



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

City Chambers  
DUNDEE  
DD1 3BY

11th February, 2026.

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

Dear Sir or Madam

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

I would like to invite you to attend a meeting of the above Joint Board which is to be held on Wednesday, 18th February, 2026 at 10.00 am in Committee Room 2, 14 City Square.

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

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at [committee.services@dundeecity.gov.uk](mailto:committee.services@dundeecity.gov.uk) by 12 noon on Monday 16th February, 2026.

Yours faithfully

DAVE BERRY  
Chief Officer

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## **AGENDA**

### **1 APOLOGIES**

### **2 DECLARATION OF INTEREST**

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

### **3 MINUTE OF PREVIOUS MEETING - Page 1**

(a) The minute of previous meeting of the Integration Joint Board held on 10th December, 2025 is submitted for approval.

(b) ACTION TRACKER - **Page 9**

The Action Tracker (DIJB1-2026) for meetings of the Integration Joint Board is submitted for noting and updating accordingly

### **4 MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - SERVICE USER REPRESENTATIVE**

It is reported that the new service user representative on Dundee City Health and Social Care Integration Joint Board has been identified as Nicola Stevens.

The Integration Joint Board is asked to agree the appointment.

### **5 PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT - Page 11**

(Report No DIJB9-2026 by the Chair of the Performance and Audit Committee, copy attached – for information and record purposes).

### **6 STRATEGIC COMMISSIONING FRAMEWORK 2023-2033 – STATUTORY REVIEW - Page 13**

(Report No DIJB8-2026 by the Chief Officer, copy attached – for a decision).

### **7 CARERS STRATEGY 2026-2032 - Page 29**

(Report No DIJB2-2026 by the Chief Officer, copy attached – for a decision).

### **8 STRATEGIC RISK MANAGEMENT ARRANGEMENTS - Page 111**

(Report No DIJB7-2026 by the Chief Officer, copy attached – for a decision).

### **9 APPLICATION FOR TRANSFORMATION FUNDING FOR STOCK CONTROL TEST OF CHANGE - Page 165**

(Report No DIJB3-2026 by the Chief Finance Officer, copy attached – for a decision).

### **10 FINANCIAL MONITORING POSITION AS AT DECEMBER 2025 - Page 171**

(Report No DIJB4-2026 by the Chief Finance Officer, copy attached – for noting).

### **11 DUNDEE IJB 2026/27 BUDGET OUTLOOK UPDATE - Page 187**

(Report No DIJB6-2026 by the Chief Finance Officer, copy attached - for noting).

### **12 MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES - Page 195**

A copy of the attendance return (DIJB5-2026) for meetings of the Integration Joint Board held over 2025 is attached for information.

### **13 IJB DEVELOPMENT SESSIONS**

The IJB is asked to note that the following Development Sessions for IJB members have been arranged:

11th March – Budget Development  
1st April – Mental Health Update  
6th May – Strategic Commissioning Plan  
9th September – Topic TBC  
28th October – Budget Development  
4th November – Budget Development  
16th December – Budget Development

All sessions will be held between 10am – 12 noon.

### **14 DATE OF NEXT MEETING**

The next meeting of the Dundee Integration Joint Board will be held on **Tuesday** 31st March, 2026 at 10.00am in Committee Room 1, 14 City Square.

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**  
**DISTRIBUTION LIST**  
**(REVISED JANUARY 2026)**

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

<b><u>Role</u></b>	<b><u>Recipient</u></b>
<b>VOTING MEMBERS</b>	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Bob Benson
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	David Cheape
Non Executive Member	Colleen Carlton
<b>NON VOTING MEMBERS</b>	
Chief Social Work Officer	Glyn Lloyd
Chief Officer	Dave Berry
Acting Chief Finance Officer (Proper Officer)	Christine Jones
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Jayne Smith
Registered medical practitioner (not providing primary medical services)	Dr Sanjay Pillai
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Vacant
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Vacant
Clinical Director	Dr David Shaw
<b>PROXY MEMBERS</b>	
Proxy Member (NHS Appointment for Voting Member)	Andrew Thomson
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

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

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
NHS Tayside (Chief Executive)	Nicky Connor
NHS Tayside (Director of Finance)	Stuart Lyaal
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Paul Thomson
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Members' Support)	Lesley Blyth
Dundee City Council (Members' Support)	Sharron Wright
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant

Dundee Health and Social Care Partnership	Kathryn Sharp
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Fiona Owens
Regional Audit Manager – NHS	Barry Hudson
Audit Scotland (Audit Director)	Rachel Browne
HSCP (Interim Head of Heath & Community Care)	Angie Smith
HSCP (Head of Heath & Community Care)	Jenny Hill
Health and Social Care Partnership	Shahida Naeem
Dundee City Council – Finance	John Moir
Dundee Health and Social Care Partnership	Matthew Kendall
Audit Scotland	Ross Reid
Dundee City Council (Members' Support)	Susan Young



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 10th December, 2025.

