patients remain at the heart of what we are doing with views on newly developed information about services available within practices being sought.

4.2.2 **Ensure GP premises are of good quality and fit for purpose.**

One of the areas flagged up by citizens was lack of privacy at reception. Where possible, and within funding constraints, work to improve the reception area at Broughty Ferry and Muirhead is at the design stage. However a number of practices continue to highlight that there are ongoing challenges with the fabric of buildings, including in several NHS Tayside buildings. Clinical delivery of services has been impacted in NHS owned buildings in particular due to issues with water ingress and heating systems failure.

4.2.3 **Support to general practice to enable sustainability.**

Public consultations found citizens have a good understanding of the challenges that general practice is facing and how that translates to a significant risk in their sustainability. A significant programme of work, led by the Programme Manager for Primary Care Services NHS Tayside, has been established to focus on sustainability. It includes the development of a Sustainability Framework Risk Matrix which surveys practices and enables data to be collected that can be scored, interpreted, and identify the comparative risk status of each practice across NHS Tayside. The survey is on its second iteration and is improving visibility and awareness of sustainability risk to general practice at practice, cluster, HSCP and NHS Tayside level. Dundee HSCP Primary Care Team Manager is also focusing on sustainability of practices and the implementation of local actions, of which buildings is one small, but critical, element.

4.2.4 **Ensure appropriate geographical coverage across Dundee.**

There is recognition and acceptance of this being a key element of equitable provision however the reality is that since the GP Premises Strategy was approved, 1 practice has since closed (Invergowrie) and a further practice closed in March 2024 (Park Avenue) with patients dispersed to other practices. Every attempt is made to align patients to practices near to their home to support access locally. Dundee practices also have a significant number (circa 30k) of people who live outside the city boundary but who have many services delivered from Dundee, including general practice services. There is an increasing complexity in maintaining this coverage as practices look to prioritise their coverage and workload. It also increases the demand for space in practice as practices increase in size.

4.3 In the GP Premises Strategy were thirteen recommendations which were distilled and ordered in terms of priority. Each recommendation included key actions and an owner and an update on those recommendation deemed to require immediate actions is given below:

4.3.1 **ACTION 1:** Progress opportunities to improve premises and set out a programme of works to maintain the quality and standard of current buildings (Owner: Primary Care Services Manager).

To date the following works are underway or have been completed:

- Broughty Ferry Health Centre creation of 2 additional consulting rooms, commenced March 2024
- MacKinnon Centre – change of 2 rooms to clinical rooms completed and well utilised.
- Westgate Car Park extension to increase provision of spaces completed (to support 2000 additional patients from Ryehill closure)
- Muirhead creation of 2 additional consulting rooms, and new reception and waiting area, designed and works due to commence shortly
- Improved physical access to Princes Street surgery with a new front door (underway).
- Supported a further 3 practices with creation of new clinical rooms (in addition to the above)
- Supporting one other practice to plan the development of improved working space for core team, including reception and admin staff, and clinical staff who are not based in the practice.

4.3.2 **ACTION 2:** DHSCP to take a strategic view on longer term need and viability of individual premises (rationalisation). Where a lease is due to expire, develop and apply an agreed process including risk, clinical need and functionality. (Owner: Head of Asset Management).

A process setting out the steps to be undertaken when a lease is due for renewal has been developed and shared with all HSCP's for comments/observations. Revisions were made and currently it is being tested with a health centre lease in Tayside, where learning will inform the process ready for other leases drawing to a close. In Dundee, a number of leases are due to expire within the next few years with at least 2 practices expressing interest in lease assignation. Practices do not have to ask for leases to be reassigned but we anticipate that the majority, if not all, will do so, either at the point where their lease is due to expire, or sooner if there are implications for recruiting new GP partners. The development of an HSCP based assessment of need of the premise is the first step in this process and this is underway. A tool to support the HSCP assessment has been developed over the last few months and is being tested. There is a significant degree of complexity in this decision making process for an urban area. The uncertainty re future Scottish Government capital investment also links to this as if there are unlikely to be new premises funded in the future the current buildings are likely to require more investment to maintain them as fit for purpose, and there is likely to be an increased requirement for lease assignations and loans.

4.3.3 **ACTION 3:** Complete an Equality Impact Assessment and undertake a patient survey on their views including use of digital/phone appointments, willingness to travel and for which services.

An Equality Impact Assessment was completed and will be updated on an ongoing basis as the work programme rolls out.

An extensive public consultation was undertaken which included surveys, focus groups and visiting citizen groups across the city.

Further consultation is planned for April/May when patients will be consulted on information to be displayed on TVs/screens located in the waiting room of general practices. These TVs are

a 21st century solution as they are connected to media players and provide the following benefits:

- It enables information about services to be presented in more engaging ways so helping to inform and educate patients.
- It offers split screens so several pieces of information can be displayed at once.
- It offers an opportunity to support staff education, particularly with Practice Protected Learning Time which restarted in February 2024.
- It provides opportunities for patient education around prevention and self-management using the technology.
- It can be used for interactive presentations as part of the practice's Patient and Carer Involvement Group meetings.

4.3.4. **ACTION 4:** Support practices with improvements that align with the Green Agenda and achieving 'net zero'. For example the installation of ground or air source pumps and 'wee Forest' initiative which the Family Medical Group at Douglas have embraced.

4.3.5 **ACTION 5:** There is ambition for new builds which could explore different ways of working to support a sustainable general practice but in the current financial climate this is not feasible and has not been progressed.

4.3.6 **ACTION 6:** The appointment of a Project Manager to drive forward the GP Premises Strategy and other elements of the IJB's evolving Property Strategy at a cost of £75k per annum on a 2-year contract although agreed by IJB has not been implemented. There have been ongoing challenges in relation to defining the role and a suitable job description being identified to allow this to progress. There has been an NHS Tayside post recruited to which is supporting the lease process in particular and space utilisation linked to this but it does not have capacity to support local priorities. Discussions are underway with NHS Tayside to consider a commissioning arrangement for project management support.

5.0 POLICY IMPLICATIONS

5.1 This report provides an update on the Primary Care Premises Strategy report presented to the IJB in October 2022. The original strategy was subject to an Equality Impact Assessment. As there are no material changes to the original strategy, no further Equality Impact Assessment is required at this time point.

6.0 RISK ASSESSMENT

The key risks identified in the GP Premises Strategy are shared below and it should be noted that the risks have been lowered to their Planned Risk Level due to the IJB approval of both the GP Premises Strategy and the General Practice Strategy.

Risk 1 Description	Agreeing a GP Premises Strategy is key to enabling Dundee HSCP to deliver the Primary Care Initiatives Programme. Without a clear strategy, there is a risk of being unable to secure funding at a local, regional or national level.
Risk Category	Strategic and operational
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme Risk)
Mitigating Actions (including timescales and resources)	Agreement of criteria to enable the work programme to move forwards and to ensure there are ideas in the pipeline so opportunities for additional funding are not lost.
Residual Risk Level	Likelihood 1x Impact 2 = 2 (Low Risk)
Planned Risk Level	Likelihood 1 x Impact 2 = 2 (Low Risk)

Approval recommendation	Given the strategy was agreed this risk will be closed.
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Risk 2 Description	A lack of strategy may prevent good decision making when reviewing lease renewals for premises.
Risk Category	Strategic and operational
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme Risk)
Mitigating Actions (including timescales and resources)	The Strategy has now been approved. A tool to help assess premises in Dundee has been developed and is being tested which will help inform this process going forward. It has not yet been fully tested and so the risk remains active.
Residual Risk Level	Likelihood 2x Impact 4 = 8 (High Risk)
Planned Risk Level	Likelihood 1x Impact 4 = 4 (Moderate Risk)
Approval recommendation	Given the impact of the mitigating actions this risk is deemed to be manageable

