



REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST JUNE 2023**

REPORT ON: **STRATEGIC COMMISSIONING FRAMEWORK 2023-2033**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB27-2023**

1.0 PURPOSE OF REPORT

To seek approval of the Dundee Integration Joint Board (IJB) Strategic Commissioning Framework 2023-2033. To inform the IJB of the response to the final period of public, workforce and stakeholder engagement that has informed the strategic commissioning framework, and to update them on ongoing work to develop a 2023/24 annual delivery plan.

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report.
- 2.2 Note the summary report of public, workforce and stakeholder engagement activity that has directly informed the development of the strategic commissioning framework (section 4.2 and appendix 1).
- 2.3 Approve and adopt, with immediate effect, the Dundee Integration Joint Board Strategic Commissioning Framework 2023-2033 (section 4.3 and appendix 2).
- 2.4 Instruct the Chief Officer to oversee the final formatting of the plan, including the addition of accessibility features, and subsequent publication and dissemination (section 4.3.2).
- 2.5 Note the revised approach to the development of an annual delivery plan for Dundee Health and Social Care Partnership (DHSCP) and planned work to develop a resources framework and performance framework as companion documents to the strategic commissioning framework (section 4.4).
- 2.6 Instruct the Chief Officer to provide a further update to the IJB on the development of the delivery plan and companion documents to the strategic commissioning framework no later than 31 October 2023.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 In April 2023, the IJB received an update on progress towards the preparation of a replacement strategic commissioning plan and approved a consultation draft of the Strategic Commissioning Framework 2023-2033 (article IV of the minute of the meeting of the Dundee Integration Joint Board held on 19 April 2023 refers). The IJB also noted plans to undertake a final consultation

on the draft strategic commissioning framework with members of the public, the health and social care workforce and wider stakeholders during May 2023, with a view to the framework being finalised and submitted to the IJB for approval in June 2023.

4.2 Final Consultation

4.2.1 Section 33 of the Public Bodies (Joint Working) (Scotland) Act 2014 sets out requirements relating to the preparation of strategic plans by Integration Authorities. The provisions within this section include, that prior to approving a strategic plan the IJB must carry out a consultation with the Corporate Bodies (Dundee City Council and NHS Tayside), as well as with all other interested stakeholders. Since the IJB approved the consultation draft of the strategic commissioning framework in April 2023, a range of activity has been progressed:

- Public facing information and a feedback form were developed and added to the Partnership website to enable members of the public, the health and social care workforce and wider partners to view the draft framework and provide their views. Information about the consultation was promoted via social media (primarily via Dundee City Council and NHS Tayside), and by distribution through communications networks, all workforce e-mails, strategic planning groups and commissioned providers. All contact points were asked to facilitate onward circulation and to consider how they could proactively engage with people who use services and supports and unpaid carers to support them to contribute their views.
- Proactive contact was made with people and groups who had contributed to earlier consultation activities that had informed the development of the consultation draft.
- Alternative routes for providing feedback, by non-digital means, were also identified and promoted to the public. Flyers highlighting the consultation and how to get involved, both digitally and non-digitally, were issued to libraries, community centres and sports venues (via Leisure and Culture Dundee) for display in public areas. This included the offer for a printed copy of the consultation draft and summary version to be provided to people via post or other means.
- The consultation draft has been presented to and discussed with Dundee City Council Leadership Team and NHS Tayside Executive Leadership Team.
- Officers have presented the strategic commissioning framework at a range of strategic meetings, providing an opportunity for partners to provide direct feedback on the draft document.

4.2.2 Overall, there was a relatively low level of response to the final consultation. In total, over the 4 week consultation period 16 people responded via the online feedback form and there were no requests for feedback to be taken in other formats. Further comments were received from officers within NHS Tayside, Dundee City Council and a variety of other service providers. Taking all contributions together, the key themes can be summarised as:

- A small number of respondents to the consultation stated that the framework is too long and / or that it contains too much jargon or needs to be in plainer language. Other respondents said the use of plain language was helpful.
- A small number of respondents said the draft framework does not provide enough detail about specific areas for improvement, about how the shifts will be delivered and how progress will be measured. However, other respondents said the plan is too long and complex.
- Some colleagues from within the Health and Social Care Partnership said there should be more focus on leadership and organisational culture within the medium and long-term strategic shifts under the 'Workforce'.

- NHS Tayside requested enhanced emphasis should be given to the IJB's contribution to reducing carbon emissions, implementing Community Wealth Building, supporting the young workforce and supporting access for communities to green spaces.

4.2.3 Although the level of response to the final consultation was low, it should be noted that this was the very final step in a process of engagement that has been ongoing since the statutory review of the IJB's strategic and commissioning plan was undertaken in 2021/22. Stakeholders across the health and social care sector, including people who use services, unpaid carers, communities and the workforce, have been engaged in the review and redevelopment of the plan through a variety of activities over the last two years. Their expertise and contributions have directly influenced the development of the new strategic framework both in terms of its content and its presentation. It is possible that the low level of response indicates that those who wished to express a view had already taken that opportunity and felt that this had been listened to, understood and reflected in the consultation draft. However, it is also recognised that over the last two years we have heard from people about how engagement processes can be improved; adjustments have been made throughout the process of developing the plan but further improvements will continue to be made in the future. The finalisation of the plan is an important milestone but it does not bring the focus on effective engagement to an end; officers from across the Health and Social Care Partnership will continue to prioritise this as part of their day-to-day work.

4.2.4 A summary of all consultation and engagement activity that has informed the development of the strategic framework is provided in appendix 1.

4.3 Final Strategic Commissioning Framework

4.3.1 In response to the further feedback received during the final consultation period the following changes have been incorporated into the strategic commissioning framework:

- Changes to wording to further emphasise commitment to reduce health inequalities and to support early intervention and prevention.
- Changes to wording to further emphasise the inclusion of the third and independent sector as part of the health and social care workforce and system of services and supports. This includes a new strategic shift focused on supporting provider sustainability in the third and independent sector.
- Addition of strategic shifts within the 'Workforce' priority to enhance focus on organisational culture and leadership.
- Changes to wording to emphasise enhanced support to young people from disadvantaged communities or who are part of protected equality groups in relation to workforce entry routes.
- Additional wording and strategic shifts within the 'Working Together' priority regarding access to green space, Community Wealth Building and reducing the carbon footprint of health and social care services.

In addition, some partner organisations provided feedback, suggestions and additional information that whilst not incorporated in the strategic commissioning framework, will be utilised for the development of the annual delivery plan, resource framework and performance framework (see section 4.4).

4.3.2 An Integrated Impact Assessment (IIA) has now been completed in relation to the strategic commissioning framework (see section 5.1). This has been informed by contributions received from stakeholders and the public during the engagement activity that has supported the production of the framework, as well as a review of evidence contained within the IJB's Strategic Needs Assessment and other data sources. Overall the IIA identified wide ranging positive impacts for a number of protected and fairness groups, including: age (both older and younger

people); disability; race; religion; sex (both females and males); the 6 most deprived LCPP areas; unpaid carers, people who have poor mental health and wellbeing; people who use drugs and alcohol; homeless people; and, people receiving support from Community Justice services. Given the focus of the strategic framework on improving health and wellbeing, addressing inequalities, improving accessibility of services, promoting self-care and early intervention and enhancing the quality of services and supports for those with significant health and social care needs it is clear that improvements will have the biggest positive impact on groups within the population who currently experience the most health and social care need (in terms of scale and complexity) and who achieve the poorest health and wellbeing outcomes.

- 4.3.3 The IIA also identified there is some risk of a negative impact on older people and people with a disability with a lower level of support needs and people living within the most affluent LCPPs (West End the The Ferry). Targeted support to reduced inequalities includes some risk that people with lower levels of health and social care needs will experience a reduction in services and supports available to them, however there will be a more pro-active approach to informing people of and signposting them to informal community supports and self-care resources. All services will continue to operate in-line with eligibility criteria. The actual impact of this shift in approach will be monitored through ongoing engagement with potentially affected groups, including through the Carers Partnership. There are also opportunities to monitor the impact through Partnership information systems; including complaints and performance reporting. The IIA also identified that a continued focus on shifting the balance of care from hospital and residential settings to people's homes and communities could result in a negative impact on unpaid carers if the scale and quality of such services is not sufficiently enhanced to meet the needs of cared for people. However, the strategic shifts within the Planning Together priority and other priorities within the framework have a clear focus on investment in and improvement of these services with a view to mitigating potential negative impacts. The impact of this will be monitored via the Carers Partnership including through ongoing engagement and reporting against their performance indicators (currently under development).
- 4.3.4 The final version of the Strategic Commissioning Framework 2023-2033 is attached in appendix 2. Whilst the majority of design and formatting work has been completed by Dundee City Council Design Service, some final work is to be completed following approval of the plan. This includes the addition of accessibility features which must be the very last step in the process once all amendments to the document have been completed, including the incorporation of any amendments agreed by the IJB.
- 4.3.5 In response to comments received from the public and workforce during the final consultation period some additional actions have been planned to support dissemination of the framework and to communicate the approval of the strategic framework and its key contents to stakeholders, including members of the public and the workforce. This includes:
- Further formatting of the full version of the framework to enhance the functionality of the Explanation Notes. This will be formatted so that definitions appear in the digital version where users hover over specific terms.
 - Production of a suite of summary versions, including a summary of the full plan and summaries of key, individual sections (for example, individual strategic priorities).
 - Production of a suite of video clips with officers summarising and explaining key sections of the framework.

4.4 Companion Documents and Delivery Plan

- 4.4.1 As previously reported to the IJB, following the approval of the strategic commissioning framework work will now commence on two key companion documents: a resource framework and a performance framework. Alongside this officers will begin to plan activity relating to the review of the Housing Contribution Statement, aligned to Neighbourhood Service's plans to replace the Local Housing Strategy. An update on this activity will be provided to the IJB in

October 2023. This work directly responds to the feedback received during the consultation process about the need for further detail about how progress towards achieving the strategic shifts will be measured.

- 4.4.2 The IJB has also previously been advised about initial work to develop an annual delivery plan for 2023/24. Work undertaken to date has been co-ordinated with the process of developing the IJB's budget for 2023/24 to ensure consistency and best use of capacity across the Partnership. Meetings have now taken place with operational management teams to identify priority programme of improvement and transformation. Some attention has also been given to the developing content of NHS Tayside's Annual Delivery Plan, which has very recently been completed and submitted to the Scottish Government. This work directly responds to the feedback received during the consultation process about the need for further detail about how strategic shifts will be delivered.
- 4.4.3 Initial work undertaken in relation to the annual delivery plan has provided learning and opportunity for reflection regarding the status of and approach to developing the document. There is now greater clarity that whilst the Strategic Commissioning Framework sets out the IJB's strategic commission for health and social care services and supports, the Annual Delivery Plan should be considered to be Dundee Health and Social Care Partnership's operational plan for delivering that strategic commission over the coming year. Through discussion at the Partnership's Senior Leadership Team it has been agreed that the development of the Annual Delivery Plan offers an opportunity to consolidate an approach to planning across the Partnership, including incorporating plans for transformation activity in-line with previous audit report recommendations. The Partnership Senior Leadership Team has also identified the need for further conversations with colleagues from across partner organisations to inform an effective delivery plan for aspects of the strategic commissioning framework that relate to whole systems and whole family strategic shifts. Overall, there is recognition that during 2023/24 the Partnership requires to take a considered approach to developing and then further refining its annual delivery plan approach and format. Taking the time to do this week in the first year of the strategic framework will provide a strong foundation for review and publication of annual plans throughout the rest of the lifetime of the strategic commissioning framework.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The replacement strategic commissioning framework is not adequately informed by the experience, knowledge and expertise of partner organisations and members of the public.
Risk Category	Legal, Governance
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)

Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Formal consultation has taken place with Dundee City Council and NHS Tayside in line with their governance arrangements. Publication of consultation draft on Dundee Health and Social Care Partnership with feedback form for 4-week consultation period. Promotion of consultation to workforce via internal mailing systems. Promotion of consultation to partner organisations through mailing lists, provider forums, care group strategic planning meetings and other opportunities throughout 4-week period. Promotion of consultation to public via social media and other communication channels, via engagement mailing lists and through networks of established engagement groups (such as Health and Wellbeing Networks). Alternative routes for providing feedback were made available to members of the public who do not wish to utilise digital response formats. Production of overview engagement report detailing all engagement activity, key themes and changes made to the draft plan has been produced.
Residual Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Assessment of Risk Level	Given the risk mitigating actions in place the risk is assessed to be manageable and acceptable.

Risk 2 Description	The strategic commissioning framework is not fully implemented and / or does not achieve the desired strategic shifts and outcomes.
Risk Category	Operational, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Annual Delivery Plans to be developed and published for each financial year. 2023/24 Annual Delivery Plan is under development and will set the approach / format for future years. Annual Delivery Plan will reflect and be supported by a range of existing strategic and operational plans developed by Strategic Plan Groups / Boards and transformation programmes. These plans and groups will lead implementation in their designated area of expertise. Resource Framework to be developed as companion document to the strategic commissioning framework, articulating how key resources (financial, workforce, digital and property) will be deployed to support delivery of strategic shifts. Performance Framework to be developed as companion document to the strategic commissioning framework, articulating progress towards achieving strategic shifts and outcomes. This will include setting out mechanisms for public reporting of performance.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Assessment of Risk Level	Given the risk mitigating actions in place the risk is assessed to be manageable and acceptable.

7.0 CONSULTATIONS

- 7.1 The Strategic Planning Advisory Group, care group strategic planning groups, Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been 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	X

9.0 BACKGROUND PAPERS

- 9.1 None.

Vicky Irons
Chief Officer

DATE: 19 May 2023

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB27-2023
2	Date Direction issued by Integration Joint Board	21 June 2023
3	Date from which direction takes effect	21 June 2023
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All delegated services
7	Full text of direction	Dundee IJB directs Dundee City Council and the NHS Tayside Board to develop and align their services to support the vision, priorities and actions identified within the plan.
8	Budget allocated by Integration Joint Board to carry out direction	Dundee City Council - £102.3m NHS Tayside - £181.8m
9	Performance monitoring arrangements	Performance Framework to be developed as companion document to the strategic commissioning framework, articulating progress towards achieving strategic shifts and outcomes. This will include setting out mechanisms for public reporting of performance.
10	Date direction will be reviewed	March 2024 following the setting of the 2024/25 IJB Revenue Budget

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Appendix 1

Summary Engagement Report – IJB Strategic Commissioning Framework 2023-2033

1. Involvement for the Strategic Commissioning Framework (SCF)

The information and views that shaped the development of the Strategic Commissioning Framework 2023 were shared through a variety of methods. The process started by considering information from review of the previous plan in 2021/2 and the review of the Integration Scheme in 2022. Additional information was available from ongoing development and strategic work for specific care group and service areas. Throughout 2022 and into 2023 officers heard views, information and priorities from people in strategic forums including: Learning Disability Planning, Mental Health Planning, Carers Partnership development, Alcohol and Drug Partnership Planning, Protecting People Meetings, Health Inequality Work, Community Planning Partnership, NHS and DCC Equality Meetings, Community Planning Meetings and the Building Stronger Communities Forum. It was agreed that further involvement to gain insight from people who use health and social care services and supports, families, unpaid carers, communities and the health and social care workforce would be related to both the replacement SCF and Mainstreaming Report and Equality Outcomes for 2023.

2. The SCF Engagement Process

From Late October 2022 there was a ‘Call for Views’ from people who access care and support or may access care and support in future; carers of people living in Dundee and young carers in Dundee; colleagues and volunteers across services and supports (including the workforce from NHS, Council, Third Sector and Independent Sector.) A mixed method approach was applied included face-to-face meetings and going to where people were already meeting, phone calls and one-to-one meetings, on-line survey and focus groups.

A call for views was issued late October 2022. This was widely publicised on Social Media, email and with A4 posters. In January 2022 there was a further invite to engage via on line or in person focus groups, however there was little interest in this and other arrangements were made to hear views. It was agreed to combine (where appropriate) this engagement activity with engagement about GP premises.

It was hoped that we might have stakeholders, the public coming forward who might from a Reference Group but there were not enough people who wanted to do this.

An interim involvement report was produced in March 2023 detailing meeting and responses received. This information directly shaped the production of the first and subsequent drafts of the SCF; culminating in a final consultation draft of the SCF being approved by the IJB in April 2023.

From late April 2023 until the end of May 2023 information on how to access the consultation draft was circulated (on-line) with an electronic feedback form. There was also a further offer to hear views about the consultation draft in other ways and to print and post copies for discussion.

3. Feedback on the Engagement Process

During the engagement process some people took the opportunity to tell us about how our approach to engagement could be improved in the future. People indicated that in order to effectively engage and give views, information about services, supports, systems and planning must be shared effectively with them. People want to hear about plans through meetings and discussions as well as more accessible documents in printed form. Some people pointed out that '*don't like QR codes, not everyone has smart phones, not everyone can use QR code.*' People also said that there should be a range of ways to have a dialogue with people- digital and on-line suits some people but not all.

People recognised and noted that they appreciate having information in accessible formats, for example the video interview about the Learning Disability Plan, as well as paper formats of this plan and information about the plan. People have said often that the "easy read" formats of some documents use good explanations and clear language but because they include many pages they can become difficult for those who need accessible information. The Partnership has tested short information documents about plans previously and this has been well received. For the final consultation period a summary version of the consultation draft was produced and made available alongside the full draft.

During the April 2023 call for views links were made with Leisure and Culture Dundee to distribute posters throughout their venues across the city, this included telephone contact information and the offer to provide printed copies of the consultation draft, summary version and response form. No requests were received as a result of this approach.

The groups visited, including workforce groups, wanted a continued involvement and update about the strategic commissioning framework and its outcomes. This feedback will be considered as part of ongoing plans for workforce and public communication.