Present:-

#### **Members**

#### **Role**

Ken LYNN (Chair)	Nominated by Dundee City Council (Elected Member)
Bob BENSON (Vice Chair)	Nominated by Health Board (Non Executive Member)
Colleen CARLTON	Nominated by Health Board (Non Executive Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Officer
Christine JONES	Acting Chief Finance Officer
Anita ROWETH	Third Sector Representative (for Christina Cooper)
Dr David SHAW	Clinical Director
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Jayne SMITH	Registered Nurse
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

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

Pam DUDEK	Independent Chair, ADP
Jillian GALLOWAY	Angus Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Dr Scott JAMIESON	Angus Health and Social Care Partnership
Emma LAMONT	Health and Social Care Partnership
Alison PENMAN	Children and Families Service, Dundee City Council
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership
Carrie Anne STEPHEN	NHS Tayside

Ken LYNN, Chairperson, in the Chair

#### **I APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of:-

#### **Member**

#### **Role**

Christina Cooper	Third Sector Representative
Glyn Lloyd	Chief Social Work Officer
Jim McFarlane	Trade Union Representative
Raymond Marshall	Staff Partnership Representative
Dr Sanjay Pillai	Registered Medical Practitioner (not providing primary medical services)

#### **II DECLARATION OF INTEREST**

There were no declarations of interest.

### III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Integration Joint Board held on 22nd October, 2025 was submitted and approved.

#### (b) ACTION TRACKER

The Action Tracker (DIJB75-2025) for meetings of the Integration Joint Board was submitted and noted.

### IV HOUSING WITH CARE

It was reported that the Integration Joint Board received report DIJB46-2025, 2025/2026 Budget and Savings Delivery Progress Update (Article V of the minute of the meeting refers) at its meeting of the 20th August 2025. Within the report, a recommendation to progress recommissioning of Rockwell Housing with Care provision as part of the wider review of Housing with Care was approved. However, due to an administrative oversight, there was no IJB Direction attached to the report for approval. In order to progress the IJB decision, the IJB approved the direction noted below.

#### DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB91-2025
2	Date Direction issued by Integration Joint Board	10 December 2025
3	Date from which direction takes effect	10 December 2025
4	Direction to:	Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Housing with Care Provision
7	Full text of direction	Dundee Integration Joint Board directs Dundee City Council to cease to directly provide Housing with Care Services at Rockwell Gardens in Dundee and reduce the number of social care officer posts at the service by 450 hours per week and enters into a contractual arrangement with an external care provider to provide up to 250 hours of social care per week to individuals residing in Rockwell Gardens. The IJB also directs Dundee City Council to redirect social care hours provided at Brington Place and Baluniefield housing with care to mainstream care at home services and cease to provide housing with care services at these properties, reducing social care provision at the service by 300 hours per week.
8	Budget allocated by Integration Joint Board to carry out direction	Rockwell Gardens – reduction in staffing budget and void costs of £528k and increase in commissioning budget of £298k in a full financial year  Brington and Baluniefield housing with care – reduction in budget of £308k



		2025/26 budget impact pro-rata to implementation date of changes
9	Performance monitoring arrangements	Financial Monitoring
10	Date direction will be reviewed	31 March 2026

## **V PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT**

There was submitted Report No DIJB92-2025 by Bob Benson, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

## **VI IJB MEMBERSHIP - SERVICE USER AND CARER REPRESENTATION**

There was submitted Report No DIJB78-2025 by the Chief Officer informing the Integration Joint Board about the proposed long-term approach to identifying, appointing and supporting service user and carer representatives to the IJB, including plans to meet the challenges relating to recruitment, retention and support of carer and service user representation. The report also advised that the Chief Officer had requested support from the NHS Tayside Public Partner Network to identify a service user representative to fill the current vacancy on the IJB.

The Integration Joint Board agreed:-

- (i) to note the content of the report, including the challenges experienced locally and nationally to recruit, retain and support carer and service user representation on IJBs;
- (ii) to approve the draft role descriptors for the IJB carer representative and service user representative, attached as appendices 2 and 3 to the report;
- (iii) to approve the proposal, contained in section 4.2.3 of the report, to adopt a long-term approach to identifying, appointing and supporting service user and carer representatives that built on existing community engagement mechanisms and focused on succession planning;
- (iv) to instruct the Chief Officer to support the Strategic Planning Advisory Group to develop the detailed plans and arrangements to implement the approach from 1st April 2026 onwards; and
- (v) to note that the Chief Officer had requested support from the NHS Tayside Public Partner Network to identify a service user representative to fill the current vacancy on the IJB.

Following questions and answers the Integration Joint Board agreed:-

- (vi) to note that the approach that had been agreed would allow for additional reps to be appointed in the future.

## **VII PROTECTING PEOPLE COMMITTEE ANNUAL REPORT 2024/25**

There was submitted Report No DIJB76-2025 by the Chief Officer presenting the annual report published by the Protecting People Committees for the period 2024/2025.

The Integration Joint Board agreed:-

- (i) to note the content of the annual report for the Dundee Protecting People Committees (attached as appendix 1 to the report);
- (ii) to note the progress made in developing an effective partnership response to the needs of at-risk children and adults during 2024/2025 (section 4.2 of the report); and
- (iii) to note the challenges and priority areas for action identified across the annual reports for focus during 2025/2026 and beyond (section 4.3 of the report).

Following questions and answers the Integration Joint Board agreed:-

- (iv) to commend the progress made; and
- (v) to note that the Protecting People Committees were subject to external scrutiny and also carried out internal self-evaluation.

## **VIII CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2024-25**

There was submitted Report No DIJB77-2025 by the Chief Officer bringing forward for information the Chief Social Work Officer's Annual Report for 2024/2025, attached as Appendix 1.