Risk 3 Description	A lack of progress with the strategy may mean that those taking up GP Roles will not join the Dundee workforce as unable to see the future direction of the city or the sustainability of an individual practice.
Risk Category	Strategic and operational
Inherent Risk Level	Likelihood 3 x Impact 3 = 9 (High Risk)
Mitigating Actions (including timescales and resources)	Clear vision for general practice, opportunities and clarity on risks and opportunities available to GP joining a Dundee practice
Residual Risk Level	Likelihood 2x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 2x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the impact of the mitigating actions this risk is deemed to be manageable

Risk 4 Description	Restrictions to Scottish Government capital investment will have a negative impact on both short term and longer term projects to meet the needs identified in the strategy and improve general practice buildings
Risk Category	Strategic and financial
Inherent Risk Level	Likelihood 5 x Impact 4 = 20 (High Risk)
Mitigating Actions (including timescales and resources)	Work with colleagues across the system to review current premises and maximise the use of space we have available to us currently. Identify funding where possible for smaller projects, which can help sustain current premises where otherwise new development would have been required
Residual Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the type of risk there is a limited amount we can do to manage this as so it should be noted and accepted.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report. The Dundee Primary Care team have been key to developing this work.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Acting Chief Officer

DATE: 20 April 2024

REPORT AUTHORS

Dr David Shaw, Associate Medical Director, Dundee HSCP

Julia Martineau, Programme Manager Primary Care, Dundee HSCP

Shona Hyman, Senior Manager Service Development and Primary Care, Dundee HSCP



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
17 APRIL 2024

REPORT ON: DUNDEE CITY IJB STRATEGIC RISK REGISTER ANNUAL REPORT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB19-2024

1.0 PURPOSE OF REPORT

- 1.1 To provide the Integration Joint Board with the annual report on developments, changes in specific risks and progress made in Dundee Health and Social Care Partnership's Strategic Risk management over the past year.

2.0 RECOMMENDATIONS

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

- 2.1 Note the progress made in Dundee Health and Social Care Strategic Risk Management including new Clinical Care and Professional Governance meetings focussed on considering Operational risks against Strategic Risks.
- 2.2 Note the changes in the specific risks in the Strategic Risk Register including changes in scoring of existing risks, recording of new risks, and archived risks.
- 2.3 Note the future work planned to further embed Strategic Risk Management in the IJB.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 RISK MANAGEMENT

- 4.1 The Integration Joint Board's Strategic Risk Register was created in 2016 and is regularly updated and reported to each meeting of the Performance and Audit Committee.
- 4.2 Changes in the Strategic Risk Register reflect the change in the risk maturity of the Dundee City IJB as an organisation, and the changes in external forces in the environment in which it operates.
- 4.3 When the Strategic Risk Register was first created the risks captured were mainly focussed on anticipated risks to the IJB not operating successfully. Risks captured at that time included risks around Finance and Governance.
- 4.4 As the IJB has developed some service specific Operational risks have been escalated to the Strategic Risk Register. This is because they cannot be managed at an operational level. Additionally, they pose a risk to the IJB not being able to successfully carry out its Strategic and Commissioning Plan.

4.5 In April 2022 the Tayside IJB Risk Management Framework was developed and adopted by the IJB, which was coordinated with partners in the three Tayside IJBs, three Local Authorities, NHS Tayside, and Internal Audit services.

4.6 The Tayside IJB Risk Management Framework clearly sets out the framework where risk management across the partner bodies are reported and shared. It is based on the review of existing framework agreed prior to integration of health and social care, reflecting the “lived experience” of integration.

5.0 CHANGES IN RISKS

5.1 Appendix 1 sets out details of the current Strategic Risk Register extract and changes in scores over the past year.

5.2 Staff Resource and National Care Service are the 2 highest scoring risks with a maximum score of 25.

5.3 The finance risk around Unable to maintain IJB Spend has increased over the past year. This is due to the challenging financial projection for the IJB's delegated budget which is expected to end the year with a financial deficit. The budgetary outlook for 2024/25 in relation to anticipated public sector funding will provide further challenges to being able to balance the IJB's budget.

5.4 Capacity of the Leadership Team risk has increased this year. This is due to several factors including the planned retirement of the Head of Health and Community Care.

5.5 Two new Strategic Risks have been created or escalated from the Operational Risk Register over the past year. These are

- Implementation of Safe Staffing Act
- Escalation of Property Safety Issues

5.6 Three risks have decreased over the past year as a result of service improvements and implementation of planned actions to reduce risk. These are

- Governance arrangements being established fail to discharge duties
- Drug and Alcohol Recovery Service
- Category One Responder

5.7 No risks have been archived in the past year.

6.0 FUTURE RISK MANAGEMENT WORK

6.1 Due to changes in the Integrated Joint Board membership another Risk Management development session was held in 2023, and a further session to implement the Risk Appetite and Associated Targets will take place in early summer 2024.

7.0 POLICY IMPLICATIONS

7.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

8.0 RISK ASSESSMENT

8.1 Not applicable

9.0 CONSULTATIONS

9.1 The Chief Finance Officer and the Clerk have been consulted in the preparation of this report.

10.0 DIRECTIONS

10.1 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:	
	No Direction Required	X
	Dundee City Council	
	NHS Tayside	
	Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Acting Chief Officer

DATE: 22 March 2024

Clare Lewis-Robertson
Senior Officer, Strategy and Performance

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DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – ANNUAL STRATEGIC RISK PROFILE 23/24

DIJB19-2024 Appendix 1

Description	Lead Director/Owner	Current Assessment			Status	Control Factors	Date Last Reviewed	Movement over year
		L	C	Exp				
<p>Staff Resource</p> <p>The volume of staff resource required to maintain effective integrated services .</p> <p>Most recent update CCPG reports presented to PAC in May 23 highlights continued staffing pressures across wide range of teams across DHSCP including Nursing and OTs, and Social Care workforce.</p> <p>Mitigating factors - rolling ads across Job train, exploring international recruitment.</p>	Dundee HSCP Chief Officer	5	5	25	→	<ul style="list-style-type: none"> • Developments of new models of care • Organisational development strategy • Service redesign • Workforce Strategy approved 	9/01/2024	Same
<p>National Care Service</p> <p>The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards</p> <p>Latest update</p> <p>The National Care Service risk continues to pose a risk to the IJB's future existence and its ability to carry out the Strategic Plan. The latest suggested changes in legislation now refer to reforming IJB's and the risk level will be reviewed once the proposals are clearer. Political changes and expected delays in the implementation of the NCS also mean that partner bodies may be reluctant to investment in HSCP projects due to uncertainty.</p>	Dundee HSCP Chief Officer	5	5	25	→	<ul style="list-style-type: none"> • Consultation Process 	9/01/2024	Same
<p>Primary Care</p> <p>Continued challenges around the sustained primary care services, arising from recruitment, inadequate infrastructure including IT and location, and</p>	Dundee HSCP Chief Officer	4	5	20	→	<ul style="list-style-type: none"> • Primary Care Improvement Plan 	09/01/2024	Same

<p>inadequate funding to fully implement the Primary Care improvement plan.</p> <p>Latest update The recent closure of Invergowrie, Ryehill and Park Avenue Medical Practices has meant that the Primary Care Risk remains high. Progress around development of Primary Care Improvement Plan has been impacted by the Scottish Government's changed stance on funding through instructing IJB's to utilise primary care improvement funding reserves before drawing down Scottish Government funding.</p>				20	→			
<p>Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.</p> <p>As identified by Audit Scotland Annual Report 2016/17 - Performance Management Improvements Update (PAC14-2018)</p> <p>Latest Update Pressures still remain, however restructure and enhancement to service planned for over coming months. This risk was highlighted further in recent IJB reports around the the development of the IJB Strategic and Commissioning Plan</p>	Dundee HSCP Chief Officer	5	4	20	→	<ul style="list-style-type: none"> • Management plan • Structure of teams 	09/01/2024	Same
<p>Restrictions on Public Sector Funding Description Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.</p>	Dundee HSCP Chief Officer	5	4	20	→	<ul style="list-style-type: none"> • Additional Scot Gov Funding • Budgeting Arrangements • MSG and External Audit Recommendation • Savings and Transformation Plan 	9/01/2024	Same