4. Initial Survey – December 2022/January 2023

The initial electronic survey in December 2022/January 2023 had just under 60 responses. A significant number of these were from the workforce. Almost all respondents lived or worked in the Dundee area (57); just under one-third described themselves as an unpaid carer (18); just over half described themselves as some who uses or might use services and supports provided by DHSCP (33); and, a very large proportion of respondents said that as well as being citizens in Dundee they either work or volunteer within DHSCP or its partner agencies (44)

Initial Survey Findings

Vision

Although a majority of respondents felt the current vision is right for the next plan (65%), these respondents highlighted two possible concerns regarding the vision:

- That in practice it may not be achievable.

- That accessibility is of critical importance – people must be able to easily and equitably access information, supports and services for the vision to be realised.

Respondents who were supportive of the current vision stated it clear and simple, inclusive of all and that equity is important.

Respondents who were either unsure or did not agree that the current vision is right for the next plan (45%) highlighted the following key concerns:

- It is not achievable in practice.
- It is too broad, specifically that a ‘fulfilled life’ is beyond the remit of the IJB.
- It is too vague / poorly defined and therefore not meaningful to the public– ‘fulfilled life’ in particular was highlighted.
- Should be more explicit about reducing inequalities.
- Should be more ambitious and take a public health orientated perspective, moving away from a focus on individuals to a population wide approach.

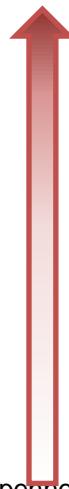
One respondent suggested the following replacement;

“Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life when they need it, where they need it and for as long as they need it, having the opportunity to self empower along the way.”

Principles

Respondents were asked to rank themes in terms of their importance in informing the next strategic plan. Overall ranking from most important to least important was as follows:

- Respect
- Dignity
- Choice and control
- Human rights
- Living an independent life
- Equality of outcome
- Integrity
- Connections in the community
- Capacity to contribute



Other themes that were suggested as being important were: honesty – openness, transparency and accountability including about the IJB’s capacity to deliver and to invest; empowering people and communities including promoting self-care; collaboration with and listening to people and communities; information and access; equality of opportunity / recognising and responding to difference/individuality; quality of life; early intervention and prevention; and, compassion.

Respondents were also asked to rank themes in terms of their importance in the delivery of supports and services. Overall ranking from most important to least important was as follows:

- Accessibility – affordability, inclusivity, physical accessibility
- Availability
- Quality
- Trust
- Empowerment
- Entitlement
- Non-judgemental
- Acceptability
- Generating self-respect



Other themes that were suggested as being important were: good quality and accessible information; timing – having the right support at the right time, including out-of-hours; individual choice; supported self-management; consistency; and, compassion.

Strategic Priorities – Health Inequalities

Almost all respondents (58) supported the continued inclusion of a priority focused on health inequalities, fairness and equality in the next plan. This was viewed as being an important area where significant further work is required to enhance early intervention, improve the impact of health and wellbeing outcomes for disadvantaged populations and reduce pressure on statutory services.

“equity is important - those in greatest need deserve more”

“Targeting inequalities is the most effective way of improving the most significant health and wellbeing issues affecting the Dundee population, and the upstream determinants of poorer wellbeing and life experience”

“We cannot eliminate inequalities - but it is important to me that Dundee has a stated aim to try”

It should be noted that a significant minority of people whilst agreeing with retaining this priority felt the focus should be on equal opportunity and outcome for all and did not support targeted / enhanced services for specific geographic areas or population groups.

Suggestions were made that the wording of the priority may need to be reviewed to better reflect the wider context of the cost of living crisis, and that more work needs to be done on measuring inequalities and reporting changes achieved. Overall more than 50% of respondents favoured the following wording:

“Health inequalities across Dundee will reduce so that every person, regardless of income, where they live or population group, will experience the support they need to achieve positive health and wellbeing outcomes.”

However, some strong comments were made about whether this was achievable, that there should be a more explicit focus on disadvantaged people and the need for clear communication of a commitment to prioritise those in most need / at most disadvantage. A number of respondents suggested the wording needs to be simplified and more easily understandable, the following suggestions were provided:

"Everyone in Dundee, regardless of their circumstances, will get the help they need to live a healthy life."

"Through a continued commitment to prioritise resources towards people and communities with the greatest need, every person will experience the support they need to achieve positive health and wellbeing outcomes and health inequalities will be reduced."

Strategic Priorities – Early Intervention and Prevention

There was a high level of support (52 respondents) for retaining the current early intervention and prevention priority within the new plan.

"Early intervention can reduce issues further down the line and encourages individuals to take control, this in turn can help promote ongoing well being and reduce reliance on services."

Respondents were supportive of the need to move away from crisis intervention and were particularly supportive of the following approaches:

- Focus on empowerment of individuals and communities.
- Health promotion and self-care.
- Better use of resources and skills in the third sector.
- Enhanced public communications and information resources.
- Development of community hubs, integrated triage approaches etc to ensure earlier and more appropriate access to services and supports.

However, there was also caution about whether this priority can be realistically achieved and whether 'shifting resources' from crisis to early intervention is possible and desirable; with a number of respondents that investment is needed across the whole system. Some respondents also suggested that an approach to implementing, resourcing and measuring the impact of early intervention and prevention needs to be on a Dundee Partnership wide basis.

Strategic Priorities – Locality Working and Engaging with Communities

Again, there was a high level of support amongst respondents (47) for retaining this priority within the new plan. However, the detailed comments provided suggested that within this priority there is a need for a different focus. Respondents expressed significant concern about current levels of demand (translating into waiting times and unmet need) and advocated for an approach that focused more on collaboration with communities to understand their needs and preferences and to develop new, sustainable and localised models of care.

"People in the local area will always have a better idea of the challenges so should be part of the discussion."

"the nature of 'community' is now very different to that which the priority is based on - need to look at what community currently is and possibly redefine and then adjust accordingly."

"services across Tayside and even Dundee, are massively centralised and I don't think decision makers (who can drive, access information, have lots of time to look after themselves) understand how inconvenient this is for people. de-centralised, community based services is a long needed change to Dundee services."

Some respondents highlighted that this might be outwith the scope of the IJB and require a greater contribution from Children and Families and Communities, as well as collaborative working with the third sector.

Strategic Priorities – Models of Support, Pathways of Care

Although the majority of respondents also favoured retaining this priority, levels of support were significantly lower (32) than for other priorities. Of those who did not support retaining it approximately 50% said no and 50% were unsure.

Detailed responses highlighted, once again, concern about whether the priority can be implemented in practice given current levels of needs, demands and resources. There was a call for greater emphasis on accessibility, transparent services information, personalisation, self-care and empowerment rather than on service based models and pathways.

"But with the caveat that we don't pigeon hole people into pathways or models - we are dealing with humans and although there may be normal trends not everyone fits into a model."

"Models of support should be support to enable independence and a clear path to self care."

Some respondents also highlighted potential overlap with the Locality Working and Engaging with Communities priority and one suggested a single, merged priority titled

'Accessing Support Services Closer to You.'

Value Statements

Overall there was a high level of support for the new plan containing a statement of values or principles held by the IJB. However, the following caveats were noted:

- This should only be done if there is a mechanism by which to hold the IJB accountable against these.
- This should only be done if the values and principles are implemented consistently in practice across the organisation.
- They should be set out as a separate cross-cutting statement not attached to individual priorities.

A general theme also emerged across a survey sections and responses that there is a need to revise and simplify all of the language in the new plan, but specifically the wording of the vision, strategic priorities and any value statements. The use of acronyms and technical / organisational language was specifically challenged by respondents.

5. Engagement Activity Record – October 2022 – March 2023

Beehive Group	In person	10 older women
Pensioners Forum	In person	20 older people
Green Partnership	On line	5 colleagues
Balcarres Care Home	In person	3 residents 3 colleagues
Care at Home Providers Forum	In person	10 colleagues
Care Home providers	In person	20 colleagues
Day care Providers	In person	8 colleagues
West end Blethers	In person	20 people (mainly older people)
Healthy Minds Network	In person	5 people
Advocating together	In person	3 advocates
Carers Centre	In person	In person / on-line focus group
Care Management Older People Physical Disability Team Managers	In person	4 colleagues
Community Health Advisory Group	In person	11 people – mix of colleagues and community members
Public BSL Meetings	In person	4 British Sign Language users
Scottish Refugee Council	On line	1 colleague
Aphasia Organisation	In person	1 colleague
Individual responses (carers- service users/patients) email views, in person interview, phone calls		

Information from Engagement Activity

Regarding health and social care services in general, people expressed positive responses about the majority of services and supports that are delivered. For example, some recently introduced supports were praised by one Care Home provider the Care Home Support Service. Pharmacy services reviewing medication on admission to care home was seen as a particular advantage to new residents.

Cost of Living

People are extremely concerned about how cost of living changes will affect them and how they will affect vulnerable citizens. Particular concerns were raised about people with life long disabilities whose circumstances mean that they, their family and carers might experience more significant impacts. Carers of children with disabilities find that they are less able to work than their peers due to lack of (affordable) alternative childcare and a need for them to meet the child's needs.

Concerns over workforce capacity

One family member expressed concern over a lengthy delayed discharge of a very elderly relative and concluded that '*We are desperately needing more Social Care Staff to support the most vulnerable citizens in Dundee*'. The workforce expressed that they feel a loss of power due reduced capacity and pressures associated with this. Someone who is a carer for an adult son with disabilities said that overall they were impressed by the support arranged for their son and the process of arranging it. She said 'every social worker that my son has had over the years is keen and helpful, but too often seem to become overwhelmed and end up taking time off with stress'

Dignity in Care

The public are concerned about the social care workforce vacancies and workloads. A carer said the care at home offered to her aunt was not sufficiently individual or person-centred, perhaps a result of time pressures, there was a 'production-line' approach which sometimes lacked dignity. The carer was appreciative of Team Manager input that made sure the care was right and included a partnership with them as the carer. Some retired people said that former 'trusting relationships with health care professionals are being eroded', although they thought that some recently developed supports are helpful e.g. pharmacist reviews in GP Practices and social prescribing workers.

Health and Social Care Supports and Services

One carer advised that 'It's quite overwhelming knowing what to expect, what is available'. This was reiterated by carers of children with disabilities, who sometimes felt they and their child faced an uncertain future in terms of care and support provision. A carer with a disability expressed concern about quality of life for disabled people recognising that peoples life expectancy has been extended often due to medical breakthrough and feel 'It's ok for people living longer so long as they have a quality of life'.

There were concerns about how some things might have changed after covid and that must not be used as an excuse. Changes to GP provision was a particular concern, particularly access when disabled and unwell. Although many people think that the changes have been made because of the pandemic they said that services need to develop the right Primary Care access for the future.

Some people thought that '*continuity of support is needed to maintain wellbeing*' and that sometimes people were moved away from targeted support without enough ways to reconnect (without a lengthy wait) when needed.

People from a Mental Health Group said that health and social care provision has improved and has become more of a "with and by" the people affected rather than "to and for" people. Someone identified that third sector provision seems to provide a more private /dignified way of meeting needs. However,

someone else said that there are “*too many wee groups- there should be more partnership between them.*”

Some older people still felt the impact of ageism from some of the workforce in services and supports and low expectations.

People whose first language is British Sign Language (BSL) were keen to emphasise the need for BSL interpretation in health and social care services and how it supported them to access services. Although interpreters are easily booked for Health and Social Care Partnership work on some occasions their requests are not acted on. They would welcome effective ways of flagging up their communication needs when referred to new professionals. People who use other languages agreed with this. They are concerned that when a family member helps them once it is common for assumptions to be made that they will be able to continue to do this or that they might prefer or want this every time.

Some colleagues saw some of the new services that had been developed as helpful to providing a seamless service. Provisions like the “Urgent Care” team have good relationships with providers of services and a high level of skill and knowledge that supports individuals to get the best health care. People welcomed developments like the Community Care and Treatment Service and appreciated that they could have a choice of community venue for some health related issues. They said it was important to ensure that “sign posting” of these services was clear when you reached the venue, including who to contact if the arrangements did not go to plan.

Concern about Potential Budget Reductions

Parents of an adult who was supported by Wellgate Day Support expressed sincere and warm appreciation for the service but also expressed concerns that financial pressures might impact the service in the future. In general, there was a level of confidence about supports and services available from health and social care services, some older people were concerned that reduced capacity for preventative work could potentially lead to greater demands on services in the future.

People said that services need to be sure we that they can find ways of meeting needs and giving the right care, in the right place, at the right time. A local carer identified a need for support groups outwith office hours “*I find that any supports available through groups ...those that are available during the day when I am at work*”.

Some people said that services need to find “*More proactive ways are needed to offer and encourage people to take support...*” before people become critical “*...Homelessness and eviction are a real concern and Homeless facilities need to be improved*”. Some people said “*More help is needed for people with autism- it is hard because people with autism don't always seek help and can find it had to take the initiative.*”

Children with disabilities -Transition

A colleague expressed concern about young people and potential gaps when they become an adult. Partnership working is needed so that sufficient advice, information and support is accessible and available for the young person and their parents who transition to become carers.

Strategic Planning

Some retired people concluded that: “*the vision should include something about choice and independent living- at home or somewhere that feels like home. Sometimes practical support will be needed for independence. Also need a balance of privacy with help when you need and want it.*”

6. Final Consultation – May 2023

During May 2023 final views were sought about the contents of the consultation draft of the strategic commissioning framework. Some people sent views directly by email or gave views at meetings where the draft document was shared. This included Dundee City Council Leadership Team, NHS Tayside Executive Leadership Team, the IJB and members of the Strategic Planning Advisory Group.

16 people responded via the online feedback form. Almost all respondents lived or worked in the Dundee area (15); only 3 respondents described themselves as an unpaid carer; just under half described themselves as some who uses or might use services and supports provided by DHSCP (7); and, a very large proportion of respondents said that as well as being citizens in Dundee they either work or volunteer within DHSCP or its partner agencies (13)

There was a strong endorsement of both the draft ambition statement and value statement.

Each of the strategic priorities also received a high level of support, with no-one suggesting any alternative or additional priorities.

The majority of respondents could not identify any negative impacts of the draft strategic framework on people with protected characteristics (in terms of the Equality Act 2010) (13) or people affected by poverty and poor social circumstances (15). Only one person said they could identify negative impacts on people with protected characteristics, but they did not provide any further detail when prompted.

Respondents were asked to rate the overall accessibility of the draft strategic framework (including the length and use of plain language) on 1 to 10 scale (with 1 being very poor and 10 being very good). Responses ranged from 4 (1 respondent) to 10 (2 respondents). The average score was 7, with 11 respondents rating the plan as 6 or above and 5 respondents rating it as 5 or less. A range of additional comments were provided about accessibility, which can be summarised as follows:

- Overall, the plan is too high level and general, more detail is needed about the specific steps that are going to happen to make the changes and achieve the priorities.
- Overall, the plan is too long and complex.

- The use of plan language is very helpful.
- The language is too complex and needs to be simplified.

Contributions outwith the feedback form were received from officers working across partner agencies. Specifically these highlighted:

- There should be more focus on leadership and organisational culture within the medium and long-term strategic shifts under the 'Workforce'.
- Enhanced emphasis should be given to the IJB's contribution to reducing carbon emissions, implementing Community Wealth Building, supporting the young workforce and supporting access for communities to green spaces.
- Additional national, regional and local policy documents that should be referenced within the plan.
- Additional terms that should be added to the glossary section of the plan.

7. Future Involvement for Strategic Planning

Throughout this engagement people suggested that '*we need creative new ways to support co-production*'. Recent changes in world circumstances are known to have affected public and workforce attitudes and it is recognised that planned changes in Scotland (in particular National Care Services) will influence overall engagement with Integration Joint Boards planning and development activities. The ambition is to get closer to learning quality information from stakeholders and having an ongoing dialogue with them as well as providing short opportunities to here what developments are needed and to respond to draft documents.

The intention is that there is support for existing good quality listening processes that go beyond a tick box or nurturing a single representative at planning meetings. Although meeting representation is extremely valuable and significantly enhances planning processes there is also a need to learn from who don't, don't want to and never will fit into our systems. Currently here are fledgling developments such as the Community Health Advisory Group that will contribute to and enhance listening processes and finding the right ways at the right time in the right places to enhance involvement overall so IJB can genuinely listen to authentic voices.

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Dundee Integration Joint Board

The plan for excellence in health and social care in Dundee

Strategic Commissioning Framework
2023-2033

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Foreword

This plan for excellence in health and social care in Dundee sets out our ambition that everyone who lives in Dundee will have the best possible health and wellbeing.

We know that this is a big, but very important, challenge. High levels of poverty and other social issues mean that life expectancy for people in Dundee is lower than it was 10 years ago. There are also big differences between how healthy and well people are because of where they live in the city, how much money they have and due to who they are (for example, their ethnic origin, sexual orientation, disability or age). We want everyone to have the same good opportunities to be well and to have good mental wellbeing.

The Integration Joint Board has decided that a long-term plan is needed to tackle these challenges over the next 10 years. We know that some things can be changed quickly to help to improve people's health and wellbeing, but that some other changes will take longer. We also know that the Integration Joint Board must work closely with other organisations in the city, including the Council, NHS Tayside, the Police and organisations in the third and independent sectors to make a real and lasting difference to people's lives.

Over the next 10 years the Integration Joint Board aims to invest in health and social care services that help to reduce differences in health and wellbeing outcomes between different groups of people and improve outcomes for as many people as possible. We will make additional investment in the care and support provided to people who use drugs and alcohol and who experience poor mental health. There will also be a focus on making health and social care services easier to find out about and access, so that people get the help that they need, when they need it, in the way that they want it. There will also be a wider range of opportunities for people and communities to look after their own health and wellbeing so that they can be well and stay well.