The Integration Joint Board agreed to note the content of the report and the Chief Social Work Officer's Annual Report for 2024/2025 attached as Appendix 1 to the report.

Following questions and answers the Integration Joint Board agreed:-

- (i) to note that a Neglect Strategy was under development that would be implemented by summer 2026 and that focus groups with staff would take place at the start of next year to identify their learning and development needs.

## **IX ANNUAL REPORT ON LEAD PARTNER ARRANGEMENTS**

There was submitted Report No DIJB84-2025 by the Chief Officer presenting an annual progress report in relation to Tayside-wide services delegated to the three Integration Joint Boards under Lead Partner arrangements.

The Integration Joint Board agreed:-

- (i) to note the contents of the report and the three Appendices providing an update on the current position and progress of delegated Tayside-wide Lead Partner services; and
- (ii) to agree to an annual reporting cycle for Lead Partner services to improve visibility and reporting and strengthen IJB governance in relation to Lead Partner services across Tayside

Following questions and answers the Integration Joint Board agreed:-

- (iii) to note that consideration would be given to standardising how overspends and underspends were reflected in future reports.

## **X DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK – ANNUAL UPDATE**

There was submitted Report No DIJB83-2025 by the Chief Officer providing an update on the implementation of the Dundee Primary Care Mental Health and Wellbeing Framework and the continued implementation of the Dundee Primary Care Strategic Delivery Plan for Mental Health and

Wellbeing, 2024-2027. The Delivery Plan supported key elements of the Framework and identified important priorities for action.

The Integration Joint Board agreed:-

- (i) to note the Dundee Primary Care Mental Health and Wellbeing Annual Performance Report, November 2025, in Appendix 1 of the report;
- (ii) to note the progress made to date in implementing the Dundee Primary Care Mental Health and Wellbeing Framework and the Primary Care Strategic Delivery Plan for Mental Health and Wellbeing (2024–2027), outlining key achievements as summarised in Section 4 and detailed further in the Annual Performance Report (November 2025); and
- (iii) to instruct the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027, to a future IJB.

Following questions and answers the Integration Joint Board agreed:-

- (iv) that additional information would be provided to Bob Benson regarding whether the Patient Assessment and Liaison Mental Health Service (PALMS) related to treatment or assessment and signposting.

## **XI WINTER PLAN NHS TAYSIDE AND PARTNER ORGANISATIONS**

There was submitted Report No DIJB82-2025 by the Chief Officer providing an update on the winter planning arrangements for NHS Tayside and the Tayside Health & Social Care Partnerships for 2025/2026.

The Integration Joint Board agreed:-

- (i) to note the content of the Winter Plan 2025/2026 and its alignment with the Tayside-wide system approach; and
- (ii) to note the arrangements in place to support the challenges anticipated across the health and social care system during the winter period.

Following questions and answers the Integration Joint Board agreed:-

- (iii) to note that information on staff vaccination uptake would be shared once it had been received from the Vaccination Team.

## **XII NHS TAYSIDE GP OUT OF HOURS SERVICE STRATEGIC FRAMEWORK 2026-2036**

There was submitted Report No DIJB88-2025 by the Chief Officer presenting the NHS Tayside GP Out of Hours (OOH) Service Strategic Framework 2026–2036 and seeking approval for the next phase of the work to develop detailed options for future service delivery.

The Integration Joint Board agreed:-

- (i) to note the progress of the GP OOH Reform Programme and the development of the NHS Tayside GP OOH Service Strategic Framework 2026–2036 being led by Angus Integration Joint Board under the Lead Partner arrangements on behalf of the Tayside Integration Joint Boards as attached as Appendix 1 to the report;
- (ii) to approve the NHS Tayside GP OOH Service Strategic Framework as the basis for the next phase of work to develop detailed options for future service models; and

- (iii) to instruct the Chief Officer to advise Angus Integration Joint Board of Dundee IJB's decision as outlined in recommendation 2.2.

### **XIII TAYSIDE IJBs RISK MANAGEMENT STRATEGY**

There was submitted Report No DIJB89-2025 by the Chief Officer providing an overview and seeking approval to endorse the revised Tayside IJBs Risk Management Strategy.

The Integration Joint Board agreed to note and approve the revised Tayside Risk Management Strategy as attached as Appendix 1 to the report.

Following questions and answers the Integration Joint Board agreed:-

- (i) to note that the output from the session when the IJB's risk appetite was set would be incorporated.

### **XIV FINANCIAL MONITORING POSITION AS AT OCTOBER 2025**

There was submitted Report No DIJB90-2025 by the Chief Finance Officer providing an update of the projected financial position for delegated health and social care services for 2025/2026.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the projected operational financial position for delegated services for the 2025/2026 financial year end as at 31st October 2025 as outlined in Appendices 1, 2, and 3 of the report; and
- (ii) to note the continuing actions being led by Officers and Senior Management to deliver planned savings and address the current projected financial overspend position (as detailed in sections 4.5 and 4.6 of the report).

Following questions and answers the Integration Joint Board agreed:-

- (iii) to note that consideration would be given to making the narrative clearer in relation to overspends and underspends in services;
- (iv) that information would be sent to Councillor McHugh on the rates for supplementary staffing; and
- (v) to note that a future Budget Development Session would focus on the impact on quality, workforce etc.