<p>Most recent update Scot Gov medium term financial strategy published in May 2023, this highlights a significant gap in Scottish funding over the next 4 financial years.</p> <p>Mitigating factors - include the development of the IJB's financial 5 year framework and transformation programme alongside strategic investment of IJB's reserves.</p>								
<p>Unable to Maintain IJB Spend Description IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan.</p> <p>Most recent update The latest financial projection for the IJB's delegated budget shows a financial deficit for 2023/24. The budget position for 2024/25 has significant challenges with increased pressures with little additional funding received resulting in savings of over £10m being required to balance the budget.</p>	Dundee HSCP Chief Officer	5	4	20	↑	<ul style="list-style-type: none"> Financial Monitoring System Increase in reserves Management of vacancies and discretionary spend MSG and external audit recommendations Savings and Transformation Plan 	9/01/2024	Increase
<p>Lack of Capital Investment in Community Facilities (including Primary Care) Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services. This could potentially be exacerbated by the transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board.</p> <p>Latest update Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services.</p>	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	<ul style="list-style-type: none"> Development of IJB Property Strategy Reshaping non-acute care project 	9/01/2024	Same

<p>Scottish Government's 2024/25 budget highlights severe restrictions in availability of capital funding for Scottish Government This could potentially be exacerbated by the transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board.</p>								
<p>Dundee Drug and Alcohol Recovery Service Several risks for the Drug and Alcohol Recovery Service (formerly Integrated Substance Misuse Service) escalated from the Operational Risk Register. These include:</p> <ul style="list-style-type: none"> • Insufficient numbers of staff in integrated substance misuse service with prescribing competencies. • Increasing Patient demand in excess of resources • Current funding insufficient to undertake the service redesign of the integrated substance misuse service • COVID-19 Maintaining Safe Substance Misuse Service • Nursing Workforce <p>Latest Update</p> <p>There has been a reduction in risk that is evidenced by the progress made in Dundee on the MAT standards .Feedback from the Mat standards implementation team (MIST) Dundee (in fact Tayside) was on monthly reporting to support early steps of progress against the background of a need to reduce risk and improve A vital role in the progress is also feedback we have had from the people that use our services. This dialogue with those who have lived experience and those who care for them is at an early stage, but this will be a primary driving force throughout all the work</p>	<p>Dundee HSCP Chief Officer</p>	<p>4</p>	<p>4</p>	<p>16</p>	<p>↓</p>	<ul style="list-style-type: none"> • DDARS workforce plan • MAT Standards Action Plan • Service Restructure 	<p>09/01/2024</p>	<p>Decrease</p>

<p>we are doing to improve and reduce risk of harm from drug and/or alcohol use</p> <p>There continue to be improvements that are required due to the level of drug death being higher than anyone would hope or expect. Figures show there has been some reduction but it's too early to confirm that has been due to steps we have taken so far. It is hoped that by sustaining the progress on MAT standards 1-5 and now starting major work on Standards 6-10 we will continue to see progress and a downward trend of risk and drug deaths.</p>								
<p>Cost of Living Crisis</p> <p>.Cost of living and inflation will impact on both service users and staff , in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health and the challenge this will present to the IJB in delivering its strategic priorities.</p> <p>Latest update</p> <p>The increased cost of living and inflation will impact on service users and staff , in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health</p> <p>Actions reflected in the HSCP's delivery plan to implement the priorities in the IJB's strategic plan will take cognisance of this impact.</p>	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	<ul style="list-style-type: none"> • Fairness and Equality Workstreams • Focus of services identifying those most vulnerable 	09/01/2024	Same
<p>Viability of External Providers</p> <p>Financial instability / potential collapse of key providers leading to difficulty in ensuring short / medium term service provision. * Inability to source essential services</p> <p>* Financial expectations of third sector cannot be met</p> <p>* Increased cost of service provision</p> <p>* Additional burden on internal services</p> <p>* Quality of service reduces</p>	Dundee HSCP Chief Officer	4	4	16	→	<ul style="list-style-type: none"> • Internal audit review to partnership's approach to viability of external providers • Potential Local or Scot Gov intervention 	09/01/2024	Same

<p>Latest update</p> <p>IJB's revenue budgety23/24 acknowledged the impact of pay pressures and inflation resulting in increases to payments to providers. Acknowledge National Care Home contract is at risk due to care home sustainability concerns , this will be addressed by national and local negotiations as required.</p>						<ul style="list-style-type: none"> Co-ordination to provide services 		
<p>Mental Health Services</p> <p>There are system wide risks in the Mental Health Service. These include workforce and demand issues.</p> <p>Latest update</p> <p>Tayside Mental Health Strategy continues to make progress, developments such as the Community Wellbeing Centre will enhance community supports for people with mental health issues.</p>	Dundee HSCP Chief Officer	4	4	16	→	<ul style="list-style-type: none"> Development of Tayside Mental Health Strategy Opening of Community Wellbeing Centre 	09/01/2024	Same
<p>Capacity of Leadership Team</p> <p>Capacity of Leadership Team affected by changes such as retirement and transitions</p> <p>Most recent update</p> <p>Several factors have contributed to the increase in likelihood for this risk, including the planned retirement of a Head of Health and Community Care and Chief Social Work Officer.</p> <p>The leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges. This is likely to be exacerbated as preparations for the intro of the NCS develop over the coming period. The implementation of the new Leadership structure on a permanent basis will consolidate and provide clarity to roles.</p>	Dundee HSCP Chief Officer	4	4	16	↑	<ul style="list-style-type: none"> Review of Senior Management Team Structure Sharing of Management Team Duties 	7/02/2024	Increase
<p>Data Quality</p>	Dundee HSCP Chief Officer	4	3	12	→	<ul style="list-style-type: none"> Mosaic data recording business 	7/02/2024	Same

<p>Data Quality of information on Mosaic case recording system is not accurate leading to difficulties in providing statutory government returns and accurate billing for billable services delivered</p> <p>Latest Update</p> <p>Strategy and Performance research team are working with operational staff to improve data quality.</p>						<p>process improvements</p> <ul style="list-style-type: none"> Improvements to reporting systems 		
<p>Impact of Covid 19</p> <p>Coronavirus related pressure on resources (financial / workforce) will have a 'tail', resulting in ongoing medium / longer term pressure on the HSCP and by association on the council/ NHST and patients, service users and carers</p> <p>Latest update</p> <p>DHSCP continue to experience difficulties in delivering services due to significantly higher rates of sickness absence due to long term covid or other related covid illnesses. In addition some services which were paused due to Covid have still not been able to be resumed .</p>	Dundee HSCP Chief Officer	3	4	12	→	<ul style="list-style-type: none"> Support for workforce with longterm absence related to Covid 	09/01/2024	Same
<p>Employment Terms</p> <p>Differing employment terms could expose the partnership to equality claims and impact on staff morale.</p> <p>Most recent update</p> <p>Management continue to have an overview of where issues arise within integrated teams with differing employment terms, and continue to assess and review within integrated teams.</p>	Dundee HSCP Chief Officer	3	3	9	→	<ul style="list-style-type: none"> Align conditions wherever possible 	09/01/2024	Same
<p>Increased Bureaucracy</p> <p>Governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the assurance arrangements required to be put in place.</p>	Dundee HSCP Chief Officer	3	3	9	→	<ul style="list-style-type: none"> Support and roles 	09/01/2024	Same

<p>Latest update Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development.</p>								
<p>Category One Responder Additional responsibilities associated with Category 1 responder status are not supported by additional resources from Scottish Government and existing resources are not sufficient to meet statutory duties.</p> <p>Latest Update The Category One Responder Action Plan was presented to and approved by the IJB on the 26th October 2022.</p>	Dundee HSCP Chief Officer	2	4	8	↓	<ul style="list-style-type: none"> • Category One action plan • Chief Officer and Supporting staff • Co-operation • Development work • Resilience Officer 	09/01/2024	Decrease
<p>Governance Arrangements being Established fail to Discharge Duties Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required. The IJB's Governance arrangements were assessed as weak/unsatisfactory.</p> <p>Latest update Reports from CCPG to the PAC consistently provide a level of reasonable assurance of good and sound governance. leading to a reduction in the likelihood of this risk occurring.. This risk will be revisited when we receive the Internal and External Audit governance report conclusions.</p>	Dundee HSCP Chief Officer	2	4	8	→	<ul style="list-style-type: none"> • Implement Governance Action Plan • Review of processes established 	09/01/2024	Same

Archived

None								
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Risk Status	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 17 APRIL 2024

REPORT ON: AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2023/24

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB17-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to note and approve the proposed Dundee Integration Joint Board Annual Audit Plan 2023/24 as submitted by the IJB's appointed External Auditor (Audit Scotland).