As we have developed our plan, people have told us about the incredible difference that health and social care services have made to their lives when they have needed them. They have also told us that how we do things is just as important as what we do. As a direct response to this the Integration Joint Board has developed a statement of its values and how these will inform everything they do in the future. All of the values are important, but two that the public told us were particularly important to them were: collaboration and compassion. Collaboration is about how we listen to and work together with people

who use health and social care services, unpaid carers and the workforce. Compassion is about how we make sure that we treat everyone with kindness, compassion and dignity. As leaders within the Integration Joint Board we are committed to making sure that over the next 10 years collaboration and compassion are central to the work that we do. We know that by working in this way we can benefit from the experience and knowledge of people who use and who work for health and social care services, families, unpaid carers and wider communities to achieve our goal of excellence in health and social care.



Pat Kilpatrick
Chair, Dundee IJB



Councillor Ken Lynn
Vice-Chair, Dundee IJB



Vicky Irons
Chief Officer, Dundee IJB



Introduction

This Strategic Commissioning Framework sets out plans for working together in Dundee towards excellence in health and social care. This Framework has been developed by Dundee Integration Joint Board (IJB). The IJB is the group of people responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults.¹

This strategic commissioning framework tells people what the IJB's ambition and priorities are for adult health, social work and social care services in Dundee and how the IJB will use the resources it has to make this ambition a reality.

This strategic commissioning framework is for the next 10 years. As it has been developed the IJB has thought about:

Information about the health and social care needs of people who live in Dundee, people who provide unpaid care and the health and social care workforce

National policy (what the Scottish Government expects IJBs and partner organisations across the health and social care system to consider), including the integration planning and delivery principles²

Local policy (what local organisations have already said they plan to do to help improve health and wellbeing)

The views of local people, unpaid carers, communities, the health and social care workforce and partner organisations

This framework is supported by a delivery plan. The delivery plan has more information about how health and social care services will be delivered and improved over the next year. These services are delivered by the Dundee Health and Social Care Partnership - the place where Dundee City Council, NHS Tayside and some organisations in the third and independent sector work together to deliver the services and supports the IJB has planned and agreed. A delivery plan will be agreed and published by the IJB every year, starting in April 2023.

1 You can find out more about what the law says about how IJBs must plan, agree and monitor health and social care services at: <https://www.gov.scot/publications стратегичнoе-комиссионинг-планы-руководство/страницы/9/>

2 You can find the integration delivery principles at: <https://www.gov.scot/publications стратегичнoе-комиссионинг-планы-руководство/страницы/9/> (section c)

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Ambition for Health and Social Care in Dundee

People in Dundee will have the best possible health and wellbeing.

They will be supported by health and social care services that:

-  Help to reduce inequalities in health and wellbeing that exist between different groups of people.
-  Are easy to find out about and get when they need them.
-  Focus on helping people in the way that they need and want.
-  Support people and communities to be healthy and stay healthy throughout their life through prevention and early intervention.



The Integration Joint Board's Values

Human rights	Making sure that everything we do promotes and protects the human rights of everyone in Dundee.
Equality and fairness	Working in a way that understands the differences between people and communities so that everyone gets the help that they need to have good health and wellbeing.
Whole life	Contributing to good health and wellbeing from birth to death, including supporting people to have a good death. Supporting other public services in their leadership of work to promote good health and wellbeing in the early years and throughout childhood.
Collaborative	Making sure that we listen to and work together with people who use health and social care services, unpaid carers and the workforce.
Innovative	Testing new, improved and better approaches to promoting health and wellbeing.
Compassionate	Making sure that we treat everyone with kindness, compassion and dignity. This includes people who use health and social care services, unpaid carers and the health and social care workforce.
Transparent	Making sure that we communicate clearly with the public about the decisions we make, why we have made them and the impact they have had on people's health and wellbeing.
Empowering	Working with people and communities to share power, make decisions and support them to access the things they need to meet their own health, wellbeing and social care needs.
Sustainability	Investing in services and supports that make the best use of the money and other resources that the IJB has just now to reduce the future demand on health and social care services. Using evidence about 'what works' to help the IJB to do this. Working in a way that helps to reduce the impact of climate change on the future health and social care needs of people.

Strategic Priorities

The IJB has agreed 6 strategic priorities that will be the focus for the next 10 years to help to achieve the ambition for health and social care. These priorities will also help to achieve Scotland's National Health and Wellbeing Outcomes.³



Inequalities

Support where and when it is needed most.

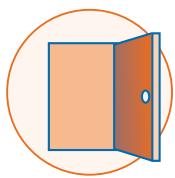
Targeting resources to people and communities who need it most, increase life expectancy and reduce differences in health and wellbeing.



Self Care

Supporting people to look after their wellbeing.

Helping everyone in Dundee look after their health and wellbeing, including through early intervention and prevention.



Open Door

Improving ways to access services and supports.

Making it easier for people to get the health and social care supports that they need.



Planning together

Planning services to meet local need.

Working with communities to design the health and social care supports that they need.



Workforce

Valuing the workforce.

Supporting the health and social care workforce to keep well, learn and develop.



Working together

Working together to support families.

Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including unpaid carers.

³ You can find out more about the National Health and Wellbeing Outcomes and the IJB's role in delivering these at:
<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

National Outcome 1

People are able to look after and improve their own health and wellbeing and live in good health for longer.



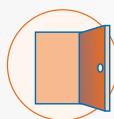
National Outcome 2

People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.



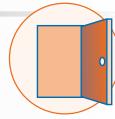
National Outcome 3

People who use health and social care services have positive experiences of those services and have their dignity respected.



National Outcome 4

Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.



National Outcome 5

Health and social care services contribute to reducing health inequalities.



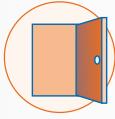
National Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.



National Outcome 7

People using health & social care services are safe from harm.



National Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.



National Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services.



Health and Social Care Needs in Dundee

Information about the health and social care needs of people who live in Dundee, people who provide unpaid care and the health and social care workforce has been used to make decisions about what the strategic priorities should be.

You can find out more about the needs of people in Dundee, including unpaid carers in the full **strategic needs assessment**:

Dundee is a city that has high levels of poverty and other social issues that impact on people's health and wellbeing. Life expectancy for people in Dundee is getting shorter. There are also big differences between how healthy and well people are because of where they live in the city, how much money they have and due to who they are (for example, their ethnic origin, sexual orientation, disability or age).



Dundee expects to see a 38% increase in the population aged 75 years and over by 2043.



Dundee is the 5th most deprived local authority area in Scotland. 36.6% of the population live in 20% most deprived areas of Scotland.



Life expectancy at birth is decreasing for males and females in Dundee. Between 2012-14 and 2019-2021 decreased by almost 2 whole years for males and by around 18 months for females.



Dundee has the 2nd lowest life expectancy in Scotland. Life expectancy in the most deprived areas of Dundee is about ten years less than in the most affluent areas.



Dundee has the 8th highest rate of homelessness applications in Scotland, much higher than the Scottish rate.



There are fewer owner occupiers and more people living in rented accommodation than the rest of Scotland.



Dundee's unemployment rate was 4.9% for the year 2021; higher than the Scottish rate of 3.9%.



Dundee has the 4th highest prevalence of drug use in Scotland. Alcohol related harm is also high when looking at hospital attendances and alcohol-related deaths.



Dundee has the 5th highest rate in Scotland of adults (aged 16-64 years) who reported in the 2011 Census that they are living with a mental health condition.



Dundee has the highest prevalence rate of domestic abuse in Scotland.

Dundee has high levels of health and social care needs. This includes people with care and support needs, as well as adults and children who provide unpaid care and support to them. It also includes supporting people at the end of their life to have a good death and providing bereavement support to unpaid carers and to families.



Due to inequalities, particularly deprivation, many people in Dundee enter older age with pre-existing health conditions.



Due to inequalities, particularly deprivation, some people in Dundee have a need for higher levels of health and social care support at an earlier stage than people of the same age who live in more affluent parts of the city or in other areas in Scotland.



Across all Local Community Planning Partnerships the average number of prescription drugs used to treat diabetes, hypertension and heart failure has increased since 2015/16.



Rates of hospital admission due to alcohol and drug use are high, with a higher proportion of people who need support living in the most deprived areas of the city.



Around 1 in 10 people aged 65 or over has dementia. Due to the pandemic the proportion of people who received a minimum of 12 months post diagnostic support after their diagnosis reduced from 97% to 68%.



The number of people living with or dying from cancer is rising. It is estimated that 1 in 2 people will be diagnosed with (but not necessarily die from) a cancer in their lifetime. The prevalence of cancer varies by deprivation and age group.



Hospital admissions due to long-term conditions are higher for the most deprived areas of the city, especially for asthma, COPD and coronary heart disease.



High rates of cancer and of long-term and multiple health conditions has increased demand for palliative and end of life care. This includes enhanced support for unpaid carers providing end of life care, as well as bereavement support.



Since 2016 the number of admissions to hospital due to a stroke has been increasing, In 2016 there were 639 hospital admissions but this has steadily increased to 1,001 admissions in 2022.



Dundee has the highest admissions to hospital rate for falls in Scotland. As at 2020 the rate was 30.7 per 1,000 people aged 65 and over.



For people receiving homes care services, an average of 45% had an emergency admission to hospital in the 28 days before the service started.



In 2021/22 half of the people admitted to care homes had experienced an emergency admission to hospital within the 28 days beforehand.



62% of adult carers supported by local carer services provide an average of 50 or more hours of care per week.
72% of carers reported poor mental health, and the same percentage said their physical health had got worse

Many people in Dundee were adversely affected by the COVID-19 pandemic, especially by negative impacts on their physical and mental health and wellbeing:



Isolation and reduced mobility during the pandemic for people who were already frail increased demand for support amongst those already receiving services and also for those who had not previously required support.



1 in 5 respondents to the Engage Dundee survey reported a worsening of existing mental health conditions, this was highest for people aged 25-34.



As a result of the pandemic, 84% of carers reported negative impacts on physical, mental and social wellbeing, and 60% reported feeling socially isolated.

Health and Social Care Policy

National policy is an important consideration when deciding what the strategic priorities should be. These are the things that the Scottish Government asks IJBs and other organisations across the health and social care system to do.

Another important consideration is the plans and commitments made by local organisations about helping to improve peoples' health and wellbeing. Local plans describe how organisations like Dundee City Council, NHS Tayside, Police Scotland and other organisations who provide services to the public are going to use the money and other resources they have, including the things they want to work together with the IJB to improve.

Below shows some of the most important national and local policies that have informed this strategic framework:





- [Tayside Plan for Children, Young People and Families](#)
- [Living Life Well – Tayside Mental Health and Wellbeing Strategy](#)
- [Angus IJB Strategic Commissioning Plan](#)
- [Perth & Kinross IJB Strategic Commissioning Plan](#)
- [NHS Tayside Public Health Strategy](#)
- [NHS Tayside Three Year Recovery Plan 2022-2025 and Annual Operational Plans](#)



- [Health and Social Care Standards \(2017\)](#)
- [National Health and Wellbeing Outcomes](#)
- [NHS Recovery Plan 2021-2026](#)
- [A National Clinical Strategy for Scotland \(2016\)](#)
- [Delivering Value Based Health and Care: a Vision for Scotland \(2022\)](#)
- [Enabling, Connecting and Empowering: Care in the Digital Age - Scotland's Digital Health and Care Strategy \(2021\)](#)
- [Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age \(2023\)](#)
- [National Workforce Strategy for Health and Social Care \(2022\)](#)
- [Fair Work Action Plan \(2021\)](#)
- [National Mental Health Strategy 2017-2027](#)
- [Primary Care Improvement Programme](#)
- [General Medical Services Contract in Scotland \(2021\)](#)
- [Recovery and Redesign: An Action Plan for Cancer Services \(2020\)](#)
- [Diabetes Improvement Plan \(2014\)](#)
- [A Healthier Future - a framework for the prevention, early detection and early intervention of type 2 diabetes \(2018\)](#)

- **Heart Disease Action Plan (2021)**
- **Progressive Stroke Pathway (2022)**
- **Palliative and End of Life Care Strategic Framework for Action (2015)**
- **Palliative and End of Life Care by Integration Authorities: advice note (2018)**
- My Health, My Care, My Home - **Healthcare Framework for Adults living in Care Homes (2022)**
- **Self-Directed Support: framework of standards (2021)**
- **National Carers Strategy (2022)**
- **Creating Hope Together – Suicide Prevention Strategy 2022-2032**
- **National Drug Mission Plan 2022-2026**
- **Rehabilitation and Recovery: a person-centred approach (2022)**
- **Learning / intellectual disability and autism transformation plan (2021)**
- **See Hear – A strategic framework for meeting the needs of people with a sensory impairment in Scotland (2014)**
- **Housing to 2040 (2021)**

Let's Talk

Many people who live, work or provide unpaid care in Dundee shared their views over the last two years about 'what matters to them' about health and wellbeing and adult health and social care services.

You can find a full report of what people have said here (link to be added). The things that people said have directly influenced the ambition and priorities in this framework. More information about what people have said has been highlighted in this document.

Some of the important messages people gave are:

- Plans must be written in a way that is simpler, uses clearer language and means something to people who use health and social care services now or might use them in the future.
- The ambition of the IJB should be about the real differences it makes and the things it has most control over.
- The IJB need to think more about how to work better with other organisations, including the Dundee Partnership, to improve all services and supports that make a difference to people's health and wellbeing. This is most important when preventing poor health and wellbeing, making sure people get the help they need sooner and when working alongside people in communities to understand their needs.
- It is really important to reduce the differences in people's health and wellbeing that are caused by things like poverty, where they live, or their personal characteristics (like sex, age or ethnic origin). The IJB should inform people that the money the IJB has will be spent in a way that gives extra help to people who need it most so that they can be as healthy and well as everyone else in Dundee.
- People realise that public sector services, like the Council, NHS Tayside and the IJB, do not have enough money or staff to do everything for everyone. People felt it was important to be honest about that and how resources, including money and staff, will be used to help people have the best possible health and wellbeing.
- More time and money should be spent making it easier for people to know more about existing health and social care services and how to get help from them.

- People said they are worried about having to wait too long to get the help they need.
- People said when they do get support from health and social care services it has been very good and has made a big difference to their lives.
- People said it is important that the IJB remembers that they want a good quality of life, not just to live longer in their own home.
- The IJB needs to think more about how to reduce the impact of the cost of living crisis on people's health and wellbeing.
- The IJB should support the Health and Social Care Partnership to spend more time working with people and communities to understand the help they need to stay healthy and well. They should also work with people to design services to deliver the help they need.
- People who work in health and social care organisations should stop talking about models and pathways – these are words used by organisations and don't mean anything to those people who need services. People would like the IJB and Health and Social Care Partnership to talk more about how services can give them the specific help they need and help them look after themselves rather than seeking to do everything for them.

From December 2022 to March 2023 people were asked to share their views about Dundee's GP Premises Strategy. As part of this activity many people also spoke about other aspects of services delivered through GP practices. A full report of what people said is available here ([link to be added](#)), but some of the things people said were most important were:

- Lots of people did not know about the full range of different professionals and supports that are available to them at through their GP practice. People said that there should be more information about services that are available and more help from reception staff to make sure they see the right person.
- Many people are willing to accept an appointment that is not face-to-face. This was the case most often when people were aged under 65 years old. Older people had a stronger preference for face-to-face appointments.
- The process for booking appointments needs to be improved.
- There needs to be more support available in GP practices for health and wellbeing, mental health and pharmacy.

The Dundee Partnership has also been talking to people across Dundee over the last two years to find out more about what they need, the things that affect their lives and what they hope for in the future. This information helped the Dundee Partnership to write its **City Plan 2022-2032**. Some of the things people in local communities identified as being most important for health and wellbeing that need to get better were:

- Ways to have a say in improving things in the community.
- Drug and alcohol advice and services in the community.
- Dealing with the way the COVID-19 pandemic has made some things more difficult for people. Many people said it made them more isolated and their mental health and wellbeing worse. It also meant some people did not have enough money to buy food or other basic things we all need to stay safe, healthy and well. People noticed that the pandemic had made things even worse for people who already had poor health and wellbeing.
- The way the COVID-19 pandemic made it more difficult for people to find and get help when they needed it.



Equality Outcomes

The IJB's ambition is that everyone in Dundee has the best possible health and wellbeing.

The Equality Act (2010) aims to make sure all people are treated fairly, particularly people who have protected characteristics (age, disability, sex, gender reassignment, pregnancy and maternity, sexual orientation, marriage and civil partnership, religion / belief, and, race). Sometimes, people with Protected Characteristics need support given in a different way or they need extra support to have the same outcomes as other people. They might also be more likely to have particular health and social care needs.

Some people experience poverty and poor social circumstances; this can affect anyone but can affect people with Protected Characteristics more. This can make it even harder for them to have the same life chances as other people. From April 2018 the Equality Act (2010) introduced the Fairer Scotland Duty to help make sure Scotland is a fair place to live by acting to tackle poverty, reduce inequality and build a fairer and more inclusive Scotland.

As part of the work to make Dundee a fairer city the IJB is concerned about health inequality; this is the unfair and avoidable differences in health between people or groups of people. People with Protected Characteristics and people affected by poverty can experience health inequalities that impact on their overall health and wellbeing.

People with Protected Characteristics and people affected by poverty and poor social circumstances can find it more difficult to access health and social care services. Sometimes those people have a poorer experience of supports and services.



The Equality Act (2010) says that Public Bodies, like the IJB, must publish a set of equality outcomes at least every four years. People who have Protected Characteristics and those people affected by poverty and poor social circumstances have shared what matters most to them about health and wellbeing and health and social care services. People who have an interest in making Dundee a fairer place to live have also told the IJB what matters to them. This has helped the IJB to agree Equality Outcomes for the IJB:

1 Information published by the IJB will be more accessible to people who have a sensory impairment or learning disability, whose first language is not English and those people who are older.

2 The IJB has increased the range and effectiveness of ways to listen, hear and learn what matters to older people, people from minority ethnic groups and the LGBTQ community about health and social care services and supports.

3 IJB membership will be more diverse and more closely reflect the overall population of Dundee across the following characteristics: sex, disability, race, religion or belief and age.