### **XV 2026/2027 BUDGET UPDATE (DIJB93-2025)**

It was reported that a detailed Budget Outlook 2026/27 report was presented to IJB on 22nd October 2025 (Report No DIJB72-2025, Article XIII of the minute of meeting refers), followed by an IJB budget development session on 29th October 2025. The IJB Budget timetable (Appendix 1 to the report) noted an update would be provided at the December IJB meeting.

It was requested that the IJB noted there were no material changes to the information previously presented at this time. HSCP Officers and Management continued to review options, opportunities and implications of proposals to allow the IJB to set a balanced budget for 2026/2027 and further updates would be shared with IJB members as the budget development process progressed.

The IJB agreed to note the position as outlined.

## **XVI FINANCIAL REGULATIONS – 2025/26**

There was submitted Report No DIJB80-2025 by the Chief Finance Officer presenting updated Financial Regulations for consideration and requested that these were adopted as a key element of the Integration Joint Board's governance arrangements.

The Integration Joint Board agreed to note and adopt the updated Financial Regulations for officers which was detailed in Appendix 1 of the report.

## **XVII SCHEME OF DELEGATION – 2025/26**

There was submitted Report No DIJB81-2025 by the Chief Finance Officer presenting the revised Scheme of Delegation for officers from the Integration Joint Board for consideration and requested that this was adopted as a key element of the Integration Joint Board's governance arrangements.

The Integration Joint Board agreed to note and adopt the updated Scheme of Delegation for officers which was detailed in Appendix 1.

## **XVIII MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES**

There was submitted a copy of the Attendance Return DIJB87-2025 for meetings of the Integration Joint Board held to date over 2025.

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

## **XIX IJB DEVELOPMENT SESSION**

The IJB noted that the following Development Session had been arranged for IJB members:

17th December - 2026/2027 Budget Development Process.

## **XX PROGRAMME OF MEETINGS OF INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE 2026**

### **(a) INTEGRATION JOINT BOARD**

The Integration Joint Board agreed that the programme of meetings for the Integration Joint Board over 2026 be as follows:-

Wednesday 18th February - 10.00am  
 Wednesday 25th March - 10.00am (Budget Meeting)  
 Wednesday 15th April - 10.00am  
 Wednesday 24th June - 10.00am  
 Wednesday 19th August - 10.00am  
 Wednesday 21st October - 10.00am  
 Wednesday 16th December - 10.00am

### **(b) PERFORMANCE AND AUDIT COMMITTEE**

The Integration Joint Board agreed that the programme of meetings for the Performance and Audit Committee over 2026 be as follows:-

Wednesday 4th February - 10.00am  
 Wednesday 20th May - 10.00am  
 Wednesday 23rd September - 10.00am  
 Wednesday 18th November - 10.00am

**XXI                      DATE OF NEXT MEETING**

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board will be held on Wednesday 18th February, 2026 at 10.00am in Committee Room 2, 14 City Square and also remotely.

Councillor Ken Lynn, Chairperson.

**ITEM No ...3(b).....****DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 10<sup>TH</sup> DECEMBER, 2025**

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	20/08/25	IV	FINANCIAL MONITORING AS AT JUNE 2025	That consideration would be given to having a Development Session on the absence position.	Chief Officer	December 2025	In progress	Will look to incorporate info into a budget development session; financial monitoring report now includes further info on absence levels
2	20/08/25	XIII	REDUCING HARM FROM DRUG AND ALCOHOL USE – UPDATE REPORT	That further information would be provided to a future IJB meeting in relation to residential rehab and the alcohol pathway review.	Acting Head of Service, Strategic Services	June 2026	In progress	Current pathway being reviewed – update to be provided following completion of review
3	22/10/25	XII	FINANCIAL MONITORING POSITION AS AT AUGUST 2025	That consideration could be given to whether it was possible to identify if there was a direct correlation between the vacancy cap and the supplementary staff spend.	Chief Finance Officer	February 2026	Ongoing	The Finance Team are in the process of further investigating this issue.
4	22/10/25	XII	FINANCIAL MONITORING POSITION AS AT AUGUST 2025	That the Chief Officer would advise when the next Workforce Planning report was due to be submitted to the IJB and if this was not due within the next quarter, information would be provided to IJB members	Chief Officer	December 2025	Ongoing	The Annual update regarding the workforce plan (as instructed via previous report recommendations) has been scheduled for June 2026. In the interim an information note will be issued to IJB members by the end of February 2026.
5	10/12/25	IX	ANNUAL REPORT ON LEAD PARTNER ARRANGEMENTS	That consideration would be given to standardising how overspends and underspends were reflected in future reports.	Chief Finance Officer		Complete	This has been noted by officers involved in production of the report and will be actioned for the next report in December 2026.

6	10/12/25	XIV	FINANCIAL MONITORING POSITION AS AT OCTOBER 2025	That consideration would be given to making the narrative clearer in relation to overspends and underspends in services	Chief Finance Officer		Complete	This has been noted by officers involved in production of the report and has been actioned within the reports submitted for February 2026.
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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
18 FEBRUARY 2026

**REPORT ON:** PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT

**REPORT BY:** CHAIR, PERFORMANCE AND AUDIT COMMITTEE

**REPORT NO:** DIJB9-2026

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 4<sup>th</sup> February 2026.