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report;
- 2.2 Approves the proposed Audit Plan for 2023/24 as submitted by Audit Scotland (attached as Appendix 1).
- 2.3 Explicitly notes the requirements under Paragraph 8 of the Audit Plan 2023/24, as detailed in 4.3, requesting at any instances of actual, suspected or alleged fraud should be brought to the attention of Audit Scotland for consideration.

3.0 FINANCIAL IMPLICATIONS

3.1 The cost of the annual audit fee is £33,360 however a fee rebate from 2022/23 is being provided of £595 which will be used to offset against the 2023/24 fee reducing the net charge to the IJB to £32,765. Provision for this has been made within the IJB's 2024/25 budget.

4.0 MAIN TEXT

4.1 Dundee Integration Joint Board's (IJB) assigned External Auditor for 2023/24 is Audit Scotland who have produced their Annual Audit Plan in relation to the 2023/24 financial year. This plan contains an overview of the planned scope and timing of their audit work and is carried out in accordance with International Standards on Auditing (ISAs), and the Code of Audit Practice. This plan sets out the independent auditors work necessary to provide an opinion on the annual accounts and to meet the wider scope requirements of public sector audit. The wider scope of public audit includes assessing arrangements for financial sustainability, financial management, vision, leadership and governance and use of resources to improve outcomes.

4.2 In preparing this audit plan, Audit Scotland has drawn from a wide range of information such as IJB reports and other published documentation, attendance at IJB meetings and discussions with management and have identified any main risk areas in relation to Dundee IJB. There is only one such risk which is categorised as being a financial statements risk and there are no wider dimension risks identified for 2023/24. The financial statement risk is summarised below:

- 1) Risk of material misstatement due to fraud caused by management override of controls.

- 4.3 The IJB is asked to note and acknowledge the request for a commitment from those charged with Governance relating to 'Communication of fraud or suspected fraud' as detailed in Paragraph 8 of the Audit Plan, and copied below

In line with the ISA (UK) 240 (The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements), in presenting this plan to the Performance and Audit Committee we seek confirmation from those charged with governance of any instances of actual, suspected, or alleged fraud that should be brought to our attention. During our audit, should members of the Committee have any such knowledge or concerns relating to the risk of fraud within it, we invite them to communicate this to us for our consideration. Similar assurances will also be sought as part of the audit completion process.

- 4.4 Once the audit is complete, Audit Scotland will submit an independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission, summarising the results of the audit of the annual accounts. They will also provide the IJB and the Controller of Audit with an annual report on the audit containing observations and recommendations on significant matters which have arisen in the course of the audit.
- 4.5 The Local Authority Accounts (Scotland) Regulations 2014 require local authorities to 'aim to approve the audited accounts for signature no later than 30 September immediately following the financial year to which the accounts relate' and that the signed accounts 'must be published no later than 31 October'. Due to the legacy of the late completion of prior year audits due to Covid-19 and ongoing resourcing challenges within Audit Scotland, they are unable to complete the IJB's audit by the 30 September or in time to publish the audited accounts by 31 October. It is proposed to submit the IJB's draft accounts to Audit Scotland by the 30th June 2024 with the final Independent Auditors report and IJB final audited accounts presented to the meeting of the Performance and Audit Committee on the 20th November 2024.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

- 6.1 This report has not been subject to a risk assessment as it forms part of the IJB's statutory governance process. Any risks identified through the annual accounts process will be reflected in the relevant Integration Joint Board or Performance and Audit Committee Reports.

7.0 CONSULTATIONS

- 7.1 The Chief Officer, Audit Scotland and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 22nd March 2024

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Dundee City IJB

Annual Audit Plan 2023/24



 AUDIT SCOTLAND

Prepared for Dundee City Integration Joint Board

March 2024

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Introduction

Summary of planned audit work

1. This document summarises the work plan for our 2023/24 external audit of Dundee City Integration Joint Board (the IJB). The main elements of our work include:

- an audit of the financial statements and an opinion on whether they give a true and fair view and are free from material misstatement
- an audit of the other statutory information published within the 2023/24 annual accounts, including the Management Commentary, the Annual Governance Statement, and the audited part of the Remuneration Report
- consideration of arrangements in relation to the wider scope of public sector audit: financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes
- consideration of Best Value arrangements
- provision of an Independent Auditor's Report expressing opinions on the different elements of the annual accounts and an Annual Audit Report setting out conclusions on the wider scope areas.

Respective responsibilities of the auditor and the IJB

2. The [Code of Audit Practice](#) sets out in detail the respective responsibilities of the auditor and the IJB. Key responsibilities are summarised below.

Auditor responsibilities

3. Our responsibilities as independent auditors are established by the Local Government (Scotland) Act 1973 and the [Code of Audit Practice](#) (including [supplementary guidance](#)) and guided by the Financial Reporting Council's Ethical Standard.

4. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual accounts. We also review and report on the arrangements within the IJB to manage its performance and use of resources. In doing this, we aim to support improvement and accountability.

Dundee City's IJB's responsibilities

5. The IJB is responsible for maintaining adequate accounting records and internal controls and preparing financial statements for audit that give a true and fair view. The IJB is also required to produce other reports in the annual accounts in accordance with statutory requirements.

6. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance and propriety that enable it to deliver its objectives.

7. The audit of the annual accounts does not relieve management or the Performance and Audit Committee, as those charged with governance, of their responsibilities.

Communication of fraud or suspected fraud

8. In line with the ISA (UK) 240 (*The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements*), in presenting this plan to the Performance and Audit Committee we seek confirmation from those charged with governance of any instances of actual, suspected, or alleged fraud that should be brought to our attention. During our audit, should members of the Committee have any such knowledge or concerns relating to the risk of fraud within it, we invite them to communicate this to us for our consideration. Similar assurances will also be sought as part of the audit completion process.

Adding value

9. We aim to add value to the IJB through tailoring audit work to the circumstances of the IJB and the audit risks identified; by being constructive and forward looking; providing independent conclusions, attending meetings of the Performance and Audit Committee; and by recommending and encouraging good practice. In so doing, we will help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

Annual Accounts

10. The annual accounts are an essential part of demonstrating the IJB's stewardship of resources and its performance in the use of those resources.

11. We are required to perform an audit of the financial statements, consider other information within the annual accounts, and express a number of audit opinions in an Independent Auditor's Report in accordance with International Standards on Auditing (ISAs) in the UK, Practice Note 10 from the Public Audit Forum which interprets the ISAs for the public sector, and guidance from Audit Scotland.

12. We focus our work on the areas of highest risk. As part of our planning process, we perform a risk assessment highlighting the audit risks relating to each of the main financial systems relevant to the production of the financial statements.

Materiality

13. The concept of materiality is applied by auditors in planning and performing the audit, and in evaluating the effect of any uncorrected misstatements on the financial statements. We are required to plan our audit to obtain reasonable assurance that the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement.