4 The IJB contributes to an improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination on the workplace.

In 2027 the IJB will check again whether these outcomes are the right ones to focus on. You can read more about the IJB's equality outcomes and other work it is doing to improve health and social care outcomes for people with protected characteristics or who are affected by poverty and poor social circumstances at:

www.dundeehscp.com/equality-matters-dundee-health-and-social-care-partnership

Strategic Priority: Inequalities

Support where and when it is needed most

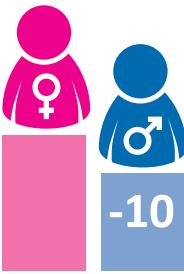


Targeting resources to people and communities who need it most, increase life expectancy and reduce differences in health and wellbeing.

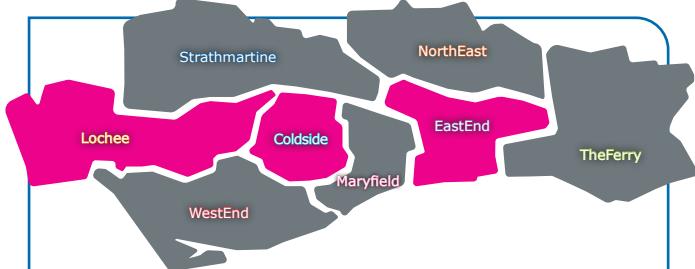
Why is this important?

- Data for Dundee shows that life expectancy is getting shorter. Since 2012-14, life expectancy at birth has got worse for both males (from 75.6 to 73.54 years) and females (from 80.06 to 78.54 years)⁴.
- Information about the health and wellbeing of people in Dundee shows that there are big differences between how healthy and well people are. These differences happen because of where people live in the city, how much money they have and because of who they are (for example, their ethnic origin, sexual orientation, disability or age). These difference are often called Health Inequalities.

Life expectancy of a male who lives in one of the most deprived areas of Dundee is 10 years less than a female who lives in one of the least deprived areas.

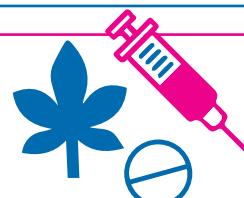


A&E attendance due to alcohol related harm is 4 times higher in the most deprived areas of the city.



East End, Lochee and Coldside wards have the highest prevalence of people with mental health conditions, physical disabilities, learning disabilities and sensory impairment. These wards also have the highest proportion of residents classified as income deprived.

Drug related hospital discharges are 20 times higher in the most deprived areas of the city.



⁴ Data Tables for Life Expectancy in Scotland, 2019-2021 | National Records of Scotland (nrscotland.gov.uk)

- People who are affected by poverty or poor social circumstances or who have a protected characteristic can find it more difficult to access health and social care services. Sometimes these people also have a poorer experience of support and services, including that they do not make as big a difference to their health and wellbeing as they do for other people⁵.
- Dundee has high levels of social issues that impact on health and wellbeing of vulnerable people, including people affected by poverty or who have protected characteristics. This includes, drug and alcohol use, poor mental health, domestic abuse and others types of violence against women, and harm to other vulnerable adults and children.
- People who shared their views about 'what matters to them' said that reducing health inequalities is really important and that the IJB should spend more money making sure that people who need extra help to access services and achieve good health and wellbeing get it. People also said they are concerned about the impact of the cost of living crisis and how this might make health inequalities worse in the future. They also said the IJB should support the Health and Social Care Partnership to spend more time working with people to understand their different needs and how services could help them.
- People have told the Dundee Partnership that it is really important the more is done to help people who use drugs and alcohol and who have poor mental health and wellbeing. They were also concerned that the pandemic has made things worse for people who already had poor physical and mental health and wellbeing.
- The IJB has a legal duty, working together with Dundee City Council and NHS Tayside through the Health and Social Care Partnership, to make sure that they promote equality and fairness. This includes thinking about how health and social care services are designed and delivered to people with different needs. Equality and fairness can be about how people access services in the first place but also their experiences of services and how they impact on people and their outcomes.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside found important changes that need to be made⁶.
- A wide range of national policies for health and social care include a commitment to reducing inequality. This includes reducing differences in how easy people find it to access the services and supports they need, as well as the differences these services make to their health and wellbeing.

5 Scottish Better Together Survey, Patient Survey Programme

6 The full reports from the Dundee Drugs Commission can be found at:

<https://www.dundeeicity.gov.uk/dundee-partnership/dundee-drugs-commission>.

The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at:

<https://independentinquiry.org/category/reports/>.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:



Short-term (2023-2026)

Disadvantaged communities (geographic and shared characteristics) are benefiting from more targeted investment to support self-care and prevention.

Adults who have multiple and complex needs, including adults at risk of harm are more quickly identified and services work well together to provide an initial response to their needs.

People who experience challenges in relation to mental health and drug and alcohol use experience a co-ordinated response from services.

More health and social care services and supports demonstrate a gendered approach to service delivery.

The health and social care workforce has a better understanding of equality and fairness, including how their practice can help to better meet people's needs.

People who have a sensory impairment or learning disability, whose first language is not English and who are older are better able to find and understand Information published by the IJB and Health and Social Care Partnership.

People who have mental health and wellbeing needs, and for people who use drugs and alcohol have a wider choice of easily accessible community-based supports.

More health and social care services and supports demonstrate a trauma informed response to meeting needs.

There is a clear strategic plan for how the IJB will invest its resources to better meet the needs of people with a physical disability or sensory impairment.

The IJB has an improved understanding of the needs of different equality and fairness groups and how effectively health and social care services are meeting those needs.

Medium-term (2026-2029)



There are fewer drug and alcohol related deaths.

Older people feel less isolated and lonely. This is helping to improve their physical and mental health and wellbeing.

People from disadvantaged groups are getting the support, treatment and care they require without fear of discrimination or stigma.

More disadvantaged people and communities are accessing the health and social care services and supports that they need.

Peoples' mental health and wellbeing is better.

There are fewer deaths by suicide.

Long-term (2029-2033)



People living in deprivation or who are part of protected equality groups have improved health and wellbeing outcomes. These outcomes are closer to those achieved by the wider population of Dundee (reduced inequality gap).

People are protected from harm and supported to recover from the impact of trauma.

Health and social care services are provided from premises that create environments that support trauma informed ways of working and reduce inequalities.

Everyone in Dundee is living longer (increased life expectancy and increased healthy life expectancy).

People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy).

People accessing health and social care services experience a culture and practice that is rights-based.

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found [here](#).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found [here](#).

Strategic Priority: Self-Care

Supporting people to look after their wellbeing



Helping everyone in Dundee look after their health and wellbeing, including through early intervention and prevention.

Why is this important?

- Prevention and self-care are important aspects of health and social care services and supports. They help people to look after themselves independently from services, have more control of their health and can improve people's quality of life. These types of support can include helping people develop the knowledge and skills to prevent them becoming unwell by living a healthy life. They can also help people to manage existing health conditions so that they do not get worse.
- Information about Dundee shows that factors such as smoking, being overweight and physically inactive have a big impact on many people's health and wellbeing. A Dundee Partnership survey found that 31% of respondents found it difficult to have a healthy lifestyle during the pandemic. People who already had poor health or a disability were most likely to find this difficult.

A higher percentage of people aged over 35 in Dundee smoke tobacco compared with Scotland as a whole. There is a known link between smoking and lung cancer.



Less than one fifth of Dundee Citizens reported that they undertook moderate physical activity for at least 30 minutes per day, 4+ days per week.



13.5% of Primary 1 age children in Dundee were at risk of becoming overweight and 11.3% were at risk of obesity.

Dundee citizens who undertook regular exercise had better mental health than those who undertook exercise either less than once a week or never.



- Since the pandemic the number of people who have said that they need to help to look after their mental health and wellbeing or because they are drinking alcohol more often has also been increasing. There are also many people who are managing the impact of 'long covid' on their health and wellbeing.



Dundee has the 5th highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they lived with a mental health condition.

Life expectancy is ten years lower for people with a mental health issue (66.8 years) compared with the general Dundee population (76.8 years).



Dundee has a higher rate per 100,000 population who complete suicide (23.9) compared with the Scottish population (14.1).



33% of Dundee Citizens reported that they drink within the recommended alcohol allowance. East End respondents (49%) were most likely to consume more than the recommended alcohol allowance.



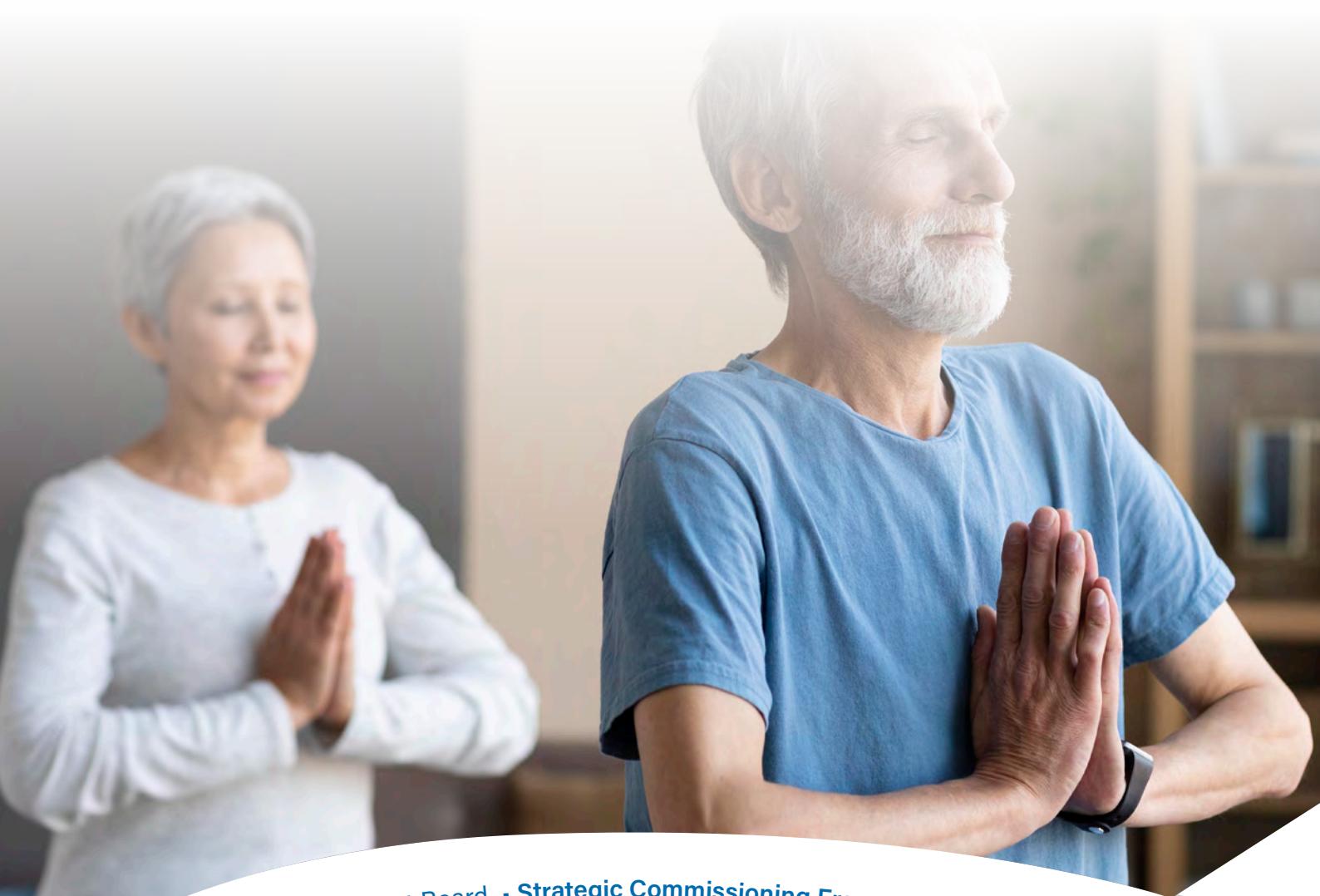
- Based on the Scottish Health Survey it is thought that about 33% of adults in Dundee (aged over 16 years old) have a limiting long-term physical or mental health condition⁷. GP records show that conditions such as high blood pressure, asthma, depression, COPD⁸ and diabetes are particularly common. Many people have more than one condition from an earlier age. The most deprived areas of the city also have the most people with these types of conditions.
- Dundee has a relatively high number of people who are admitted to hospital after having a fall.
- Research has shown that helping people understand and manage their health and wellbeing helps them make healthier choices, improves their overall health outcomes and reduces the need for them to receive emergency care at hospital. The impact of this type of support is even better when it is targeted at people that need it most – so it also helps to reduce health inequalities⁹.

⁷ <https://www.gov.scot/publications/scottish-surveys-core-questions-2018-analytical-tables/>

⁸ COPD – Chronic Obstructive Pulmonary Disease is the name for a group of lung conditions that cause breathing difficulties.

⁹ <https://www.scie.org.uk/integrated-care/research-practice/activities/prevention-self-care>

- People who shared their views about 'what matters to them' said that they know there is not enough people or money in the health and social care system to do everything for everyone. The IJB has also decided that the level of investment in health and social care services and not having enough people in the workforce are risks to being able to deliver their ambition. Supporting people to make healthier choices, prevent poor health and wellbeing and look after themselves when they are unwell reduces the number of people who need help from health and social care services. This means that those services can focus on supporting people who have the highest need, who have long-term health needs and on providing new services.
- A wide range of national policies for health and social care commit to helping people look after their own health and wellbeing. This includes helping people to live a healthier lifestyle that can help prevent poor health and wellbeing. The Independent Review of Adult Social Care (2021) said that the social care system in Scotland must focus on prevention and early intervention and support independent living.



What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)



People find self-care and self-management information and opportunities easier to find and understand.

More people, especially disadvantaged groups, are accessing a wider range pf health, wellbeing and healthy lifestyle activities across the city.

People are being helped to connect with the service and supports that they need at an earlier stage through the use of a social prescribing approach by everyone in the health and social care workforce.

There are more opportunities for people with mental health challenges to look after their physical health and for people with chronic physical health conditions to improve their mental health.

The health and wellbeing needs of people who have been bereaved, including unpaid carers, are recognised and responded to. There are specific resources in place to support people who have been bereaved in traumatic circumstances (for example, by suicide).

There are more prevention, self-care and self-management resources available for:

- Falls
- Stroke
- Long-term conditions
- End of life and bereavement
- Managing key life changes
- Healthy weight
- Mental health and wellbeing.

More people are participating in adult screening programmes, especially within areas of deprivation and groups with protected characteristics.

More Carers are accessing opportunities to lead a fulfilled and healthy life, and to have a good balance between caring and others things in their life.

Peer recovery services and supports have a greater role in meeting people's needs at an early stage.



Medium-term (2026-2029)

More people are supported to achieve their personal outcomes through low level, early interventions provided by community-based care and support services.

More carers say that they want to and are able to continue in their caring role.

More people are in drug, alcohol and mental health recovery.

Fewer people experience side effects and deterioration of long-term conditions because they are better supported to comply with their medication.



Long-term (2029-2033)

More people feel motivated to make lifestyle choices that positively enhance their health and wellbeing.

People are more physically active and mentally well.

A smaller number of people need hospital-based acute services; people who do need them less often.

Fewer people in Dundee have a limiting long-term physical or mental health condition.

Everyone in Dundee is living longer (increased life expectancy and increased healthy life expectancy).

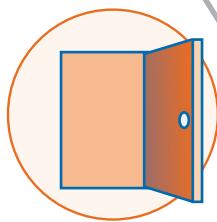
People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy).

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found [here](#).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found [here](#).

Strategic Priority: Open Door

Improving ways to access services and supports



Making it easier for people to get the health and social care supports that they need.

Why is this important?

- People who shared their views about 'what matters to them' said that more time and money should be spent making sure people know about what health and social care supports there are. People also wanted it to be easier to get help from these services quickly. Many people were worried about having to spend too long finding the right service and waiting for help.
- A Dundee Partnership survey found that people felt that the pandemic made it more difficult to find and get help.
- The Independent Review of Adult Social Care in Scotland (2021)¹⁰ found that access, eligibility and assessment were important areas for improvement. People who use social care supports told the review that things are too difficult right from the start and they had to repeat information to lots of different people.
- Different groups of people prefer different ways of finding out about and accessing services. The pandemic has helped to develop digital ways to access health and social care services, but this doesn't work well for everyone. People need information to be communicated in a way that meets their needs, for example in a different language or as pictures, which makes it easier to find and access services and also helps reduce health inequalities.
- Helping people easily find and access the services and supports they need can also help them to get help earlier. This can prevent their health and wellbeing getting worse meaning they have the chance to look after themselves independent of health and social care services. Making it easier for people to find and access services also helps to support self-care.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside made recommendations about how services could be easier to find and access in the future¹¹.

10 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

11 The full reports from the Dundee Drugs Commission can be found at:
<https://www.dundeeicity.gov.uk/dundee-partnership/dundee-drugs-commission>.

The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at:
<https://independentinquiry.org/category/reports/>

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)



People find information about health and social care services and supports easy to find and to understand.

People can access social care and social work assessment and support more easily through an joined-up Health and Social Care Partnership 'front door'.

There is a quick and high-quality response to people who are experiencing distress and/or at risk of harm, including in the evenings and at weekends.

Assessments of need and support planning are person centred and focused on helping people to achieve their unique person outcomes.

Carers are identified, respected and involved. They are equal partners in planning and shaping services and supports.

People can get the community-based help and support that they need in the evenings, overnight and at weekends.

People connected quickly to the right type of support for them through a supported referral approach (rather than signposting). The use of a social prescribing approach by everyone in the health and social care workforce is helping to support this.

More services and supports have options for digital access to services and services delivery. There are good alternatives in place for people who do not have digital access.

Better information sharing between services means that people do not have to share the same information multiple times.

More people are accessing Self-Directed Support to support them to choose and access the services and supports that they need.



Medium-term (2026-2029)

Fewer people experience a sudden deterioration of long-term conditions requiring crisis intervention, including hospital admission.

Services purchased from the third and independent sector are focused on supporting people to achieve their personal outcomes, rather than on hours of service delivered.