Overview of Committee Business:

- The Chief Officer advised the Committee of the options appraisal being progressed by NHS Tayside in relation to mitigation of risks associated with the condition of the roof at Kingsway Care Centre.
- The meeting reviewed the Action Tracker, signing off complete actions. The Committee agreed that the process of reviewing the PAC Terms of Reference should include seeking feedback from PAC members. The Chief Officer advised that a report on Psychological Therapies Services performance will be submitted to PAC in May 2026. The Chair advised the PAC that the joint meeting with Internal Audit, the Chief Finance Officer had been constructive.
- The Committee noted the annual update on the Dundee City Plan, including positive progress made against agreed priorities and actions and demonstrated via case studies included within the report. Members queried whether further data is available on current performance levels. The impact of work undertaken to tackle child poverty and increase household incomes was highlighted, with questions raised regarding the proportion of welfare rights income maximisation benefits accruing to the most deprived areas of the city. Members requested that for future reports consideration is given to recognising unpaid carers as a distinct priority group. The Chief Officer highlighted that strong partnerships are in place to ensure a comprehensive interface between the City Plan and the IJB's Strategic Commissioning Framework.
- The 2025/26 Quarter 2 Performance Report was noted by the Committee. The report continues to demonstrate significant variation in performance across Local Community Planning Partnership areas, related to underlying deprivation. The Committee noted the wealth of information included within the report.
- Members accepted the reasonable level of assurance provided within the DHSP Clinical, Care and Professional Governance Assurance Report. Areas of concern, including recruitment challenges within Psychological Therapies, were highlighted by the Chair.
- The Committee noted the Quarter 2 2025/26 Drug and Alcohol Services Indicators, including an increase in near-fatal overdose, compliance with waiting time standards and increasing levels of referrals for alcohol treatment. The Chair highlighted the excellent performance against MAT Standards, and the recognition of local work through national bodies and awards. Members were assured that intensive support available via Cowan Grove mother and child recovery house, which is a national resource, is being utilised by local citizens and that DDARs services are being delivered from 13 locations across the city (with further work planned to continue, where possible, to move service delivery away from Constitution House). Officers advised of ongoing work to address the harms associated with cocaine use, including training for staff to delivery interventions. Members queried the reduction in ABI (Alcohol Brief Intervention) and the factors driving this; officers agreed to provide further information to member. The Committee requested that a development session be identified to allow further time to consider the work in this area and progress made.
- The Quarter 2 2025/26 Mental Health Service Indicators reported was noted by the Committee. The Chief Officer highlighted that there is some evidence that post-covid increases in referral levels are now starting to ease in some areas of the service. Members requested further information regarding the support available to parents whose children are supported via child protection processes due to concerns about parental mental health (61 children as at 20 September 2025) and in relation to the impact of Hope Point.

- The Committee noted the current position and improvement actions related to the management of Unscheduled Care Services and Discharge Management. Officers highlighted the impact of current financial pressures on the HSCP's ability to maintain current performance levels, including continued performance within the top 5 Partnerships within Scotland in relation to national delayed discharge performance indicators. Members noted that performance has been reliant on budget overspend which cannot continue and must be resolved through the 2026/27 budget setting process.
- The Chief Social Work Officer presented the Our Promise 2023-2026 Annual Update, which was noted by the Committee. A number of areas of progress were highlighted, including reducing numbers of care experienced children and young people and missing episodes, and improvements in school attendance and attainment. Members noted concerns regarding the longer-term impact of care experience on outcomes into adulthood and related national developments to improve monitoring of outcomes. Whilst welcoming progress made, members acknowledged the helpful information in the report about continued areas for improvement and planned approaches. Members highlighted risks relating to funding to third sector organisations which are subject to proposals within Dundee City Council's Budget Consultation.
- Progress to deliver the actions contained within the Governance Action Plan was noted. Members received assurance that where relevant collaboration takes place between the Tayside IJBs to share relevant materials and reduce duplication of effort. Members noted that reasons for substantial delays to some actions included internal staffing capacity within relevant teams, timelines for reviews of key governance arrangements (such as annual reviews) and dependence on contributions from partners outwith the HSCP / IJB.
- Internal Audit presented the Internal Audit Plan Progress Report, highlighting progress against the IJB's own plan as well as recent reports completed by Dundee City Council and NHS Tayside (Adverse Event Management and Data Breaches Learning Review). The Committee noted that 2 reports recently completed by NHS Tayside offered limited assurance and that IJB Internal Control Evaluation report is planned to be submitted in May 2026.

In summary, as Chair I am content that the range of issues presented to the Committee in relation to performance, audit and governance provides the IJB with a reasonable level of assurance that overall risks and performance are being managed effectively.