Materiality levels for the 2023/24 audit

14. We assess materiality at different levels as described in [Exhibit 1](#) on page [6](#).

Exhibit 1 Materiality levels for the 2023/24 audit

Materiality	Amount
<p>Planning materiality: This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It is set based on our assessment of the needs of the users of the financial statements and the nature of the Dundee City IJB's operations. For the year ended 31 March 2024 we have set our materiality at 2 per cent gross of gross expenditure based on the audited financial statements for 2022/23.</p>	£6.5 million
<p>Performance materiality: This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this could indicate that further audit procedures should be considered. Using our professional judgement, we have assessed performance materiality at 75 per cent of planning materiality.</p>	£4.9 million
<p>Reporting threshold: We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.</p>	£0.325 million

Source: Audit Scotland

Significant risk of material misstatement to the financial statements

15. Our risk assessment draws on our cumulative knowledge of the IJB, its major transaction streams, key systems of internal control and risk management processes. It is also informed by our discussions with management, meetings with internal audit, attendance at committees and review of supporting information.

16. Audit risk assessment is an iterative and dynamic process. Our assessment of risks set out in this plan may change as more information and evidence becomes available during the progress of the audit. Where such changes occur, we will advise management, and where relevant, report them to those charged with governance.

17. Based on our risk assessment process, we identified the following significant risk of material misstatement to the financial statements. This risk has the greatest impact on our planned audit procedures. [Exhibit 2](#) on page [7](#) summarises the nature of the risk, the sources of assurance from management arrangements and the further audit procedures we plan to perform to gain assurance over the risk.

Exhibit 2

2023/24 significant risk of material misstatement to the financial statements

Significant risk of material misstatement	Sources of management assurance	Planned audit response
<p>1. Risk of material misstatement due to fraud caused by management override of controls</p> <p>As stated in ISA (UK) 240 (<i>The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements</i>), management is in a unique position to perpetrate fraud because of their ability to override controls that otherwise appear to be operating effectively.</p>	<p>Owing to the nature of this risk, assurances from management are not applicable in this instance</p>	<ul style="list-style-type: none"> • Agreement of balances and income to Dundee City Council and NHS Tayside financial reports/ledger/correspondence. • Auditor Assurances will be obtained from the auditors of Dundee City Council and NHS Tayside which ensure completeness, accuracy and allocation of income and expenditure. • Review of financial monitoring reports during the year. • Review of year-end consolidation of expenditure reports from Dundee City Council and NHS Tayside including examining any significant consolidation adjustments.

Source: Audit Scotland

18. As set out in International Standard on Auditing (UK) 240: *The auditor's responsibilities relating to fraud in an audit of financial statement*, there is a presumed risk of fraud over the recognition of revenue. There is a risk that revenue may be misstated resulting in a material misstatement in the financial statements. We have rebutted this presumed risk for the IJB as it is wholly funded by contributions from NHS Tayside and Dundee City Council which are clearly communicated and can be readily agreed to third party confirmations. We have concluded there is limited opportunity and incentive to manipulate the recognition of income in the financial statements.

19. In line with Practice Note 10: *Audit of financial statements and regularity of public sector bodies in the United Kingdom*, as most public-sector bodies are net spending bodies, the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk relating to revenue recognition. We have rebutted this risk for the IJB as it does not incur expenditure or employ staff (other than appointing the Chief Officer and Chief Finance Officer). All expenditure is incurred and processed thorough the financial systems of the partner bodies and there is limited scope for the IJB to manipulate this.

20. Assurances over the accuracy and completeness of the Dundee City IJB transactions will be obtained from the auditors of Dundee City Council and NHS Tayside. We have not, therefore, included any specific work in our audit plan in these areas in addition to our standard audit procedures.

Wider Scope and Best Value

21. Reflecting the fact that public money is involved, public audit is planned and undertaken from a wider perspective than in the private sector. The [Code of Audit Practice](#) sets out the four areas that frame the wider scope of public sector audit and requires auditors to consider and conclude on the effectiveness and appropriateness of the arrangements in place for each wider scope area in audited bodies.

22. In summary, the four wider scope areas are:

- **Financial management:** means having sound budgetary processes. We will consider the arrangements to secure sound financial management including the strength of the financial management culture, accountability, and arrangements to prevent and detect fraud, error and other irregularities.
- **Financial sustainability:** we will look ahead to consider whether the IJB is planning effectively to continue to deliver services and comment on financial sustainability in the medium (two to five years) to longer term (longer than five years).
- **Vision, leadership and governance:** we conclude on the clarity of plans in place to deliver the vision, strategies and priorities adopted by the IJB. We also consider the effectiveness of the governance arrangements to support delivery.
- **Use of resources to improve outcomes:** we will consider how the IJB demonstrates economy, efficiency, and effectiveness through the use of financial and other resources.

Wider scope risks

23. Our planned work on our wider scope responsibilities is risk based and proportionate. We have not identified any wider scope audit risks for the 2023/24 audit of the IJB. Progress on the outstanding recommendations identified in prior years will be followed-up with management during the course of the 2023/24 audit.

Best Value

24. Auditors have a duty to be satisfied that bodies that fall within section 106 of the Local Government (Scotland) Act 1973 have made proper arrangements to secure Best Value. We will consider how the IJB demonstrates that it is meeting its Best Value responsibilities, and we will report our findings in our Annual Audit Report.

Reporting arrangements, timetable, and audit fee

Reporting arrangements

- 25.** Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft reports will be shared with relevant officers to confirm factual accuracy.
- 26.** We will provide an independent auditor’s report (audit certificate) to Dundee City IJB and the Accounts Commission setting out our opinions on the annual accounts. We will also provide the IJB and Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.
- 27.** [Exhibit 3](#) outlines the target dates for our audit outputs set by the Accounts Commission.

Exhibit 3 2023/24 audit outputs

Audit Output	Target date	Board / Performance and Audit Committee date
Annual Audit Plan	31 March 2024	17 April 2024
Independent Auditor's Report	30 September 2024	20 November 2024
Annual Audit Report	30 September 2024	20 November 2024

Source: Audit Scotland

28. The Local Authority Accounts (Scotland) Regulations 2014 require local authorities to ‘aim to approve the audited accounts for signature no later than 30 September immediately following the financial year to which the accounts relate’. Due to the legacy of the late completion of prior year audits arising during the Covid-19 pandemic and ongoing resourcing challenges within Audit Scotland, we are unable to complete the IJB’s audit by 30 September. We acknowledge that this planned timetable is determined by the availability of the audit process and not by the IJB which proposes to present unaudited accounts for audit by 30 June. We will work towards delivering the audit and audit outputs by the target date over the period of the audit appointment.



29. This Annual Audit Plan, and the other outputs detailed in [Exhibit 3](#), and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

Timetable

30. To support an efficient audit, it is critical that the timetable for producing the Annual Accounts for audit is achieved. We have included a proposed timetable for the audit at [Exhibit 4](#) that has been discussed and agreed with management.

Exhibit 4

Proposed annual accounts timetable

 Key stage	 Provisional Date
Consideration of the unaudited 2023/24 Annual Accounts by those charged with governance.	19 June 2024 (Board meeting date)
Latest submission date for the receipt of the unaudited Annual Accounts with complete working papers package	30 June 2024
Latest date for final clearance meeting with the Chief Finance Officer	6 November 2024
Agreement of audited unsigned annual accounts Issue of proposed Annual Audit Report, to those charged with governance (along with letter of representation and proposed independent auditor's report)	11 November 2024
Performance and Audit Committee meeting to consider the Annual Audit Report and approve the audited annual accounts for signature	20 November 2024
Independent auditor's report certified by appointed auditor and Annual Audit Report finalised and issued.	20 November 2024

Source: Audit Scotland

Audit fee

31. In determining the audit fee, we have taken account of the risk exposure of the IJB and the planned management assurances in place. Fee levels are also impacted by inflation which increases the cost of audit delivery. The agreed audit fee for 2023/24 is £33,360 (£31,470 in 2022/23), an increase of 6 per cent. The IJB will receive a fee rebate of £595 in respect of unspent 2022/23 travel budgets. This can be used to offset against the 2023/24 audit fee meaning the net charge to the IJB for the year will be £32,765.