Joined up IT systems are supporting the workforce to share information quickly and easily.

More people are supported to achieve their personal outcomes through low level, early interventions provided by community-based care and local support services.

More carers say that they want to and are able to continue in their caring role.

People have easy and equitable access to primary care services delivered from General Practices or other locations local to them.

Long-term (2026-2033)

Care and support is easily accessible, flexible and available at the right time to respond to people's changing needs.

Fewer people need help and support from formal health and social care services. More people get the help and support they need from the third sector (voluntary and community organisations).

People experience integrated care and support that is smooth and seamless from their own, and their families and carers, point of view.

People accessing health and social care services experience a culture and practice that is rights-based.

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found [here](#).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found [here](#).

Strategic Priority: Planning Together

Planning services to meet local need



Working with communities to design the health and social care supports that they need.

Why is this important?

- People who shared their views about 'what matters to them' said the IJB should make sure that the Health and Social Care Partnership spend more time working with people and communities to understand the help they need to stay healthy and well. They also said the Partnership should then work with people to design services that will deliver the help they need. People said health and social care services should stop talking about models and pathways because these words don't mean anything to people who need services. It would be more helpful to talk about how services can give them the specific help they need, and help them to look after themselves and one another rather than doing everything for them.
- People told the Dundee Partnership they want to have more say in improving things in their communities.
- The Independent Review of Adult Social Care in Scotland (2021)¹² found that there needs to be more focus on involving people in planning their own care, deciding what needs to change in their communities, and planning, designing and developing health and social care services.¹³
- Research has found many benefits of working with and involving people in service design and delivery in health and social care. This includes those people gaining skills, having improved health and wellbeing and feeling more trusting and empowered. It has also found that communities involved in designing services have a better understanding of their health and social care needs and can make better use of the resources that already exist in their community. Evidence also shows that this type of service design can help people in the community who are most disadvantaged to have a voice and help reduce inequalities. Services designed with communities can be more positive and creative and everyone involved has greater awareness of what help is available as well as the challenges of delivering those services.

12 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

13 Conquer, S. & Bacon, L. The Value of Co-production within Health and Social Care: A literature review (2021) <https://healthwatchsuffolk.co.uk/wp-content/uploads/2021/11/The-Value-of-Co-production-Within-Health-and-Social-Care.pdf>

- A wide range of national policies and strategies set out how health and social care services and supports should be delivered in the future. This includes changes to the way existing services are delivered and new types of support to be provided. More information can be found on [page 17](#).
- The IJB has already agreed how it will develop and improve services for a number of different groups of people with health and social care needs. This includes people who have poor mental health and wellbeing, are impacted by drug and alcohol use, have a learning disability and / or autism, adults at risk of harm, and unpaid carers. They have also agreed how they will make big changes to the way in which primary care, unscheduled hospital care and non-acute care are delivered in the future. There is also a plan for how social care and social work services will be more personalised in the future¹⁴. To make sure these commitments happen in practice it is important that the IJB continues to work with communities to design and deliver services.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside made recommendations about how service could be improved in the future.¹⁵

14 Strategic plans for specific groups of people with health and social care need are published on the [Dundee Health and Social Care Partnership website](#)

15 The full reports from the Dundee Drugs Commission can be found at:

<https://www.dundeeicity.gov.uk/dundee-partnership/dundee-drugs-commission>.

The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at:

<https://independentinquiry.org/category/reports/>



What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)



People and communities can find and understand information about health and social care needs and performance in the area they live in.

More Carers say that they have positive experience of supports and services designed to support them and the person they care for.

People who are admitted to hospital are safely discharged without delay back to their home or another community setting.

People are able to access the right community-based social care supports at the right time, delivered by joined-up multi-disciplinary teams. This is helping to reduce hospital admissions.

Older people are supported to live well and independently in the community by co-ordinated prehabilitation and rehabilitation services and supports.

People are supported to experience a good death at the end of their life. Most people die at home and unpaid carers are well supported to be part of end of life care. Services enable timely, effective admissions to hospital where this is the best option for the people.

More people from local communities are involved in developing future plans for health and social care services. This includes, plans for specific service areas as well as the overall strategic plan for health and social care.

There are a wider range of community-based services to help meet the recovery needs of people with poor mental health or who use drugs and alcohol.

People are supported through a Home First approach to access the services and supports that they need to support them to live well and independently in their own home.

People who have experienced a stroke have access to high quality hospital-based care as well as community-based recovery supports.

Fewer people are supported in residential care homes. Those who are receive highly personalised care and support.

People are making the best possible use of the full range of primary care services. They are well supported to directly access the specific services that best meet their needs and don't have to be referred by their GP.



Medium-term (2026-2029)

More people with health conditions or disabilities get the care and support they need in their own home or in other places local to them.

Significant harms linked to drug and alcohol use have been reduced by delivering the right care in the right place at the right time. This is also helping to improve people's quality of life.

The third and independent sector have increased capacity to contribute to modern ways of delivering services and supports, alongside public sector health and social care services.

The HSCP has access to the right balance of clinical and community based spaces from which to deliver services.

Fewer people who require residential based care and support have to leave the Dundee area to receive this.

People's homes provide the best possible environment to support their care and their overall health and wellbeing.

People with a learning disability and autism get the help they need to live well, be part of their community and share their talents.

People experience seamless transitions between community, primary and hospital-based services.

People have greater access to and control over their health and social care data, where appropriate and safe to do so.

People who need support and unpaid carers experience services that are highly personalised to meet their unique needs and support them to achieve their individual personal outcomes.

There is better co-ordination of people's housing options with available health and social care supports. This helps people to be able to stay in their home successfully.

Communities are directly influencing how health and social care resources are invested through participatory budgeting.

Long-term (2029-2033)



People receive the support they need, in the locations they want, at the time they need it.

A smaller number of people need hospital-based acute services; people who do need them less often. Resources have been reinvested in improving care at home or in community settings.

Health and social care services are provided in and from accessible, sustainable and fit-for-purpose, modern buildings.

People say that they are firmly at the centre, understand the choices available to them and are supported to make informed decisions about their own care and support.

Fewer people need help and support from formal health and social care services. More people get the help and support they need from the third sector (voluntary and community organisations).

People, including unpaid carers, have a higher level of overall satisfaction with the health and social care services and supports they receive.

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found [here](#).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found [here](#).

Strategic Priority: Workforce

Valuing the workforce



Supporting the health and social care workforce to learn and keep well.

Why is this important?

- Dundee IJB does not directly employ any staff. The health and social care workforce is employed through Dundee City Council, NHS Tayside and organisations in the third and independent sector. The combined workforce is the single biggest asset available to the Dundee Health and Social Care Partnership to enable them to provide the services and supports that the IJB has asked for.



995 staff employed Dundee City Council (the same as 900 full-time staff) and 1555 by NHST (the same as 1325 full-time staff)

4.3% of the workforce have disability compared with 8.3% of all Dundee residents aged 16-74



87% workforce is female



2.1% of the workforce are from minority ethnic groups compared with 5.6% of Dundee residents aged 16 and over.



In addition, third and independent sector providers employ:

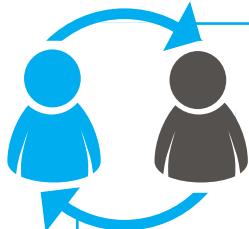
- 815 people in care at home services
- 1080 people in care home services
- 1105 people in Learning Disability/ Mental Health care at home / housing support services



50yrs +

At least 40% of workforce is aged 50 or over.

- The COVID-19 pandemic had a big impact on the health and wellbeing of the health and social care workforce. Information shows that more staff are experiencing poor health and wellbeing. It also shows that many people are choosing to leave the health and social care workforce and that fewer people are joining.



Staff turnover across the workforce has increased between 2020/21 and 2021/22, from 4.3% to 10.4% for Dundee City Council employees and from 11.7% to 12.8% for NHS Tayside employees.



The number of new starts across Dundee City Council and NHS decreased from 276 in 2020/21 to 265 in 2021/22.

- People who shared their views about 'what matters to them' said they are worried that there are not enough people working in health and social care services to provide all the help and support needed.
- The IJB has decided that difficulties making sure that there are enough people in the health and social care workforce, with the right skills and experience, is one of the biggest challenges to being able to deliver its ambition and priorities. This includes working with organisations in the third and independent sector to make sure they can continue to provide services in the long-term and treat their staff fairly. They are also concerned about the impact on the workforce of changes to the way health and social care services are planned and delivered in Scotland, through the introduction of a National Care Service.
- Although the IJB does not employ the workforce who deliver health and social care services, the decisions they make have a big impact on staff wellbeing. They also impact on the opportunities that people have to learn and develop new skills. Learning and development will be essential to help to make the changes to health and social care services and supports that are in this framework and will be in annual delivery plans.
- The Independent Review of Adult Social Care in Scotland (2021)¹⁶ found that changes are required to how the health and social care workforce is valued and how fair work is supported in the future system of health and social care. This included making changes to the opportunities the workforce has to learn and develop so they can support changes in the way that services are delivered in the future.

¹⁶ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

- The Scottish Government National Workforce Strategy for Health and Social Care in Scotland (2022)¹⁷ describes what action is needed to make sure there is a sustainable, skilled health and social care workforce in the future that is respected and valued. This strategy includes actions to help support more people into working in health and social care. It also focuses on learning and development and wellbeing. The decisions of the IJB will make an important contribution to making this strategy a reality.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

(Please note that when the word 'workforce' is used below this is the whole health and social care workforce, including people working in the third sector and independent sector.)

Short-term (2023-2026)



The workforce is benefiting from having a wider range of more easily accessible mental health and wellbeing supports available to them. This includes supports for bereaved staff members.

People working within the health and social care workforce receive clear and understandable information about the work of the IJB and Health and Social Care Partnership.

There are clear local routes for the young workforce to enter a career in health and social care. More young people are accessing these, particularly young people from disadvantaged communities and protected equality groups.

The IJB has a fuller understanding of health and social care workforce needs and has agreed a plan to address gaps and challenges. This plan is being implemented in practice.

Recruitment and retention has improved in key areas, including Primary Care, Social Care, Mental Health and Drug and Alcohol services.

People working within the health and social care workforce have benefited from opportunities to develop their leadership skills and confidence.

Enhanced workforce wellbeing supports have helped to reduce overall levels of staff absence and turnover.

People working within the health and social care workforce have better opportunities to influence the work of the IJB.

¹⁷ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

Medium-term (2026-2029)



All providers who are contracted to deliver health and social care services are fully complying with Fair Work practices.

All health and social care services are delivered by a workforce working in fully integrated teams.

Staff who are unpaid carers say they want to and are well supported by their employers to continue in their caring role.

Staff within the health and social care workforce have improved levels of confidence and competence with a range of relevant digital technologies.

Staff are active participants in self-evaluation and quality assurance approaches that enable them to reflect, learn and plan for improvement.

Staff working in health and social care services say they feel valued, well supported and would recommend their place of work.

There is strong and visible integrated leadership of health and social care from senior staff.

Long-term (2029-2033)



The health and social care workforce has the right number of staff, in the right place, doing the right things to meet the needs of people in Dundee.

Health and social care services are provided from environments that ensure the wellbeing of the workforce.

The diversity of the health and social care workforce reflects the overall population of Dundee, particularly in terms of protected characteristics.

The health and social care workforce has a more diverse range of ages, supporting more effective succession planning.

Overall health and social care services have a positive culture that supports the delivery of excellent care and support.

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found [here](#).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found [here](#).



Strategic Priority: Working Together

Working together to support families

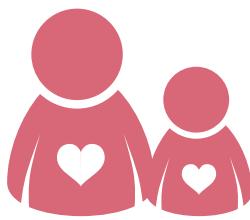


Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including unpaid carers.

Why is this important?

- In Dundee, unpaid carers make a big and important contribution to supporting the people that they care for. The IJB has committed to making changes so that all carers in Dundee are heard, valued, understood and supported so they can have good health and wellbeing.¹⁸ To make this happen the IJB must work together with other organisations in Dundee, including services who support young carers.

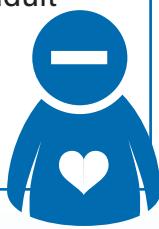
It is estimated that there are around 18,300 adult carers and 830 young carers in Dundee.



62% of adult carers supported by local services provided an average of 50+ hours of care per week. 65% of young carers supported by local services provided up to 19 hours of care per week on average



94% of young carers and 77% of adult carers experienced an impact on their emotional well-being due to their caring role. 61% of adult carers reported a negative impact on their health due to their caring role.



27% of unpaid carers said that they felt supported to continue in their caring role.



¹⁸ A Caring Dundee 2 – A Strategic Plan for Working Alongside, Supporting and Improving the Lives of Carers in Dundee 2021–2024

- Dundee is a city that has high levels of poverty and other social issues that impact on people's health and wellbeing. This includes issues like drug and alcohol use, domestic abuse and poor mental health. Many of these issues affect both adults and children within families. Supporting people to access the support they need, stay safe from harm and improve their wellbeing requires the IJB to work with together with other organisations in the Dundee Partnership.
- The social determinants of health are the things that have an important impact on people's health and wellbeing and include the social circumstances in which people are born, grow-up, live and work. They are influenced by a wide range of economic, political and social policies, which means that preventing poor health and wellbeing and reducing health inequalities cannot be achieved by the IJB alone. The IJB must work together with other organisations in Dundee, in Tayside and across Scotland to make long-term improvements to health and wellbeing.
- People who shared their views about 'what matters to them' said that the IJB need to think more about how best to work with other organisations, including the Dundee Partnership, to improve all services and supports that make a difference to people's health and wellbeing. People said this is most important when working on ways to prevent poor health and wellbeing and making sure people get the help they need sooner. They also said that the IJB needs to think more about the help required to reduce the impact of the cost of living crisis on people's health and wellbeing.
- The Independent Review of Social Care in Scotland (2021)¹⁹ found that people who have experience of using health and social care services think that national and local services need to work better together. In particular, people wanted the way in which children with health and social care needs are supported into adulthood to be better. They also wanted local services to work better together on things like transport, housing, education and employment as these support people to live independently.
- The Independent Review of Social Care in Scotland (2021)²⁰ highlighted specific challenges for health and social care providers in the third and independent sector. This included challenges around the funding available to them to be able to continue to operate and deliver high quality services.
- In 2022 the Scottish Government began the process of developing a new National Care Service for Scotland. This will impact the way that adult social care, social work and community based health services are delivered in the future. It might also affect the way that adult and children's services work together. The planned changes will be the biggest change to the health and social care system in recent years. The IJB will have an important role in helping to plan these changes.

19 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

20 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:



Short-term (2023-2026)

Families with multiple and complex needs receive co-ordinated, whole family support at an early stage.

People at risk of harm are effectively identified at an early stage and are effectively supported by services who work in partnership to help them be safe and well.

People and communities affected by poverty are getting more targeted support at an earlier stage to prevent this leading to poor outcomes for health, social care and other aspects of their life.

There is a partnership approach to identifying and supporting unpaid carers of all ages. Services who support unpaid carers work closely with services who provide care and support.

Health and social care services in Dundee have actively contributed to the co-design process for the National Care Service.

Health and social care services in the third and independent sector are actively supported to continue to deliver high quality services and supports.

Children and young people are supported into adulthood by services that work together to meet their needs.

People are receiving the information and support they need to help them to cope with the cost of living crisis, including to help to stay safe and be well.

People are receiving the help they need to live a healthy lifestyle, including eating well, accessing green space and staying active. There is a specific focus on supporting children and young people.

Services work well together to collect, understand and use information about health and social care to improve services for people.

Communities experience a co-ordinated approach to gathering information about their needs and priorities for health and social care and related services.

Medium-term (2026-2029)



Services have worked together to understand and manage the local impacts of the transition to the National Care Service.

The enduring impact of drug and alcohol use has been decreased through a focus on prevention.

The enduring impact of poor mental health and wellbeing has been decreased through a focus on prevention.

There are fewer drug and alcohol related deaths.

There are fewer deaths by suicide.

Planning for improvements to health and social care outcomes is better co-ordinated across all members of the Dundee Partnership. There is a whole-system approach to improving health and wellbeing outcomes.

The IJB and other organisations have better evidence about the impact that services and supports have on people's health and wellbeing outcomes.

Communities across Dundee are benefiting from the use of Community Wealth Building approaches.

Long-term (2029-2033)



All Carers are confident that they are listened to, valued and supported. They feel well and are able to live a life alongside caring.

Everyone in Dundee is living longer (increased life expectancy and increased healthy life expectancy).

People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy).

People and communities are confident that their views and ideas are listened to, valued and used effectively across the whole community planning partnership to improve outcomes.

People are protected from harm and supported to recover from the impact of trauma.

Health and social care services have reduced their carbon footprint, especially emissions from transport and buildings.

More people are a healthy weight and regularly participate in physical activity.



The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found [here](#).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found [here](#).

Measuring the Change

IJBs have a duty to measure the progress they are making against the 9 National Health and Wellbeing Outcomes²¹. The Scottish Government has created a list of 23 indicators to help IJBs to do this. Dundee IJB reports publicly on its performance against these outcomes in quarterly and annual performance reports.

You can see an overview of these outcomes and indicators on [Appendix 2](#).

As well as monitoring these national outcomes and indicators the IJB must also measure its progress towards meeting the ambition, priorities and short, medium and long-term changes in this plan. The IJB is committed to reporting the progress that is being made to the public. The detailed plan for measuring and reporting this information will be published in an IJB Performance Framework. It will focus on two things:

- Developing ways to share the progress that has been made to complete actions in the IJB's Annual Delivery Plan. This will include finding ways to share this with local citizens in a meaningful and accessible way.
- Reporting the impact of these actions on the health and wellbeing of people in Dundee. This will include setting out the specific data the IJB will measure and report. For some data it will include setting targets for the change the IJB wants to see over the next 10 years.

The IJB will also continue to publish data through the performance information that Dundee City Council, NHS Tayside and the Dundee Partnership publish. It will also take part in reporting arrangements for IJBs that support the Scottish Government to publish national performance information for health and social care services.