Bob Benson  
Chair

05 February 2026



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
18 FEBRUARY 2026

**REPORT ON:** STRATEGIC COMMISSIONING FRAMEWORK 2023-2033 – STATUTORY  
REVIEW

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB8-2026

## **1.0 PURPOSE OF REPORT**

- 1.1 To inform the Integration Joint Board that the Strategic Planning Advisory Group has completed their work to review the Strategic Commissioning Framework 2023-2033 and to recommend the current plan is retained and revised.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the work undertaken by the Strategic Planning Advisory Group to progress the statutory review of the Strategic Commissioning Framework 2023-2033, including engagement with partners and the public (section 4.2).
- 2.2 Complete the statutory review of the strategic plan, required under Section 37 of the Joint Working (Public Bodies) (Scotland) Act 2014, by approving the Strategic Planning Advisory Group's recommendation to retain and revise the Strategic Commissioning Framework 2023-2033 (retaining the current ambition, values and strategic priorities but including revised strategic shifts) (section 4.4).
- 2.3 Approve the Strategic Planning Advisory Group's recommendation that as part of the plan revision process, the IJB's Equality Outcomes should also be reviewed and updated where required (section 4.4.2 and 4.4.3).
- 2.4 Instruct the Chief Officer to support the Strategic Planning Advisory Group to revise the strategic shifts associated with each strategic priority, undertake any other minor revisions required and submit the revised Strategic Commissioning Framework 2023-2033 to the Integration Joint Board for approval on 26 June 2026 (section 4.5).
- 2.5 Note that until such times as a revised strategy has been produced, submitted and approved that the current Strategic Commissioning Framework 2023-2033 will remain in place and continue to direct the work of Dundee Health and Social Care Partnership.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

- 4.1 Under section 37 of the Public Bodies (Joint Working) (Scotland) Act 2014 the IJB is required to have completed a review of the effectiveness of its strategic plan by 31 March 2026. This review must have regard to the views of the Strategic Planning Advisory Group and to the integration delivery principles and national health and wellbeing outcomes. To complete the

statutory review the IJB must then decide whether to extend, revise or replace the current strategic plan. No timescale is set in the legislation for the preparation of a revised or replacement strategic plan should the IJB agree that this is required.

4.2 In August 2025 the IJB considered a paper relating to plans for progressing the statutory review of the plan by 31 March 2026 (Article XIX of the minute of the meeting of the Dundee Integration Joint Board held on 20 August 2025 refers). The IJB's Strategic Planning Advisory Group has led the statutory review process, undertaking the following key activities:

- Updating strategic needs assessment information and analysis of key trends and information within this. Please note that whilst key data has been compiled and reviewed, work is ongoing to publish this via a new online dashboard.
- Assessment of progress against the Year 1 Delivery Plan for Dundee Health and Social Care Partnership, and related strategic shifts within the Strategic Commissioning Framework.
- Desktop review of recently agreed plans for Dundee Strategic Planning Groups and significant transformation and change programmes (both HSCP specific and related programmes within Dundee City Council and NHS Tayside).
- Full analysis of implications of Scotland's Population Health Framework, Health and Care Service Renewal Framework and Care Reform (Scotland) Act, and other relevant legislative, policy and strategy developments since 2023.
- Workshop sessions with the Strategic Planning Advisory Group and the IJB focused on ambition and value statements, as well as strategic priorities.
- Public, workforce and stakeholder engagement (see section 4.3 and appendix 1).

4.3 Public, workforce and stakeholder engagement to inform the review of the strategic commissioning framework was carried out in October and November 2025. A survey format (online and paper) captured 129 responses, a further 260 people contributed views via visits to 13 community-based groups and 4 health and social care services provided responses. Consistent themes were identified from the feedback received across these different engagement mechanisms:

- All of the existing strategic priorities were considered to be valuable and of equal importance (many respondents noted a level of inter-dependency between the six priorities). In some discussion groups, the current priorities for Inequalities and Workforce were felt to be the most important of the six strategic priorities.
- Key areas of concern were: access and timeliness of service provision; person-centred care; resources and staffing; information and navigation; collaboration; carer support; prevention and wellbeing; quality and safety; and, equality and fairness. All of these key concerns align directly to the existing value statements and / or strategic priorities.
- Many respondents expressed concern regarding financial pressures and the potential impact this could have on choice and control for service users, as well as the quality of services.

A full overview of the engagement activity undertaken and responses received is contained within appendix 1. Relevant information gathered via public engagement to support the review of the Tayside Out-of-Hours Service and the Dundee Carer's Strategy and Mental Health and Wellbeing Strategy was also considered during the statutory review process.

#### **4.4 Review Outcomes and Recommendation**

4.4.1 Following their review activity, detailed in section 4.2, the Strategic Planning Advisory Group has reached the conclusion that current strategic commissioning framework remains largely fit for purpose. The ambition, values and strategic priorities, as well as the overall format of the plan were identified as continuing to reflect the needs of the population and to present a relevant

and robust strategic framework that reflects and supports both national policy and strategy as well as local strategic plans and transformation programmes. However, the group also identified that the strategic shifts supporting each of the strategic priorities within the current plan are no longer fit for purpose and require to be revised. Strategic shifts developed in 2023 do not reflect well enough the current level of resource available to the IJB within which it must deliver its strategic priorities. A summary of the factors considered by the Strategic Planning Advisory Group in reaching their conclusion is provided in appendix 2.