32. In setting the fee we have assumed that the IJB has effective governance arrangements and will prepare comprehensive and accurate accounts for audit in line with the agreed timetable for the audit. The audit fee assumes there will be no major change in respect of the scope of the audit during the year. Where our audit cannot proceed as planned, a supplementary fee may be levied.

Other matters

Internal audit

33. It is the responsibility of the IJB to establish adequate internal audit arrangements. The Integration Joint Board's internal audit function is provided by Fife, Tayside and Forth Valley Audit and Management Services (FTF), supported by Dundee City Council's internal audit section, and overseen by FTF's Chief Internal Auditor. We have reviewed internal audit's plan as part of our planning process. While we are not planning to place formal reliance on the work of internal audit in 2023/24, we will review internal audit reports and assess the impact of the findings on our financial statements and wider scope audit responsibilities.

External audit team

34. There is a change in the engagement lead for the Dundee City IJB audit this year as Brian Howarth, Audit Director, is retiring. The engagement lead (i.e. the appointed auditor) for the 2023/24 audit will be Rachel Browne, Audit Director. Rachel has over 25 years of public sector audit experience in local government, NHS and central government audits. The incoming and outgoing engagement leads are holding handover discussions to ensure a smooth transition.

35. Richard Smith, Senior Audit Manager, and Mary O'Connor, Senior Auditor, will continue to lead and manage the external audit team on a day-to-day basis.

Independence and objectivity

36. We are independent of the IJB in accordance with the relevant ethical requirements, including the Financial Reporting Council's Ethical Standard. This standard imposed stringent rules to ensure the independence and objectivity of auditors.

37. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual '*fit and proper*' declaration for all members of staff. The arrangements are overseen by the Executive Director of Innovation and Quality, who serves as Audit Scotland's Ethics Partner.

38. The Ethical Standard requires the auditors to communicate any relationships that may affect the independence and objectivity of the audit team. We are not aware of any such relationships pertaining to the audit of the IJB.

Audit Quality

39. Audit Scotland is committed to the consistent delivery of high-quality public audit. Audit quality requires ongoing attention and improvement to keep pace with external and internal changes. A document explaining the arrangements for

providing assurance on the delivery of high-quality audits is available from the [Audit Scotland website](#).

40. The International Standards on Quality Management (ISQM) applicable to Audit Scotland for 2023/24 audits are:

- ISQM (UK) 1 which deals with an audit organisation's responsibilities to design, implement and operate a system of quality management (SoQM) for audits. Our SoQM consists of a variety of components, such as: our governance arrangements and culture to support audit quality, compliance with ethical requirements, ensuring we are dedicated to high-quality audit through our engagement performance and resourcing arrangements, and ensuring we have robust quality monitoring arrangements in place. Audit Scotland carries out an annual evaluation of our SoQM and has concluded that we comply with this standard.
- ISQM (UK) 2 which sets out arrangements for conducting engagement quality reviews, which are performed by senior management not involved in the audit to review significant judgements and conclusions reached by the audit team, and the appropriateness of proposed audit opinions of high-risk audit engagements.

41. To monitor quality at an individual audit level, Audit Scotland also carries out internal quality reviews of a sample of audits. Additionally, the Institute of Chartered Accountants of England and Wales (ICAEW) carries out independent quality reviews.

42. Actions to address deficiencies identified by internal and external quality reviews are included in a rolling Quality Improvement Action Plan which is used to support continuous improvement. Progress with implementing planned actions is regularly monitored by Audit Scotland's Quality and Ethics Committee.

43. Audit Scotland may periodically seek your views on the quality of our service provision. The team would also welcome feedback more informally at any time.

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Dundee City Integration Joint Board

Annual Audit Plan 2023/24

Audit Scotland's published material is available for download on the website in a number of formats. For information on our accessibility principles, please visit:

www.audit-scotland.gov.uk/accessibility

For the latest news follow us on social media or [subscribe to our email alerts.](#)



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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
17 APRIL 2024

REPORT ON: FINANCIAL MONITORING POSITION AS AT FEBRUARY 2024

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB15-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected year-end financial position for delegated health and social care services for 2023/24.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the overall projected financial position for delegated services for the 2023/24 financial year end as at 29th February 2024 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Notes steps that continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2023/24 as part of the Financial Recovery Plan process, as outlined in section 4.7 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The projected financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2024 shows a net operational overspend of £3,528k – an improvement from the previously reported position of projected operational overspend of £4,780k 1 (Article IX of the minute of meeting of 21st February 2024 refers) (DIJB5-2024).
- 3.2 This projected overspend continues to exceeds the parameters of the IJB's approved 2023/24 financial plan, whereby up to £3m of IJB reserves have been identified to support the IJB's financial position at the year end. The projected position also recognises winter demand pressures, which should result in the ability to access up to £1m of reserves identified to support winter pressures.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB's final budget for delegated services was approved at the meeting of the IJB held on the 29th March 2023 (Article IV of the minute of the meeting of 29 March refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2023/24 financial year. An updated assessment of the status of the savings plan is set out in Appendix 4 of this report.

4.2 Projected Outturn Position – Key Areas

4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain.

4.3 Services Delegated from NHS Tayside

4.3.1 The financial position for services delegated from NHS Tayside to the IJB details a projected underspend of (£2,806k) for the financial year.

4.3.2 Community-based health services managed directly by Dundee Health and Social Care Partnership are projected to underspend by (£1,450k) along with the additional cost of risk sharing adjustments for Lead Partner Service (formerly referred to as Hosted Services) projected to overspend of £425k. Prescribing is showing a projected underspend of (£1,749k) with other Primary Care services projected to be underspent by (£32k).

4.3.3 Key drivers of underspends across various services continued to be staffing vacancies, with ongoing challenges of recruitment and retention of staff. This is similar across a number of medical, nursing, Allied Health Professionals (AHPs) and other staffing groups and across various bands and skills-mix. Recruitment activity continues to take place throughout the service areas to ensure patient demand and clinical risk is managed as best as possible.

4.3.4 Key drivers of overspends are mainly as a result of reliance on bank, agency or locum staff (with premium cost implications) to fill vacancies or cover due to staff sickness where patient acuity and / or safe-staffing levels necessitate the use of these additional staff (this is particularly noted in in-patient service areas, i.e. Psychiatry of Old Age, Medicine for the Elderly and Palliative Care), plus the increased cost of prescribed drug costs in drug and alcohol recovery services.

4.3.5 Supplementary spend during the first 11 months of 2023/24 totals £5.81m. This includes £654k on additional part-time hours and overtime, £871k on medical locums, £384k on agency nursing, £3,654k on bank nursing and £344k other. Absence rates for NHS employed staff within HSCP have averaged at 6.67% during the first 11 months of 23/24.

4.3.6 In recent years, GP and Other Family Health Services Prescribing had contributed an underspend to the overall financial position. The projected position for 2023/24 is now showing an underspend of £204k. The latest figures continue to be considerably better than expected in the 2023/24 Financial Plan (as reported in the Budget Setting report of 29 March 2023 where a cost pressure of £1,545k is anticipated and acknowledged in the Plan) due to volume and pricing growth being lower than anticipated. Ongoing regular monitoring of the local and regional Prescribing financial position is undertaken within Tayside-wide multi-disciplinary meetings. The IJB should note that the data issues following the transition to a new national pharmacy payment system from which the local prescribing expenditure information is drawn has now returned to normal reporting timescales, with the figures now including 9 months of actual verified prescribing spend for 2023/24 available. (It is normal for data to be received 2 months in arrears to allow for national review and verification).

4.3.7 Other Primary Care Service projected overspend is mainly driven by the share of cost pressure relating to GP 2C practices.