21 You can find out more about the 9 National Health and Wellbeing Outcomes at:
<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/>

You can find out more about the 23 National Health and Wellbeing Indicators at:
<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2015/04/health-social-care-integration-core-suite-indicators/documents/core-suite-integration-indicators/core-suite-integration-indicators/govscot%3Adocument/00475305.pdf>

This includes information about how the indicators are measured and reported

Resources and Risks

Resources to Support Delivery

There are a range of resources that the IJB can use to support the actions in the Annual Delivery Plan and to achieve the ambitions set out in this strategic framework. These are:

Financial resources

The money that is available to the IJB to fund health and social care services and supports.

Dundee City Council and NHS Tayside give the IJB funds to spend on the delivery and improvement of adult health and social care services. The IJB uses these funds to buy services and supports that meet the needs of people in Dundee and that help to achieve the ambitions and priorities set out in this strategic framework. The Scottish Government and other organisations sometimes also provide extra funds to the IJB to spend on specific things, like the priorities they have set in national plans and policies for health and social care.

In 2022/23 Dundee City Council and NHS Tayside gave the IJB just over £284 million to spend on adult health and social care services.

Every year the IJB must decide how it will spend the money it has, they do this by setting a balanced budget. It cannot spend more than it has been given by the Council, NHS Tayside and other funders, this means that decisions sometimes have to be made to spend less buying one type of service so that more can be spent on new or improved services in another areas.

In 2022/23 the IJB spent most of its budget on:

1. Services for older people (23.2% or £65.9 million)
2. Services for people who have a learning disability (11.5% or £32.7 million)
3. Prescribed medications (11.4% or £32.3 million)
4. General medical services provided by GPs (10.4% or £29.5 million)
5. Family health services including community dental, optical and pharmacy services (8.4% or £23.9 million)

The cost of delivering health and social care services is increasing. This is because of things like pay increases for the health and social care workforce and increased cost to services of energy, rent and other things that are impacted by inflation. Increased need and demand for services also makes the overall cost of providing services higher. At the same time the IJB, and other public services, have not had an increased amount of funding to meet these increased costs.

The health and social care workforce

These are the people employed by Dundee City Council, NHS Tayside and the third and independent sector who work in health and social care services. This includes services that are paid for by the money that the IJB has but also people who work in other organisations that have an impact on health and wellbeing.

The Partnership has 995 individual staff (working the same amount of hours as 900 people who work full-time) who are employed by Dundee City Council and 1,555 (working the same amount of hours as 1,325 people who work full-time) staff who are employed by NHS Tayside.

The largest staff groups are nurses (825), social and home care workers (615) and allied health professionals (320). These posts collectively account for 67% of the total Council and NHS health and social care workforce.

87% of the total Council and NHS health and social care workforce are female.

Across each health and social care service area, at least 40% of the total NHS and Council employed workforce is aged 50+

108 employees stated they have a disability which is 4.3% of all employees. This is lower than the 8.3% of Dundee residents aged 16-74 who stated in the 2011 Census that they have a disability which limits day to day activities a lot.

54 employees stated they were from a minority ethnic background, which is 2.1% of all employees. This is lower than the 5.6% of Dundee residents ages 16+ who stated they were from a minority ethnic group in the 2011 Census.

Property

The IJB does not own any property. Health and Social Care services and supports are delivered from places that are owned by other organisations. This is normally Dundee City Council and NHS Tayside, but can also be buildings owned by the third and independent sector. Across the Dundee Health and Social Care Partnership services and supports are delivered from a wide range of different places, including:

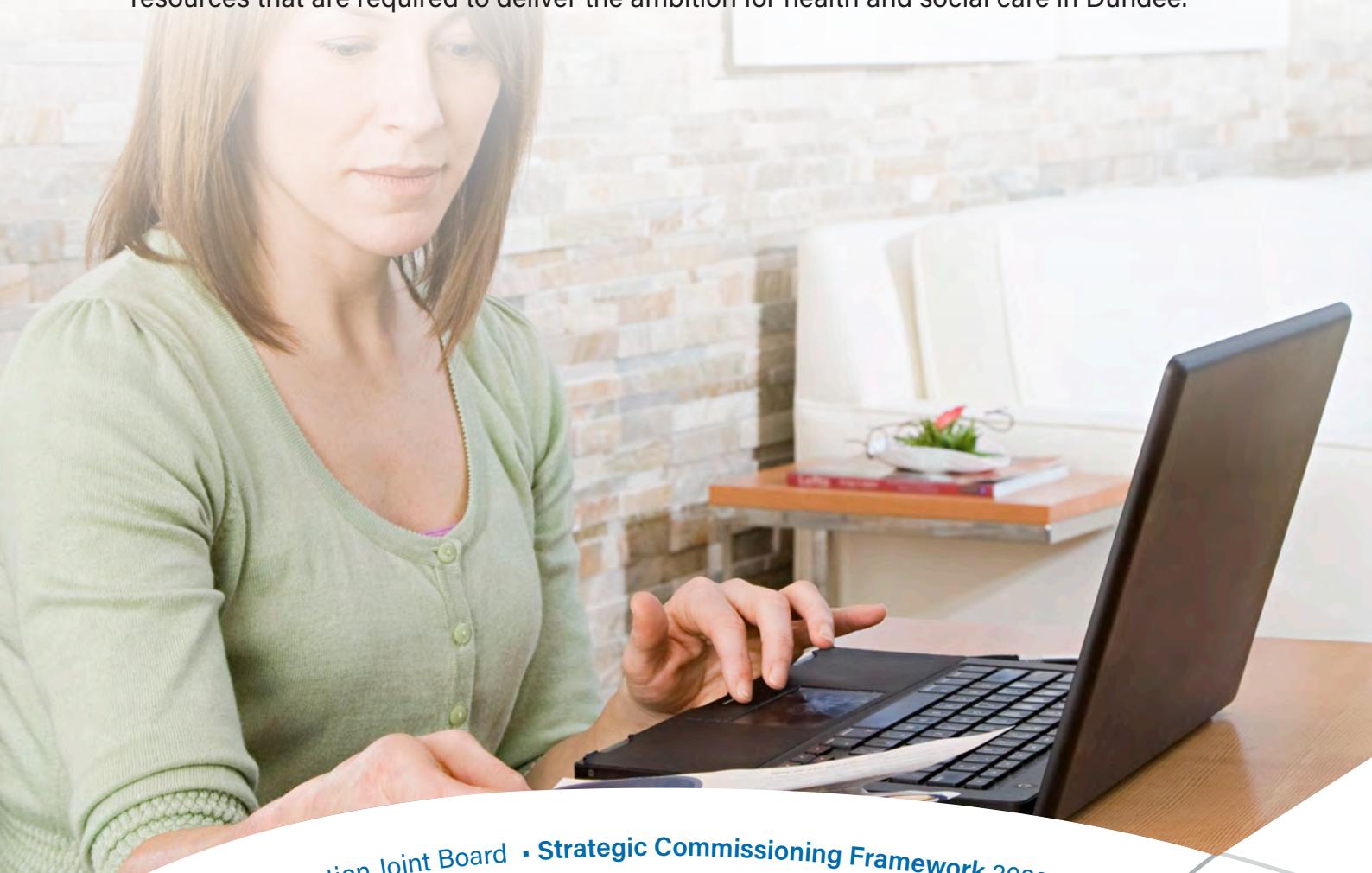
Property			
23 General Practices	4 Hospitals	4 Care Homes	4 Day Centres
1 Palliative Care Unit	2 Respite Units	1 Equipment Store	6 Office Bases
1 Records Store	7 other community-based service delivery sites	42 community-based venues used by social care teams	Shared sites of service delivery in Angus and Perth & Kinross
Service delivery sites in the third sector and independent sector			

The long-term ambition is that health and social care services and supports will be delivered from places that are modern, fit for purpose and are used to their maximum potential. There are some important changes that will make it challenging to do this: Dundee City Council and NHS Tayside are both working to reduce the number of premises they have in the city and the physical condition and design of some properties is not suitable for modern ways of delivering services. However, developments in digital technology and changes in the way that the health and social care workforce work are factors that will help to make better use of the buildings that are available to the Health and Social Care Partnership in the future.

Digital

This is the IT and technology available to support the delivery of health and social care services. The IJB does not own these resources, they are normally provided by Dundee City Council and NHS Tayside. It includes the IT equipment and systems that are used by the health and social care workforce, but also resources that they use to provide care to people and for people to look after their own health and wellbeing.

The IJB will publish a Resource Framework. This will describe in more detail the financial resources the IJB has and how it plans to use them. It will also set out how the IJB will work with Dundee City Council and NHS Tayside to secure the workforce, property and digital resources that are required to deliver the ambition for health and social care in Dundee.



Risks to Delivery

There are a number of potential risks that could impact on the delivery of this strategic framework. The IJB regularly considers these risks and how their impact can be reduced. It also has systems in place to identify any new risks and consider how they can be managed. Information about the risks to the delivery of this strategic commissioning framework is regularly reported to the IJB. In April 2023, when this framework was written, the biggest risks to the delivery of the strategic commissioning framework were:

- Planned reductions in the financial resources the IJB has to support the delivery and improvement of health and social care services and supports.
- Difficulties making sure that there are enough people in the health and social care workforce, with the right skills and experience, to deliver the actions and ambitions.
- Limited money in Dundee City Council and NHS Tayside to invest in and improve community-based buildings from which health and social care services are delivered.
- The impact of the cost of living crisis on the health and wellbeing needs of people. These impacts might mean that actions planned have less overall positive impact on people's health and wellbeing.
- The longer-term impact of the COVID-19 pandemic on health and social care needs and outcomes for people in Dundee.
- Challenges faced by providers of health and social care services in the third and independent sector in meeting increasing costs with less funding available to them.
- The impact of changes to the way health and social care services are planned and delivered in Scotland, through the introduction of a National Care Service.

An overview of current risks will be provided each year as part of the IJB's Annual Delivery Plan.

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Explanation Notes

Term	Explanation
Acute services	This is short-term treatment, normally in a hospital, for a severe injury or episode of illness or an urgent medical condition.
Adult screening programmes	Screening is the process of identifying people who appear to be healthy but may be at an increased risk of a disease or condition. There are a number of screening programmes in Scotland. These are designed to detect early signs of a disease or condition and provide referrals and treatment as early as possible.
Capacity building	This is the process of developing and strengthening the skills, abilities and resources that individual people, communities or organisations have to survive, adapt and thrive.
Carbon footprint	This is the amount of carbon dioxide released into the atmosphere (the air) as a result of the activities of a person, community or organisation.
Community-based	The services and supports provided by the IJB through Dundee Health and Social care Partnership are often identified as community-based services. These are services that are delivered from and within local communities. This might be in people's own homes as well as in places like health centres.
Community Wealth Building	This is a different approach to supporting economies to work. The aim is to make sure that more wealth and opportunity benefits local people. Dundee Integration Joint Board is an 'anchor institution' - this is an organisation that can influence and make change in the local economy.
Delivery plan	This is the plan that the Dundee Health and Social Care Partnership makes each year about the actions it will take to deliver the big changes the IJB has said must happen in their strategic framework. It tells people how these changes will be made in practice.
Deprivation / deprived areas	Deprivation is the result of a lack of income and other resources. In Scotland the Scottish Index of Multiple Deprivation (SIMD) is a tool that is used to identify places in Scotland where people are experiencing disadvantage across different areas of their lives.

Term	Explanation
Dundee Partnership / Local Community Planning Partnerships (LCPP)	<p>This is Dundee's Community Planning Partnership; this is the name given to all services that come together to take part in community planning. They are responsible for producing the City Plan, which sets out the big issues impacting people in Dundee and how partners will work together to make improvements.</p> <p>Within the Dundee Partnership there are 8 Local Community Planning Partnerships (Strathmartine, North East, Coldsie, West End, The Ferry, Maryfield, East End, Lochee). Each one brings together elected members, people living in the area and staff from services who work in the area to plan and deliver better services for that community.</p>
Early intervention	<p>This is a way of working that aims to ensure people get the care, support and information that they need as early as possible so that their situation does not get worse.</p>
Eligibility criteria	<p>This is a way of deciding whether or not a person's health and social care needs are at the level where they should receive support from public sector services, for example care at home services funded by the Health and Social Care Partnership.</p>
Enabling independence	<p>This is a way of working that aims to support people to be able to continue to look after their own health and wellbeing as much as is possible in their specific circumstances. It involves services working with people to understand what support they need to live independently, including equipment that might help them.</p>
Equality	<p>Equality is about making sure that every person has an equal opportunity to make the most of their lives and talents. It is about the belief that no-one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability.</p>
Equality outcomes	<p>This is a result that the IJB aims to achieve in order to eliminate discrimination, advance equality of opportunity or foster good relations with people / groups of people who have a protected characteristic.</p>

Term	Explanation
Fairness	This is about the unfair differences between outcomes for people in Scotland because of socioeconomic disadvantage. This means things like having a low income, living in a deprived area, not having any savings or other forms of wealth (like owning a home) and not having enough material things (like clothes and other essential items).
Gendered approach	Men, women and non-binary people experience the world differently. A 'gendered approach' focuses on understanding the different experiences people have, why they have these experiences and what this means for how services and supports can better meet their needs.
Health and Social Care Partnership	The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) required Local Authorities (Councils) and Health Boards to integrate the planning of some health services and functions and most social care functions. Dundee City Council and NHS Tayside deliver integrated services as Dundee Health and Social Care Partnership (sometimes shortened to the 'Partnership,' 'DHSCP' or 'HSCP' or H&SCP). The HSCP is a way for both organisations, along with the Independent and Third Sector, to deliver the services planned by the IJB.
Independent sector	Privately owned companies delivering health and social care services. This can be single care home organisations to large providers in health and social care.
Inequalities / health inequalities	Health Inequalities are the differences that exist between the health of different population groups. This type of gap exists between people with different personal characteristics (such as their age, sex or whether or not they have a disability) and between people who live in poorer and more affluent areas of the city.
Integrated care and support	This is a way of working where services and supports work very closely together to assess and meet people's needs. It might include people from different professions working together in the same team.

Term	Explanation
Integration Joint Board (IJB)	The IJB is the formal legal body that is responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults. Some of the membership of the IJB is defined in legislation. Details of the current Dundee City IJB membership is available at https://www.dundeehscp.com/dhscp-who-we-are The IJB
Life expectancy	This is a statistical measure of the average time a person is expected to live.
Long-Covid	This is a term used to describe the effects of Covid-19 that last for several weeks or months beyond the initial illness.
Long-term conditions	This is an illness that cannot be cured, however it may be able to be controlled with medicines or other treatments. Examples of long-term conditions include diabetes, arthritis, asthma and some mental health conditions.
National Outcome / National Health and Wellbeing Outcome	These are the things that the Scottish Government has decided are important that everyone can experience or achieve. They describe the type of place they want Scotland to be.
Participatory budgeting	This is a form of participation where people are involved in the process of deciding how public money will be spent.
Performance framework	This is a document that describes how the IJB will measure the progress it is making towards achieving their ambition and the strategic shifts. It describes how data and other types of information will be used to show the impact that services and supports have on people. It will also say how the IJB will report this information, including to members of the public.
Personalised / personalisation / personal outcomes	This is a way of working where services and supports focus on people as unique individuals. This includes thinking about their specific individual needs, as well as the things each person wants to achieve or be better about their life (their personal outcomes). It involves delivering services in a flexible way and adapting them to the unique individual, rather than providing one standard service to everyone.

Term	Explanation
Post diagnostic support	This is the range of services and information available to people once they have been diagnosed with a health condition.
Prehabilitation	This is a way of working with people to help them get ready for medical treatment. It aims to help people leave hospital sooner after their treatment, have fewer side effects and cope better with ones that do happen, and to have a quicker overall recovery.
Prevalence	This is the proportion (or percentage) of people in the population who have a specific characteristic. For example, 5% (1 in 20) people in Scotland have diabetes.
Prevention	This is a way of working that aims to tackle the underlying causes of poor health and wellbeing. Instead of waiting for people to become unwell or need support from services, the aim is to prevent that happening. This way of working often involves working with whole communities or populations.
Primary care	This is the day-to-day healthcare available in every local area including: GPs (general practitioners)-the family or local doctor and community and practice nurses.
Protected characteristic / Communities of interest	<p>The Equality Act 2010 defines nine protected characteristics. These are the characteristics where evidence shows that people experience significant discrimination in areas like employment, provision of services and access to services.</p> <p>Communities of interest are communities of people who share the same characteristics.</p>
Rehabilitation	This is a way of working with people who have a medical condition or disability to help them to live as independently as possible. This can include working with people to help them to manage symptoms, changing their environment to better meet their needs, using assistive equipment and providing information to help people to manage their own health and wellbeing needs.
Resources	These are the things that the IJB and other partners have available to them to invest in health and social care services and supports. This can include money, the workforce, property and IT resources (such as IT equipment and systems).

Term	Explanation
Rights-based	A rights-based approach is about supporting people to know and claim their rights. This includes supporting people to have more opportunities to be part of the decisions that impact on their rights. It also includes services understanding rights, respecting them and knowing how to help people access them.
Self-care / self-management	This is a way of working that focuses on supporting and empowering people to manage their own health needs and conditions. It can include things like supporting people to manage their own medication or treatment, or to monitor their condition and know when to ask for more support.
Self-Directed Support	This is a way of providing social care support that aims to give people more control, choice and flexibility of their own lives and the support they want. It is a method of arranging social care support in a tailor-made way so that people can live independently and with the best possible quality of life.
Social determinants of health	These are non-medical things that impact on health outcomes and have a big influence on health inequalities. Some important social determinants are: income, education, unemployment, food insecurity and housing conditions.
Social prescribing	This can be undertaken by anyone working within health and social care services. It is a way of working that focuses on referring people to a range of non-medical services that can support their health and wellbeing. It involves helping people to find the services that would best meet their needs, as well as supporting them to access those services.
Strategic commissioning	This is a process for understanding needs and planning how to invest money and other resources to meet that need and deliver better outcomes for people.
Strategic needs assessment	This sets out current and (predicted) future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within an IJB area.
Strategic priorities	These are the important areas that planners decide to work together to focus on to make improvements and improve outcomes for people.