- 4.4.2 Taking into account the outcomes of the review activity, the Strategic Planning Advisory Group recommends to the IJB that the current strategic commissioning framework is retained and revised. Revision should focus on rationalisation of strategic shifts supporting each strategic priority to ensure that these are adequately prioritised and are realistically deliverable within the resources available to the IJB. This might also include extending some strategic shifts to be achieved over a longer-time period than was original planned for. The revision of the strategic framework will also allow minor updating to be made to some of the contextual and factual information contained within other sections of the plan to bring this up-to-date.
- 4.4.3 There is a statutory requirement (Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) regulations 2012) for Integration Joint Boards to substantively review equality outcomes at least every four years. The IJB is therefore required to substantively review its equality outcomes again by 31 March 2027. However, the Equality Outcomes form an integral part of the strategic commissioning framework, and therefore it is recommended by the Strategic Planning Advisory Group that the process of revising the framework includes consideration of Equality Outcomes. Although this is a year in advance of the statutory minimum review period, it will prevent further changes being required to the strategic commissioning framework in 2027. This is considered to be a more effective use of officer and stakeholder time and a more accessible approach for members of the public (accessing one set of revisions rather than two in relatively quick succession).

## 4.5 Next Steps

- 4.5.1 If the IJB approve the recommendations of the Strategic Planning Advisory Group, completing the statutory review process, the key planned next steps are:
- The Strategic Planning Advisory Group will draft revised strategic shifts to support each strategic priority within the plan, utilising feedback from stakeholders gathered through the review process as well as information generated during other review activities.
  - Draft any other minor revisions required to the plan text.
  - Submit the revised plan to the IJB on 26 June 2026 for approval.
- 4.5.2 Over the same period the Health and Social Care Partnership will be undertaking work to revise and update their Annual Delivery Plan.

## 5.0 POLICY IMPLICATIONS

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

Please note that an IIA will be prepared and submitted to accompany the revised strategic commissioning framework when it is submitted for approval June 2026.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Strategic planning and commissioning does not fully reflect the health and social care needs and preferences of the population and is therefore less effective in terms of impact on health and social care outcomes.
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<b>Risk Category</b>	Operational, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Review of strategic and commissioning plan has been informed by update of strategic needs assessment.</li> <li>- Consultation activity with health and social care stakeholders has been undertaken.</li> <li>- Public engagement has been undertaken.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Level)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
<b>Approval recommendation</b>	Given the low level of planned risk, this risk is deemed to be manageable.

## 7.0 CONSULTATIONS

- 7.1 Members of the Strategic Planning Advisory Group, the Chief Finance Officer, Heads 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.

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

## 9.0 BACKGROUND PAPERS

- 9.1 None.

Dave Berry  
Chief Officer

DATE: 02 February 2026

Kathryn Sharp  
Acting Head of Strategic Services

Clare Lewis-Robertson  
Lead Officer, Strategic Planning and Business Support

Joyce Barclay  
Senior Officer, Strategic Planning

## Appendix 1

### Dundee Integration Joint Board – Strategic Commissioning Framework Review 2025/26

#### Engagement Report

The Plan for Excellence for Health and Social Care in Dundee (2023–2033) is the main strategy for the IJB. Here is some key information about the engagement for the 3-year review of the plan.

An Engagement Plan was developed in 2025, this included:

- An online survey
- A shorter paper version (issued later).
- Revisiting (face-to-face) original stakeholders consulted during the development of the plan and reaching new groups.
- Exploring formal feedback from planning and service delivery stakeholders.
- Encouraging staff to share views and support service users/carers to participate.
- Preparing a Teams and Services Toolkit for workforce/agencies to provide feedback.

The questions for the survey and discussions focused on “**what matters most**” to people and families about health and social care priorities.

#### Survey Information

The Online Survey launched in September 2025. 94 responses were received.

Here are some themes that were identified. (This list is not ranked in order of importance or frequency)

#### **Workforce: What’s Important in Supporting People?**

- **Person-Centred Care** – Dignity, respect, choice, listening, and co-design based on lived experience.
- **Access & Timeliness** – Right support at the right time; avoid delays and crises.
- **Quality & Safety** – High standards, safe and consistent care, compassion.
- **Adequate Resources** – Staffing, tools, funding, fair pay, recognition.
- **Collaboration & Communication** – Strong teamwork and clear communication.
- **Support for Carers** – Breaks, advocacy, rights-based support.
- **Early Intervention & Prevention** – Promote independence, mental health recovery.
- **Fairness & Equality** – Transparency, equal standards across sectors.

### Public: What Matters for You and Your Family?

- **Timely Access** – Quick, easy access; avoid long waits; crisis support.
- **Availability & Resourcing** – Well-resourced community teams, NHS access, affordable medicine.
- **Information & Navigation** – Clear service info, costs, continuity (e.g., allocated social worker).
- **Person-Centred & Respectful Care** – Compassionate professionals who listen.
- **Prevention & Wellbeing** – Health promotion, carer mental health support.
- **Quality of Care** – Competent paid carers, professional advice

The most popular suggestion for title of the strategic commissioning framework was *Getting it Right for Dundee* (in Health and Social Care)

**The Priority areas of the current plan were listed in the survey;** people shared how they think we have progressed in these areas since 2023. The results below are from all survey responses, including both the workforce and the public.

**Inequalities** - Support where and when it is needed most.

Do you think we have helped people whose health and wellbeing might get worse due to inequalities?

Yes	No	Partly	No response for question
26 (28%)	19 (20%)	45 (48%)	4 (4%)

### Some Key Comments

*Address inequalities.*

*More initiatives for families- provide early help.*

*Reduce delays in housing provision to prevent worsening health and family stress.*

*Develop and publish a Trans & Non-Binary Strategy reflecting local demographics.*

### Open Door - Improving ways to access services and supports

Do you think health and social care services have become easier to find out about and access?