- 4.3.8 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the Lead IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of these adjustments to Dundee being an increased cost implication of £425k which mainly relates to a significantly higher spend within GP Out of Hours Medical Service led by Angus IJB. The Out of Hours overspend is as a direct result of changes to the patient pathway now embedded in the service model following Covid-19 pandemic. Work continues within the service to develop a financial recovery plan and future sustainable service delivery model.
- 4.3.9 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Currently, there is no budget delegated to the IJBs for 2023/24 and the service is projecting an overspend of around £5.6m across Tayside. However given the IJB's have strategic planning responsibility for the services, there is a requirement to show a delegated budget and spend position in the IJB's annual accounts. Given the unusual governance position around In-Patient Mental Health Services whereby there is a separation between strategic planning and operational delivery of the service, discussions have been ongoing to agree financial risk sharing arrangements amongst the 3 IJB's and NHS Tayside for the current financial year. Agreement has been reached by the 3 IJB Chief Officers, Chief Finance Officers, Chief Executives of the 3 local authorities and NHS Tayside and NHS Tayside's Director of Finance for a funding solution for 2023/24 resulting in a financial contribution being sought from the 3 IJB's and NHS Tayside. Permission was granted by the IJB during the February 2024 meeting to release funding held in reserves, originally provided by NHS Tayside to support shifting the balance of care, totalling £1.6m, to contribute to the overall service shortfall. The development of a financial recovery plan for Inpatient Mental Health Services and a strategic finance and resource framework has been delayed.

4.4 Services Delegated from Dundee City Council

- 4.4.1 The projected financial outturn for services delegated from Dundee City Council to the IJB shows an overspend of £3,334k for the financial year.
- 4.4.2 Similar to health teams, a key driver of underspending areas continues to be from vacancies as a result of recruitment and retention challenges across various teams, professions and grades. Again, recruitment activity continues to take place throughout the service areas to ensure service user demand and care risk is managed as best as possible
- 4.4.3 Key drivers of overspend include ongoing lower chargeable income levels and premium cost of sessional and agency staff to fill vacant posts where necessary. During the first 11 months of 23/24, sessional staffing costs of £968k and overtime payments of £420k have been incurred along with agency staffing costs of £1,161k. Absence rates for DCC employed staff within the HSCP have remained at a higher than usual level during 23/24.
- 4.4.4 The additional cost pressure has been previously noted within external Care at Home spend, principally due to managing the significant increased demand growth being experienced this year. This position continues to be closely monitored to ensure funding is utilised as efficiently and effectively as possible.
- 4.4.5 However it should be noted that as a result of managing this increased Care at Home demand, there are benefits for patients and service users as well as the whole-system health and social care pathways through reduced hospital delayed discharges and reduced social care unmet need in the community.

4.5 Reserves funding to manage recognised gap

- 4.5.1 The 2023/24 Financial Plans and Budget setting report also includes utilisation of up to £3m of IJB Reserves to manage the gap within the integrated position. This means that the IJB's financial position was planned as an overspend of £3m for 2023/24. The current projected operational overspend is therefore higher than originally anticipated.
- 4.5.2 In addition, further £1m was set aside to support winter planning and pressures. The current projected position includes some additional costs from earlier in the year to support winter preparations as well as spend during recent months to support the winter demand pressures, therefore it is assumed that an element of this Reserves funding will be utilised and drawn down to offset the projected overspend position.
- 4.5.3 The projected overspend position indicates that this can be managed from the combined earmark Reserves balance, therefore no additional drawdown from general reserves is currently anticipated.

4.6 Reserves Position

- 4.6.1 The IJB's reserves position significantly improved at the year ended 31st March 2023 as a result of the IJB generating an operational surplus of £7,531k during 2022/23. This resulted in the IJB having total committed reserves of £13,179k and uncommitted reserves of £10,789k at the start of 2023/24 financial year. This provided the IJB with more flexibility to respond to unexpected financial challenges and provides the opportunity for transition funding for transformation of services. The reserves position is noted in Table 2 below:

Table 2

Reserve Purpose	Closing Reserves @ 31/3/23	Indicative Year End 23/24 Reserves
	£k	£k
Mental Health	635	0
Primary Care	1,535	1,040
Community Living Fund	613	0
NHST - Shifting Balance of Care	1,600	0
Drug & Alcohol	925	350
Strategic Developments	2,500	1,972
Revenue Budget Support	3,000	0
Service Specific	1,995	1,246
Other Staffing	377	250
Total committed	13,179	4,858
General	10,789	10,789
TOTAL RESERVES	23,968	15,647

- 4.6.2 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances have been taken into consideration for these funds by the Scottish Government when releasing further in-year funding.
- 4.6.3 Based on spend patterns and known plans during 2023/24 and combined with in-year funding allocations, indicative year end reserves is also noted in Table 2. The projected figures include the expectation that £nil will require to be drawn from General Reserves along with

£3.0m from Revenue Budget Support and £0.528m from Strategic Developments (Winter Planning support).

- 4.6.4 The IJB's Reserves Policy seeks to retain General Reserves of 2% of budget (approximately £6.2m)

4.7 Financial Recovery Plan

- 4.7.1 As noted in the previous Financial Monitoring Report (Article XIII of the minute of meeting of 13th December 2023 refers) (DIJB67-2023), a financial recovery plan was to be developed for consideration by the IJB. The latest monitoring shows a further improvement in the projected financial position, with the key reasons and movements outlined within this report. The current figures indicate the gap and therefore resulting reliance on general reserves is reduced to £nil.
- 4.7.2 Officers continue to review all areas of spend across the delegated budgets with the aim of minimising the overall projected overspend position.
- 4.7.3 Partnership organisations have recently introduced enhanced recruitment controls, and these processes will also be incorporated into internal Health and Social Care recruitment procedures where applicable.
- 4.7.4 Discretionary spend continues to be monitored and managed to ensure that only essential expenditure is incurred.
- 4.7.5 At this stage of the year, these actions in effect form the Financial Recovery Plan for the remainder of 2023/24.
- 4.7.6 The current actions and controls being implemented are expected to continue through 2024/25 where financial pressures are anticipated to be even more challenging.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

8.1 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

9.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 21 March 2024

						Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2023/24						Feb-24
	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	52,578	2,198	19,881	305	72,459	2,503
Mental Health	7,700	213	4,964	(280)	12,664	(67)
Learning Disability	32,465	931	1,633	(83)	34,098	848
Physical Disabilities	8,171	(243)	0	0	8,171	(243)
Drug and Alcohol Recovery Service	1,422	(28)	4,819	225	6,241	197
Community Nurse Services/AHP/Other Adult	-112	(112)	19,043	(68)	18,930	(180)
Lead Partner Services			27,275	(245)	27,275	(245)
Other Dundee Services / Support / Mgmt	4,306	375	33,195	(499)	37,501	(124)
Centrally Managed Budgets			2,354	(806)	2,354	(806)
Total Health and Community Care Services	106,529	3,334	113,164	(1,450)	219,693	1,885
Prescribing (FHS)			34,398	(255)	34,398	(255)
FHS Drugs Prescribing Cost Pressure Investment			1,545	(1,545)	1,545	(1,545)
Other FHS Prescribing			-856	51	(856)	51
General Medical Services			31,274	(2)	31,274	(2)
FHS - Cash Limited & Non Cash Limited			23,824	(30)	23,824	(30)
Large Hospital Set Aside			20,776	0	20,776	0
Total	106,529	3,334	224,125	(3,231)	330,654	104
Net Effect of Lead Partner Services*			(5,362)	425	(5,362)	425
Financial Plan Gap (integrated budget)					(3,000)	3,000
Grand Total	106,529	3,334	218,763	(2,806)	322,292	3,528