Term	Explanation
Third sector	This includes charities, social enterprises and voluntary groups, In health and social care. They deliver essential services including those commissioned by the Health and Social Care Partnership.
Transitions	Transitions can take place in health and social care when people have significant changes in their life circumstances and / or move between different services and supports. For example, when young people move into adulthood they also move from children's service into adult services.
Trauma / Trauma-informed	People can experience trauma as a result of an event, a series of events or their life circumstances. Trauma can be physically and emotionally harmful and can impact people's health and wellbeing for the rest of their life. Trauma-informed approaches to delivering services and supports are designed to understand that people may have experienced trauma and to better meet their needs.
Unpaid carer	This is someone of any age who looks after or supports a family member, partner, friend or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and will not be paid for the care they give, although may or may not receive carers allowance or carer premium. Some carers look after more than one person.
Unscheduled hospital care	This is health care that was not planned in advance. This might be accessed through services like NHS 24, GP Out-of-Hours Service or at A&E.

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Appendix 1 - Housing Contribution

Dundee City Council Neighbourhood Services and the IJB know that living in good quality, safe, stable and secure housing has a positive effect on people's overall health and wellbeing. They also know that, poor quality accommodation, being at risk of homelessness, antisocial behaviour, high energy costs and low incomes may have a negative impact on health and wellbeing.

The housing sector has an important role in supporting the IJB to achieve its ambition for health and social care. This is reflected in the requirement (Section 53 of the Public Bodies (Joint Working) (Scotland) Act 2014) to produce a Housing Contribution Statement as part of the IJB's Strategic Commissioning Plan. This Housing Contribution Statement sets out how the local housing sector will actively work with the IJB to help them achieve their priorities and ambitions. The Dundee IJB published its last **Housing Contribution Statement** in February 2020.

The Local Housing Strategy (2019-2024) (link to be added) is the document that sets out plans for tackling fuel poverty, and for providing housing, housing support and homelessness services. A new Local Housing Strategy will be written over the next year, this will provide a good opportunity for the IJB and Neighbourhood Services to work together to produce a new Housing Contribution Statement that focuses on the new ambition and priorities for health and social care as well as the new priorities for housing. The IJB will publish a fully updated Housing Contribution Statement by June 2024.

While work is happening to produce the new Local Housing Strategy and Housing Contribution Statement the IJB, Neighbourhood Service and other local housing organisations will continue to work together.

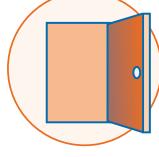


Many people in Dundee have a housing need that impacts on their health and wellbeing. Some of the biggest challenges are:

- Homelessness, fuel poverty and poor housing conditions impact the most on people, including unpaid carers, who live in the poorest areas of the city and people who have protected characteristics.
- Many people find themselves in a housing crisis and this also has an impact on their health and wellbeing. This might be because of abuse in a relationship, difficulties they have living independently because of poor mental health and wellbeing or because the housing they have isn't right for their physical health needs.
- There is not enough housing of the right type and in the right area to meet everyone's needs, including their health and social care needs. This is a problem across other areas in Scotland too. People might have to wait for the right housing for them, including 'particular needs' housing that has been designed to meet the needs of people who are disabled or have long-term health conditions (including wheelchair accessible housing).

Until the new Local Housing Strategy is written, Neighbourhood Services and the IJB will continue to work together to tackle these issues. Some of the most important things they will focus on are:



IJB Strategic Priority	Local Housing Strategy (2019-2024) Priority
 Inequalities	<ul style="list-style-type: none"> Tackling homelessness and supporting vulnerable people Tackling fuel poverty Housing options and homelessness prevention
 Self Care	<ul style="list-style-type: none"> Housing support Particular needs housing Housing adaptations
 Open Door	<ul style="list-style-type: none"> Housing options and homelessness prevention
 Planning Together	<ul style="list-style-type: none"> Housing support Regeneration Particular needs housing Housing adaptations
 Working Together	<ul style="list-style-type: none"> Improving standards in the private rented sector

More information about the specific actions that will be taken over the next year is included in the IJB's annual delivery plan.

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Appendix 2 - National Health and Wellbeing Outcomes and Indicators

National Health and Wellbeing Outcomes

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

National Health and Wellbeing Indicators

- % of adults able to look after their health very well or quite well.
- % of adults supported at home who agree that they are supported to live as independently as possible.
- % of adults supported at home who agree that they had a say in how their help, care or support was provided.
- % of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
- % of adults receiving any care or support who rate it as excellent or good
- % of people with positive experience of care at their GP practice.
- % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
- % of carers who feel supported to continue in their caring role.
- % of adults supported at home who agree they felt safe.
- % of staff who say they would recommend their workplace as a good place to work.
- Premature mortality rate.
- Rate of emergency admissions for adults.
- Rate of emergency bed days for adults.
- Readmissions to hospital within 28 days of discharge.
- Proportion of last 6 months of life spent at home or in community setting.
- Falls rate per 1,000 population in over 65s.
- Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
- Percentage of adults with intensive needs receiving care at home.
- Number of days people spend in hospital when they are ready to be discharged.
- % of total health and care spend on hospital stays where the patient was admitted in an emergency.
- % of people admitted from home to hospital during the year, who are discharged to a care home.
- % of people who are discharged from hospital within 72 hours of being ready.
- Expenditure on end of life care.



Dundee Integration Joint Board Integrated Impact Assessment

Part 1 - Pre-Integrated Impact Assessment Screening.

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

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

Title of Report/Project/Strategy	IJB Strategic Commissioning Framework 2023-2033
Lead Officer for Report/Project/Strategy	Kathryn Sharp Service Manager
Name and email of Officer Completing the Screening Tool	Joyce Barclay Joyce.Barclay@dundee.city.gov.uk
List of colleagues contributing information for Screening and IIA	Members of Dundee Strategic Planning Advisory Group have considered draft documents for Plan The final public consultation for draft report included a draft IIA for comment. Joyce Barclay Kathryn Sharp
Screening Completion Date	March 2023 - IIA completion date May 2023
Name and Email of Senior Officer to be Notified when Screening complete	Kathryn.sharp@dundee.city.gov.uk

Is there a clear indication that an IIA is needed? Mark one box only

<input checked="" type="checkbox"/>	YES	Proceed to IIA
	NO	<i>Continue with Screening Process</i>

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

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PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Kathryn Sharp
Author Title	Service Manager (Strategic Planning, Health Improvement, Commissioning)
Dundee Health and Social Care Partnership	
Author Email	Kathryn.sharp@dundeeicity.gov.uk
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IJB Chief Executive	Vicky Irons
Email	Vicky.irons@dundeeicity.gov.uk
Telephone	01382 434000
Address	Claverhouse East, Jack Martin Way, Dundee

Document Title	The Plan for excellence for health and social care in Dundee; Strategic Commissioning Framework 2023-2033
IJB Report Number	DIJB27-2023
Document Type	Strategic plan
New or Existing Document?	New
Document Description	IJB Strategic Commissioning Framework- The plan for excellence in health and social care in Dundee and covering report.
Intended Outcome	As a result of the plan people in Dundee will be enabled to have the best possible health and wellbeing throughout their life; supported by health and social care services that will help to reduce the differences in health and wellbeing that exist between different groups of people through a focus on helping people in the way that they need and want.
Planned Implementation Date	May 2023
Planned End Date	May 2033
How the proposal will be monitored and how frequently	The impact of the plan will be monitored through a variety of mechanisms including Quarterly Performance Reports and Annual Performance Reports. The intention is that the plan will be delivered through short, medium- and long-term goals, actions and activities. A Performance Framework is to be developed to set out in more detail arrangements for monitoring and reporting progress. Dundee Health and Social Care Partnership is also to develop an Annual Delivery Plan. The IJB will receive regular updates on implementation of the plan.
Planned IIA review dates	May 2026, May 2029, May 2032.
IIA Completion Date	31 May 2023
Anticipated date of IJB	21 June 2023

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

Officer	People/groups	Activity/Activities	Date
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Senior Officer / Service Manager	Members of the public DHSCP workforce	Formal review of the IJB's Strategic Commissioning Plan undertaken during 2021/22. This included a number of focus groups with the workforce / organisational stakeholders, as well as with members of the public, including patients, service users and carers.	2021/22
Chief Finance Officer / Service Manager	Members of the public	Public survey conducted as part of the statutory review of the Dundee Health and Social Care Integration Scheme	2022
Care Group Strategic Planning Group Chairs	Strategic Planning Group members Members of the public	Strategic Planning Groups have continued to engage with members of the public who use health and social care services and unpaid carers as part of their work to review and develop care group strategic plans. This has included a specific focus on carers, learning disability, mental health, substance use and primary care. A variety of methods have been used including surveys, focus groups and large-scale engagement events.	2021/22 and 2022/23
Senior Officer / Service Manager	Members of the public DHSCP workforce IJB members and Strategic Planning Advisory Group members	Targeted engagement aligned to the development of the strategic commissioning framework. See activities detailed in appendix 1 of cover report; Summary Engagement Report.	October 2022-May 2023
Service Manager / Senior Officer		Review of strategic needs assessment and performance information related to protected groups	May 2023

Equality and Fairness Impact Assessment Conclusion

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

The strategic framework has significant potential positive impacts on many of the protected characteristics and will enhance the IJB's contribution to fairness in the city of Dundee. The plan is targeted to deliver enhanced support to people who need it most as a result of health inequalities and poverty, as well as delivering support to those affected by disability and poor health (mental and physical). Older people, as the largest group of users of health and social care services, will benefit from efficient and effective provision of health and care supports and carers will be positively impacted as a result of targeted work with them. Mental health and wellbeing of people in the city will be enhanced and there will be an improved response to people who use drugs and alcohol. The open-door approach to access will support people with a range of characteristics and disadvantages, and planning with local people and the workforce means that there are opportunities for all to highlight barriers and concerns and have them addressed. The priority given to workforce contributes to the delivery of fairness objectives in Dundee and is likely to have significant positive impacts for females (who make up the vast majority of the health and social care workforce).

Some potential risks of negative impacts have also been identified. These relate to two main areas:

1. The targeting of support to address inequalities, whilst beneficial to disadvantaged and minority groups in general, may risk a reduction in some service and supports for other people. This includes older people, disabled people and people living in the most affluent LCPPs (The Ferry and West End). There may also be a risk of indirect negative impacts on unpaid carers who are providing care for older and disabled people and for females (who are the largest group of older people and of unpaid carers). The potential for negative impact can be mitigated by the strategic

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shifts contained within other priorities within the strategic framework, particularly those contained within the Self-Care priority. Whilst people whose health and social care needs are lower may experience a reduction in some services and supports available to them (inline with eligibility criteria) there will be a more pro-active approach to informing people of and signposting them to informal community supports and self-care resources. The actual impact of this shift in approach will be monitored through ongoing engagement with potentially affected groups, including through the Carers Partnership. There are also opportunities to monitor the impact through Partnership information systems; including complaints and performance reporting.

2. A continued focus on shifting the balance of care from hospital and residential settings to the provision of care in peoples' own homes and communities could create a risk of a negative impact on unpaid carers if community and home-based support services are not sufficiently enhanced in terms of scale and quality to meet the needs of cared for people. However, the strategic shifts within the Planning Together priority and other priorities within the framework have a clear focus on investment in and improvement of these services with a view to mitigating potential negative impacts. The impact of this will be monitored via the Carers Partnership including through ongoing engagement and reporting against their performance indicators (currently under development).

PART 2- Assessment (continued)

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

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

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	X	
No Impact		
Negative	X	
Not Known		<p>It is known that older people are the highest users of a number of health and social care services and supports. Therefore, it is anticipated that the strategic shifts contained within the framework will have a greater positive impact on older people than on other people within the population. Specific strategic shifts with a focus on older people or younger people are highlighted below.</p> <p>Inequalities Priority – Positive as targets resources at reducing differences in wellbeing meaning older people most in need will be prioritised. Potential impact to older people with less needs who may be less likely to receive some services and support; however, enhancement to self-care will support mitigation of potential negative impact. This priority includes a strategic shift focused on improving accessibility of information for older people. This reflects the recognition that the widespread use of digital communication and publication does not meet the needs of older people as well as it does for the rest of the population. 18 % of Dundee's population is aged 65 years or over and 68% of this group have one or more long-term condition that might impact on their communication needs. It also includes a focus on reducing isolation and loneliness amongst older people.</p> <p>Open door Priority-includes a commitment to have alternatives to digital access in place. As highlighted above alternatives to digital access are particularly important to older people.</p>

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		<p>Planning Together Priority – this includes a strategic shift focused on supporting older people to live well and independently in the community, with a direct positive benefit to older people.</p> <p>Workforce Priority- this priority includes a commitment to supporting the young workforce to enter employment in health and social care services. It also includes a commitment to developing the overall diversity of the health and social care workforce, including diversity in terms of age. Currently, 40% of the Dundee Health and Social Care Partnership workforce (employed by Dundee City Council and NHS Tayside) are aged 50 years of over. Working towards a more diverse workforce will positively benefit younger people.</p>
Disability	Y/N	Explanation, assessment and potential mitigations
Positive	X	
No Impact		
Negative	X	
Not Known		<p>It is known that people with a disability have a higher level of health and social care need than the rest of the population. It is also known that they experience poorer health and wellbeing outcomes, including life expectancy, than other people. Therefore, it is anticipated that the strategic shifts contained within the framework will have a greater positive impact on disabled people than on other people within the population. Specific strategic shifts with a focus on people with a disability are highlighted below.</p> <p>Inequalities Priority – Positive as targets resources at reducing differences in wellbeing, meaning disabled people most in need will be prioritised. Potential impact to some people who are less affected by their disability and therefore may be less likely to receive some services and support. However, the focus on early intervention and prevention may increase positive outcomes at an earlier stage reducing the impact of disability. This priority includes a strategic shift focused on improving accessibility of information for people with a sensory impairment, learning disability or who are BSL users. This reflects the recognition that in its current format much of the information published by the IJB and DHSCP does not meet the specific communication needs of these groups. For every 1,000 people living in Dundee just under 25 are blind or have partial sight loss and just under 70 are deaf or have partial hearing loss. Dundee also has the highest population of adults with a learning disability of any local authority area in Scotland (in 2019: 1101 adults over 16, with a further 227 people known to have an autistic spectrum disorder). Although alternative formats can be requested by people, proactive publication of more accessible information will positively impact on communication and support more effective engagement between them as individuals and as a group with the IJB. This priority also includes a commitment to develop a clear strategic plan for meeting the needs of people with a physical disability or sensory impairment.</p> <p>Planning Together Priority- this priority includes a strategic shift focused on ensuring disabled people get the care or support they need in their own home or places local to them. There is also a focus on supporting people with a learning disability to live well and be part of their community.</p> <p>Workforce Priority- this priority includes a commitment to developing the overall diversity of the health and social care workforce, including disability. Currently 4.3% of the workforce have a disability, compared with 8.3% of all Dundee residents aged 16-74 years. Working towards a more diverse workforce will positively impact disabled people.</p>

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		Working Together Priority- a significant proportion of young people who transition from children's service health and social work supports into adult health and social care services have a disability. The strategic shift within this section focused in improving transitions into adulthood is therefore likely to have particularly positive benefits for people with a disability.
Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive		At the present time there is not sufficient data available to assess the demand for and use of delegated health and social care services by people who have been through gender re-assignment.
No Impact	X	
Negative		
Not Known		There is no identifiable impact that can be monitored as part of this plan. However, people who are affected by Gender Reassignment would be expected to benefit from and be considered through work to increase ease of access to services, workforce diversity and other strategic shifts contained within the framework.
Marriage & Civil Partnership	Y/N	Explanation, assessment and potential mitigations
Positive		There is no identifiable direct impact that can be monitored as part of this plan. However, people who might experience or perceive barriers as a result of marital status might benefit from work to increase ease of access to services, workforce diversity and other strategic shifts contained within the framework.
No Impact	X	
Negative		
Not Known		
Race & Ethnicity	Y/N	Explanation, assessment and potential mitigations
Positive	X	At the present time there is not sufficient data available to assess the demand for and use of delegated health and social care services by black and minority ethnic people and therefore the impact of the framework on them cannot be fully and accurately assessed at this time. However, it is known through wider research evidence that black and minority ethnic people experience inequalities in health and social care needs and outcomes, for example they were at a higher risk of dying during the pandemic. Therefore, it is anticipated that the strategic shifts contained within the framework are likely to have a positive impact on black and minority ethnic people. Specific strategic shifts with a focus on black and minority ethnic people are highlighted below.
No Impact		
Negative		
Not Known		<p>Inequalities Priority - this priority includes a strategic shift focused on improving accessibility of information for people whose first language is not English. This reflects the recognition that in its current format much of the information published by the IJB and DHSCP does not meet the specific communication needs of this group of people. Evidence from 2021 Census shows that 12,121 people in Dundee use a language other than English at home. Although alternative formats can be requested by people, proactive publication of more accessible information will positively impact on communication and support.</p> <p>Open Door Priority- ways to support ease of access for all including looking at barriers people might experience in accessing service due to language or other barriers.</p> <p>Workforce Priority- this priority includes a commitment to developing the overall diversity of the health and social care workforce, including race and ethnicity. Currently 2.1% of the workforce are from a minority ethnic group, compared with 5.6% of all Dundee residents aged 16-74 years. Working</p>