*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment

						Appendix 2	
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2023/24						Feb-24	
	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total		
	Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000	
1							
Psych Of Old Age (In Pat)			5,523	80	5,523	80	
Older People Serv. - Ecs			284	-30	284	-30	
Older Peoples Serv. -Community			1,166	-135	1,166	-135	
Ijb Medicine for Elderly			6,743	330	6,743	330	
Medical (P.O.A)			821	345	821	345	
Psy Of Old Age - Community			2,877	-145	2,877	-145	
Medical (MFE)			2,468	-140	2,468	-140	
Care at Home	24,126	4,446			24,126	4,446	
Care Homes	29,750	-710			29,750	-710	
Day Services	1,235	60			1,235	60	
Respite	751	-354			751	-354	
Accommodation with Support	1,125	-30			1,125	-30	
Other	-4,408	-1,214			-4,408	-1,214	
Older Peoples Services	52,578	2,198	19,881	305	72,459	2,503	
2							
Community Mental Health Team			4,964	-280	4,964	-280	
Care at Home	926	-157			926	-157	
Care Homes	587	395			587	395	
Day Services	65	-8			65	-8	
Respite	-3	62			-3	62	
Accommodation with Support	5,340	278			5,340	278	
Other	786	-357			786	-357	
Mental Health	7,700	213	4,964	-280	12,664	-67	
3							
Learning Disability (Dundee)			1,633	-83	1,633	-83	
Care at Home	-387	459			-387	459	
Care Homes	3,074	201			3,074	201	
Day Services	8,138	569			8,138	569	
Respite	2,000	-44			2,000	-44	
Accommodation with Support	22,289	-288			22,289	-288	
Other	-2,647	35			-2,647	35	
Learning Disability	32,465	931	1,633	-83	34,098	848	
4							
Care at Home	733	23			733	23	
Care Homes	2,119	-301			2,119	-301	
Day Services	1,473	-122			1,473	-122	
Respite	-30	-37			-30	-37	
Accommodation with Support	767	175			767	175	
Other	3,109	20			3,109	20	
Physical Disabilities	8,171	-243	0	0	8,171	-243	
5							
Dundee Drug Alcohol Recovery			4,819	225	4,819	225	
Care at Home	0	0			0	0	
Care Homes	277	228			277	228	
Day Services	64	1			64	1	
Respite	0	0			0	0	
Accommodation with Support	670	-138			670	-138	
Other	411	-119			411	-119	
Drug and Alcohol Recovery Service	1,422	-28	4,819	225	6,241	197	

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000
6						
A.H.P.S Admin			528	-3	528	-3
Physio + Occupational Therapy			7,788	-125	7,788	-125
Nursing Services (Adult)			9,900	88	9,900	88
Community Supplies - Adult			344	58	344	58
Anticoagulation			483	-85	483	-85
Other Adult Services	-112	-112			-112	-112
Adult Services	-112	-112	19,043	-68	18,930	-180
7						
Palliative Care - Dundee			3,637	210	3,637	210
Palliative Care - Medical			1,667	150	1,667	150
Palliative Care - Angus			444	3	444	3
Palliative Care - Perth			2,070	-90	2,070	-90
Brain Injury			2,048	-30	2,048	-30
Dietetics (Tayside)			4,574	110	4,574	110
Sexual & Reproductive Health			2,558	-130	2,558	-130
Medical Advisory Service			80	-9	80	-9
Homeopathy			39	10	39	10
Tayside Health Arts Trust			82	0	82	0
Psychological Therapies			7,081	-13	7,081	-13
Psychotherapy (Tayside)			1,331	-220	1,331	-220
Perinatal Infant Mental Health			730	0	730	0
Learning Disability (Tay Ahp)			933	-235	933	-235
Lead Partner Services	0	0	27,275	-245	27,275	-245
8						
Working Health Services			1	-33	1	-33
The Corner			664	-73	664	-73
Dundee 2c (gms) Services			482	239	482	239
Ijb Management			806	-63	806	-63
Partnership Funding			26,607	0	26,607	0
Urgent Care			2,164	-73	2,164	-73
Community Health Team			52	-53	52	-53
Health Inclusion			1,410	-390	1,410	-390
Primary Care			1,009	-55	1,009	-55
Support Services / Management Costs	4,306	375			4,306	375
Other Dundee Services / Support / Mgmt	4,306	375	33,195	-499	37,501	-124
Centrally Managed Budget			2,354	-806	2,354	-806
Total Health and Community Care Services	106,529	3,334	113,164	-1,450	219,693	1,885
Other Contractors						
FHS Drugs Prescribing			34,398	-255	34,398	-255
FHS Drugs Prescribing Cost Pressure Investment			1,545	-1,545	1,545	-1,545
Other FHS Prescribing			-856	51	-856	51
General Medical Services			31,274	-2	31,274	-2
FHS - Cash Limited & Non Cash Limited			23,824	-30	23,824	-30
Large Hospital Set Aside			20,776	0	20,776	0
Grand H&SCP	106,529	3,334	224,125	-3,231	330,654	104
Lead Partner Services Recharges Out			-16,739	297	-16,739	297
Lead Partner Services Recharges In			11,277	228	11,277	228
Hosted Recharge Cost Pressure Investment			100	-100	100	-100
Adjustment			-5,362	425	-5,362	425
Financial Plan Gap (integrated budget)					-3,000	3,000
Grand Total	106,529	3,334	218,763	-2,806	322,292	3,528

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - February 24			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,177	155	61
Out of Hours	9,236	1,715	676
Tayside Continence Service	1,552	245	97
Locality Pharmacy	3,280	0	0
Speech Therapy (Tayside)	1,509	(3)	(1)
Sub-total	16,754	2,112	832
Apprenticeship Levy & Balance of Savings Target	535	(474)	(187)
Total Lead Partner Services - Angus	17,289	1,638	645
Lead Partner Services - Perth & Kinross			
Prison Health Services	4,931	(156)	(61)
Public Dental Service	2,671	(520)	(205)
Podiatry (Tayside)	3,695	(394)	(155)
Sub-total	11,297	(1,070)	(421)
Apprenticeship Levy & Balance of Savings Target	34	11	4
Total Lead Partner Services - Perth&Kinross	11,332	(1,059)	(417)
Total Lead Partner Services from Angus and P&K	11,277		228

Dundee IJB - Budget Savings List 2023-24		Appendix 4	
Agreed Savings Programme			
	Savings / Initiative	2023/24 Value £000	Risk of non-delivery
Recurring Proposals			
1)	Dundee City Council Review of Charges – Additional Income	287	Medium
2)	Remove 2022/23 Budget Contingency	300	Low
3)	Reduce Service Budgets for Supplies and Services and Transport Costs	300	Low
4)	Impact of National Insurance Increase Policy Change	550	Low
	Total Recurring Savings / Initiatives	1,437	
Non-Recurring Proposals			
5)	Utilisation of IJB Reserves – Previously Agreed by IJB	2,500	Low
6)	Proposed Further Utilisation of Reserves	500	Low
7)	Management of natural staff turnover	700	Low
	Total Non Recurring Savings / Initiatives	3,700	
	Total Savings / Initiatives	5,137	

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2024 TO DECEMBER 2024

Organisation	Member	Meeting Dates January 2024 to December 2024							
		31/01*	21/02	27/03	17/04	19/06	21/08	23/10	11/12
NHS Tayside (Non Executive Member (Chair))	Beth Hamilton	✓	✓	✓					
Dundee City Council (Elected Member) (Vice Chair)	Cllr Ken Lynn	A	✓	✓					
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓	✓	A					
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓	✓	✓					
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓	✓					
NHS Tayside (Non Executive Member)	Sam Riddell	✓	✓	✓					
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓						
Dundee City Council (Chief Social Work Officer)	Glyn Lloyd			A					
Chief Officer	Vicky Irons	A	A	A					
Chief Finance Officer/Acting Chief Officer	Dave Berry	✓	✓	✓					
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Dr David Wilson	A	✓	A					
NHS Tayside (Registered Nurse)	Suzie Flower	✓	✓	✓					
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton	✓	A						
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr Sanjay Pillai			A					
Trade Union Representative	Jim McFarlane	✓	✓	✓					
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A					
Voluntary Sector	Christina Cooper	A	✓	✓					
Service User Representative	Liz Goss	✓	✓	✓					
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓					
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	✓	A					
Clinical Director	Dr David Shaw	✓	A	A					
Acting Chief Finance Officer	Christine Jones			✓					

✓ 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

*Special Meeting