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		towards a more diverse workforce will positively benefit people from minority ethnic groups.
Religion & Belief	Y/N	Explanation, assessment and potential mitigations
Positive	X	It is anticipated that the main way in which the strategic framework will impact on religion and belief is through the commitment to personalisation of planning and of support. This is reflected in a number of strategic shifts across the priorities within the plan (with the exception of the Workforce priority). Further personalisation of services is likely to have a positive impact as people with have greater opportunity to plan the services and supports for future that take account of religious beliefs and preferences.
No Impact		
Negative		
Not Known		
Sex	Y/N	Explanation, assessment and potential mitigations
Positive	X	Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females. It is therefore anticipated that both the positive and negative impacts set out for older people (above) will have a greater impact for females than for males.
No Impact		
Negative	X	
Not Known		<p>It is known that the majority of unpaid carers are female. It is therefore anticipated that the positive impacts set out (below) for unpaid carers will have a greater impact for females than for males.</p> <p>Inequalities Priority – this contains a strategic shift specifically focused on applying gendered approaches within health and social care service delivery. A gendered approach should enhance the quality of support available to all people across the city, including both males and females. This priority also contains strategic shifts focused on drug and alcohol use and mental health, including suicide. Data from Dundee demonstrates that currently more males than females die by completion of suicide and through drug related deaths. Therefore, actions to improve services and supports will have a greater impact on males than females. Data also demonstrates that females are more likely than males to experience a range of forms of violence and abuse within family and intimate relationships across their lifetime, including domestic abuse and sexual violence. Therefore actions to improve services and supports in these areas will have a greater impact on females than males.</p> <p>Workforce Priority- 87% of the Dundee Health and Social Care Partnership workforce is female (those staff employed via Dundee City Council and NHS Tayside). There is also evidence that females in the workforce are more likely to be employed in lower paying roles, specifically in social care services. The strategic shifts set out within this priority which support implementation of fair work practices are therefore likely to significantly benefit females in the workforce. The strategic shift focused on improving workforce diversity is more likely to benefit males, providing greater opportunity for them to enter the health and social care workforce.</p> <p>Working Together Priority- this includes a strategic shift relating to the protection of people at risk of harm. Evidence from Dundee demonstrates that females are significantly more likely to be at risk of harm due to violence against women and other adult protection risks than males. It is therefore anticipated that this strategic shift will benefit females more than males.</p>
Sexual Orientation	Y/N	Explanation, assessment and potential mitigations
Positive		

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No Impact	X	There is no identifiable impact that can be monitored as part of this plan. However, people of minority sexual orientations would be expected to benefit from and be considered through work to increase ease of access to services, workforce diversity and other strategic shifts contained within the framework.
Describe any Human Rights impacts not already covered in the Equality section above.		
None		

PART 2- Assessment (continued)

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

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

Y or N	Area	Fairness – Explain Impact / Mitigations / Unknowns
Y/N	Strathmartine (Ardler, St Mary's & Kirkton)	The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. The priority relating to Inequalities in the strategic commissioning framework will mean that in the future resources will be targeted towards supporting those with the highest levels of health and social care need. This will support targeting of resources to support people living in communities affected by poverty and deprivation and affected by health inequalities. This approach is therefore likely to have positive impacts for people living in the 6 LCPPs that experience the highest levels of deprivation.
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Lochee (Lochee, Beechwood, Charleston & Menzieshill)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Maryfield (Stobswell & City Centre)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	North East (Whitfield, Fintry, Mill O'Mains)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	East End (Mid Craigie, Linlathen, Douglas)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	The Ferry	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	West End	
X	Positive	
	No Impact	
X	Negative	
	Not Known	

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

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
X	Positive	
	No Impact	
X	Negative	
	Not Known	<p>It is known that there are approximately 18,300 adult carers and 830 young carers in Dundee. 62% of adult carers supported by local services provide an average of 50+ hours on care per week. It is therefore known that any changes and improvements contained within the strategic framework will have a bigger impact on unpaid carers than other people within the population. The impact of the strategic framework on cared for people (primarily older people and people with a disability) will also have indirect impacts for unpaid carers (please see sections above). Whilst it is general considered that improvements in health and social care services and supports will have a positive impact on unpaid carers, specific strategic shifts impacting directly on carers are highlighted below.</p> <p>Inequalities Priority- targeting of support to those most in need is expected to have a positive impact on many unpaid carers. Enhancing levels of support to the most vulnerable and disadvantaged people in the city may provide a greater choice for unpaid carers regarding the type and amount of unpaid care they wish to provide to the cared for person. Targeting of support will also be an approach applied within services and supports for carers, with unpaid carers who are themselves disadvantaged or from minority groups benefiting more than others within the population of unpaid carers. However, for some carers there is a risk that targeting of support will mean some cared for people who have less need will be less likely to receive some services and supports. This risk is being mitigated by parallel enhancement for self-care and early intervention and prevention approaches, that will focus on supporting people at lower levels of need to access community-base supports and information appropriate to their level of need. The impact of this will be monitored via the Carers Partnership including through ongoing engagement and reporting against their performance indicators (currently under development).</p> <p>Self-Care Priority – this priority includes strategic shifts focused on supporting more carers to access opportunities to lead a fulfilled and healthy life and balance caring with other things in their lives. It is anticipated that this will have a positive impact on unpaid carers.</p> <p>Open Door Priority- this priority includes strategic shifts focused on identifying, respecting and involving unpaid carers as equal partners. It is anticipated that this will have a positive impact on unpaid carers.</p> <p>Planning Together Priority – this priority includes strategic shifts that will enhance the involvement of unpaid carers in developing future plans for health and social care, as well as enhancing unpaid carer experiences of supports and services for them and for cared for people. There is also a focus on enhancing palliative and end of life care, including supports for unpaid carers. Finally, there is a strategic shift focused on enhancing personalised support focusing on</p>

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		<p>achieving unpaid carers' individual personal outcomes. It is anticipated that these shifts will have a positive impact on unpaid carers. It is noted that the strategic shifts within this priority continue to focus on shifting the balance of care from hospital and residential settings to the provision of care in people's own homes and communities. This could create a risk of a negative impact on unpaid carers if community and home-based support services are not sufficiently enhanced in terms of scale and quality to meet the needs of cared for people. However, the strategic shifts within that priority and other sections of the plan have a clear focus on investment in and improvement of these services with a view to mitigating potential negative impacts. The impact of this will be monitored via the Carers Partnership including through ongoing engagement and reporting against their performance indicators (currently under development).</p> <p>Workforce Priority- this priority contains a strategic shift focused on providing support to members of the workforce who are unpaid carers to enable them to continue in their caring role. It is anticipated that this will have a positive impact on unpaid carers, particularly female unpaid carers (as 87% of the health and social care workforce is female).</p> <p>Working Together Priority- this priority contains strategic shifts focused on identifying, supporting, listening to and valuing carers. It is anticipated that this will have a positive impact on unpaid carers.</p>
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
X	Positive	
	No Impact	
	Negative	

People who have poor mental health and wellbeing are a significant proportion of all people accessing health and social care services

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Not Known	<p>and supports. This includes both community mental health services and wider health and social care services. It is known that Dundee has high numbers of people who report they are living with a mental health condition (5th highest in Scotland) and that mental health and wellbeing has been a key community concern following the COVID-19 pandemic. It is also known that people with poor mental health often also have a range of other health and social care needs, including physical health needs. Therefore, it is anticipated that the strategic shifts contained within the strategic framework will have a greater positive impact on people with poor mental health and wellbeing than on other people within the population. Specific strategic shifts with a focus on mental health and wellbeing are highlighted below.</p> <p>Inequalities Priority – a number of strategic shifts set out within this priority have a direct focus on mental health and wellbeing, with others have an indirect focus as people with poor mental health and wellbeing being considered to be a disadvantaged group. Strategic shifts with direct impact include increasing choice and accessibility of community-based supports, improving co-ordination of services and reducing deaths by suicide. Strategic shifts with indirect impacts include targeted investment in self-care and prevention, better identification of adults at risk of harm and enhanced trauma-informed responses. It is anticipated that these shifts will have a significant positive impact on people with poor mental health and wellbeing.</p> <p>Self-Care Priority- this priority contains strategic shifts focused on improving the prevention, self-care and self-management resources available for mental health and wellbeing. There is also a strategic shift focused on expanding opportunities for people with poor mental health and wellbeing to look after their physical health. It is anticipated that these shifts will have a positive impact on people with poor mental health and wellbeing.</p> <p>Open Door Priority – this priority includes a strategic shift focused on improving responses to distress (including out-of-hours). It is anticipated this will have a significant positive impact on people with poor mental health and wellbeing.</p> <p>Planning Together Priority- this priority includes a strategic shift focused on enhancing the range of community-based services to meet the recovery needs of people with poor mental health and wellbeing. It is anticipated this will have a significant positive impact on people with poor mental health and wellbeing.</p> <p>Workforce Priority – this priority includes a strategic shift focused on having a wider and more accessible range of mental health and wellbeing supports available to the workforce. In addition, there is a strategic shift focused on reducing staff absence; it is known that across the DHSCP workforce the largest reason for absence related to mental health and wellbeing. It is therefore anticipated that these shifts will have a significant positive impact on people within the workforce who have poor mental health and wellbeing.</p> <p>Working Together Priority- this priority includes a strategic shift focused on reducing the enduring impact of poor mental health and wellbeing through a focus on prevention. It is anticipated this will</p>
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		have a significant positive impact on people with poor mental health and wellbeing.
Y/N	Homeless	Explanation, assessment and potential mitigations
X	Positive	It is known that people who are homeless have a higher level and complexity of need for health and social care services and supports than the rest of the population. Therefore, it is anticipated that the strategic shifts contained within the strategic framework will have a greater positive impact on people who are homeless than on other people within the population. Specific strategic shifts with a focus on mental health and wellbeing are highlighted below.
	No Impact	
	Negative	
	Not Known	<p>Inequalities Priority – people who are homeless are recognised as being a disadvantaged and at-risk group. Strategic shifts with indirect impacts on homeless people include targeted investment in self-care and prevention, better identification of adults at risk of harm and enhanced trauma-informed responses. It is anticipated that these shifts will have a significant positive impact on people who are homeless.</p> <p>It is also known that people who are homeless are more likely than other people within the population to have poor mental health and wellbeing and / or to use drugs and alcohol. Please see sections on mental health (above) and drugs and alcohol (below) for further information.</p>
Y/N	Households of Single Female with Children	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
X	Positive	People who use drugs and alcohol are a significant proportion of all people accessing health and social care services and supports. This includes both community-based drug and alcohol services and wider health and social care services. It is known that Dundee has high numbers of people who use drugs and alcohol (4th highest prevalence of drug use in Scotland) and that both drug and alcohol related deaths are high. It is also known that people who use drugs and alcohol also have a range of other health and social care needs, including mental and physical health needs. Therefore, it is anticipated that the strategic shifts contained within the strategic framework will have a greater positive impact on people who use drugs and alcohol than on other people within the population. Specific strategic shifts with a focus on drug and alcohol use are highlighted below.
	No Impact	
	Negative	
	Not Known	<p>Inequalities Priority – a number of strategic shifts set out within this priority have a direct focus on drug and alcohol use, with others have an indirect focus as people who use drugs and alcohol are considered to be a disadvantaged group. Strategic shifts with direct impact include increasing choice and accessibility of community-based supports, improving co-ordination of services and reducing drug and alcohol related deaths. Strategic shifts with indirect impacts include targeted investment in self-care and prevention, better identification of adults at risk of harm and enhanced trauma-informed responses. It is anticipated that these shifts will have a significant positive impact on people who use drugs and alcohol.</p>

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		<p>Self-Care Priority- this priority contains strategic shifts focused on enhancing the role of peer recovery services, including earlier intervention through peer recovery supports. It is anticipated that this shift will have a positive impact on people who use drugs and alcohol.</p> <p>Planning Together Priority- this priority includes a strategic shift focused on enhancing the range of community-based services to meet the recovery needs of people who use drugs and alcohol. It is anticipated this will have a significant positive impact on people who use drugs and alcohol.</p> <p>Working together Priority- this priority includes a strategic shift focused on reducing the enduring impact of drug and alcohol use through a focus on prevention. It is anticipated this will have a significant positive impact on people who use drugs and alcohol.</p>
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
X	Positive	It is known that people who are receiving support from Community Justice Services have a higher level of health and social care need than the general population. This includes higher levels of poor mental health and wellbeing, drug and alcohol use, experiences of trauma and vulnerability to harm. It is therefore anticipated that the priorities and strategic shifts contained within the strategic framework will have an overall positive impact on these people. Further detail can be found above in the sections focused on mental health and wellbeing, drugs and alcohol and homelessness (above).
	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

Socio-Economic Disadvantage- consider if the following circumstances may be impacted		
Y/N	Employment Status	Explanation, assessment and any potential mitigations
X	Positive	The Workforce Priority and strategic shifts within this are anticipated to have a positive impact on employment status. Within this priority, strategic shifts focus on reducing absence levels and turnover, improving routes into the workforce for young people, improving recruitment and retention and fair work practices. These shifts in particular are likely to contribute to a positive impact on increasing employment, particularly fair work.
	No Impact	
	Negative	
	Not Known	
Y/N	Education & Skills	Explanation, assessment and any potential mitigations
X	Positive	The Workforce Priority and strategic shifts within this are anticipated to have a positive impact on education and skills. A high proportion of the workforce require to be register with a professional body and as part of this to maintain a record of their personal learning and development. Within this priority, strategic shifts focus on developing leadership and digital skills, as well as skills for self-evaluation and quality assurance. Strategic shifts focused on fair work include ensuring access to appropriate training and development for frontline staff. These shifts are likely to contribute to a positive impact on enhancing education and skills across the health and social care workforce.
	No Impact	
	Negative	
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
X	Positive	
	No Impact	

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	Negative	Strategic shifts focused on fair work within the Workforce priority are anticipated to have a positive impact on income. The impact will mainly be accrued by staff working in lower paid roles in frontline services, particularly females within the workforce.
	Not Known	Within the Working Together priority there is a strategic shift focused on ensuring people receive support and information to help them to cope with the cost of living crisis and work to support people living in poverty. It is anticipated that this will include support via partner agencies to ensure that people can maximise their household income.
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
X	Positive	Within the Working Together priority there is a strategic shift focused on ensuring people receive support and information to help them to cope with the cost of living crisis. It is anticipated that this will include support via partner agencies address fuel poverty.
	No Impact	
	Negative	
	Not Known	
Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
X	Positive	Please see section focused on Carers (above).
	No Impact	
X	Negative	
	Not Known	
Y/N	Affordability& Accessibility of Services	Explanation, assessment and any potential mitigations
X	Positive	The Open-Door priority has a direct focus on improving access to services and supports. This priority includes a range of strategic shifts addressing the effective provision of service information, referrals pathways and arrangements, out-of-hours supports, digital access and information sharing. It is anticipated that the implementation of these shifts will have a positive impact on improving the accessibility of services, including targeted work to improve accessibility for disadvantaged and minority groups.
	No Impact	
	Negative	
	Not Known	

Inequalities of Outcome- consider if the following may be impacted

Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
X	Positive	Within the Working Together priority there is a strategic shift focused on ensuring people receive support and information to help them to cope with the cost of living crisis and work to support people living in poverty. It is anticipated that this will include support via partner agencies to ensure that people can maximise their household income.
	No Impact	
	Negative	
	Not Known	
Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations
X	Positive	
	No Impact	

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	Negative	The Workforce Priority and strategic shifts within this are anticipated to have a positive impact on employment status. Within this priority, strategic shifts focus on reducing absence levels and turnover, improving routes into the workforce for young people, improving recruitment and retention and fair work practices. These shifts are likely to contribute to a positive impact on increasing employment, particularly fair work.
	Not Known	

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PART 2- Assessment (continued)

Y/N	Education	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
X	Positive	The overall ambition of the strategic framework is to support people in Dundee to have the best possible health and wellbeing.
	No Impact	
	Negative	
	Not Known	
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
X	Positive	The strategic framework is designed to enhance opportunities for optimum health and wellbeing of people in Dundee and reduce health inequalities, which in turn will increase life expectancy. Increased life expectancy is identified as a specific long-term strategic shift under a number of priorities within the plan.
	No Impact	
	Negative	
	Not Known	
Y/N	Mental Health	Explanation, assessment and any potential mitigations
X	Positive	The strategic framework is designed to enhance opportunities for the best mental health and wellbeing of people in Dundee. Please see above for further details regarding anticipated impacts for people with poor mental health and wellbeing.
	No Impact	
	Negative	
	Not Known	
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
X	Positive	The strategic framework is designed to enhance opportunities for optimum health and wellbeing of people in Dundee which includes health care and support for people impacted by being overweight/obesity. Specific strategic shifts focused on overweight/obesity are contained within the Self-Care and Working Together priorities.
	No Impact	
	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
X	Positive	The working Together priority within the strategic framework includes strategic shifts focused on whole family approaches and partnership approaches to responding to circumstances that impact on the health and wellbeing of young people (for example, the cost of living crisis and poverty).
	No Impact	
	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
X	Positive	Throughout the framework there is an emphasis on shifting the balance of care and enhancing the provision of care and support in people's homes and local communities. Overall this approach should reduce the need for people to travel to access an increasing proportion of health and social care services and supports. It should also have a positive impact on reducing workforce travel.
	No Impact	
	Negative	
	Not Known	
Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
X	Positive	

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	No Impact	Throughout the framework there is an emphasis on shifting the balance of care and enhancing the provision of care and support in people's homes and local communities. Overall this approach should reduce the need for people to travel to access an increasing proportion of health and social care services and supports. It should also have a positive impact on reducing workforce travel. The Working Together priority within the framework includes a strategic shift directly focused on reducing the carbon footprint, from transport and buildings, associated with the provision of health and social care services and supports.
	Negative	
	Not Known	
Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
X	Positive	The Working Together priority within the framework includes a strategic shift directly focused on reducing the carbon footprint, from transport and buildings, associated with the provision of health and social care services and supports.
	No Impact	
	Negative	
	Not Known	

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PART 2- Assessment (continued)

Resource Use

Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Procurement	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Transport

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

Natural Environment

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

Built Environment

Y/N	Built Heritage	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Housing	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

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PART 2- Assessment (continued)

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

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

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

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

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

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

NB Corporate Risk- is addressed in IJB reports

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