Yes	No	Partly	No response for question
11 (12%)	44 (47%)	37 (39%)	2 (2%)



### Some Key Comments

*Lack of information about services and supports and where and how to get this.*

*Need more venues where people could find someone to help them*

### Self-Care - Supporting people to look after their wellbeing.

Do you think health and social care services have helped people look after their wellbeing?

Yes	No	Partly	No response for question
22 (23%)	20 (21%)	49 (52%)	3 (4%)

### Some Key Comments

*People in harder-to-reach communities face barriers when redirected to other contacts; access should be simple and seamless.*

*Services should be available in multiple locations. Increase face-to-face opportunities across the city.*

### Planning Together - Planning services to meet local need

Do you think health and social care services have been working well with people to design services?

Yes	No	Partly	No response for question
15 (16%)	37 (39%)	37 (39%)	5 (6%)

### Some Key Comments

*Perception of top-down approach*

*Some people think services feel imposed rather than co-produced*

*Need more collaborative approaches.*

### Workforce - Valuing the workforce

Do you think Dundee Health and Social Care Partnership supports and values the workforce?

Yes	No	Partly	No response for question
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20 (21%)	30 (32%)	38 (40%)	6 (7%)
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### Some Key Comments

*Decision-makers (e.g., IJB) should communicate more often and directly with the workforce.*

*Workforce engagement is vital for successful service redesign and adaptation to change.*

*Recognise unpaid carers as part of the wider workforce.*

### Working Together – Working together to support families

Do you think health and social care services work together to support families and carers?

Yes	No	Partly	No response for question
22 (23%)	19 (20%)	49 (52%)	4 (5%)

### Some Key Comments

*History of family poverty significantly affects health and wellbeing.*

*Unpaid family carers are struggling and need more recognition and practical support.*

*Listen to families and involve them in shaping support—avoid assumptions.*

### Additional comments

*If cuts are in the cards, openness about what cannot be done is key.*

*Challenge of doing all of this properly whilst less money and resources.*

**People did not identify any priorities that should be added or that were missing.**

### Short Paper Survey

A shorter paper survey was created and sent mainly to Advocacy Services and Managers of Learning Disability Services. They were asked to share it and help people complete it. 17 shorter surveys were returned, and most responses were positive. People want health and social care to be available and easy to access when needed for themselves or their families.

They highlighted the importance of:

- Services that are easy to find

- Support for self-care and independence
- Care for those who need it most
- Help to maintain good health

## Part 2. Face-to-Face discussions

Officers met **over 260 people**. The results listed here reflect a combination of information from the workforce and members of the public. Although there were differences in the information received, the group discussions focused on the same issues and concerns and the public, and the workforce demonstrated consensus in many areas. The majority of the face-to-face work was with local people. We met with Older Peoples Groups (Beehive Group 12, Pensioners Forum 20, West End Blethers 50, Drop-in churches group B/ferry 20, Barnhill Blethers 20); a group of people whose first language was BSL (20), International Woman's Centre (30), and people with a Learning Disability-6, Community Health Advisory Group (10). Officers met with 3 Social Care Providers Forums and some Care Management Team leaders.

**Discussions in groups focused on** - What matters to you in supporting you and your family's health and social care needs? What can we do to improve your experiences? How would you rank the priorities in the Plan.

### Priorities

Most people found it hard to rank the priorities because they are closely linked.

Many people thought that the most **pressing issue was funding** the support people needed.

**Resolving Health Inequalities and helping those who need it most is a top priority for many.**

- *There needs to be planned work to make sure we find ways to find and identify those who need it.*
- *Older people are the largest group of customers- concerns when this disadvantaged group is negatively impacted. Older People and Deprivation would be a priority*
- *Primary Care Specialist **Nurse Practitioner** is excellent.*
- *People appreciate the Community Health Clinic provision – understand that these are shifts that have saved money and bring services closer to home.*

**Learning Disability** providers reported **good responses from GP receptionists and GPs** when getting in touch re their service users.

The Project Manager who is looking at GP improvements was advised of interest of some of the groups and plans to visit them in order to share information about developments and learn the impact of changes.

Some people wanted to talk about **prevention of loneliness and isolation is vital**. *'If supports, like clubs, weren't there then more people would be isolated.'* *'I don't get care staff from HSCP but some of the clubs I go to are supported through DHSCP.'*

**Valuing the workforce is also a key priority. People** were keen to ensure the workforce was supported and paid appropriately. They valued the workforce.

- *'Consultation through the Unions is important.'*

- *'Important to **tackle racism**, and there's an obvious visible increase in the number of black and ethnic minorities undertaking care roles in the community.'*
- *'Important to give care workers a career path, salary structure and status to their career'*

Unfortunately, some of the public expressed attitudes that indicated that they want to be able choose the racial origin and skin colour of the person offering personal care but are aware this is not legal and were reminded of this.

**Self-Care People** wanted to be independent, and self-care was seen as critical to this- but it needs to be supported self-care. Practitioners are needed to inform, advise and encourage people.

**Planning together** - Some of the groups visited want a voice in service planning- they appreciate being asked but don't get many offers of this. One Group said they would like more engagement opportunities.

**Working together** There was enthusiasm for considering the family/friend group as a whole rather than individuals and just as important as bigger "communities". Many people do not see themselves as part of any community. People said:

- *Vulnerable people can be isolated.*
- *We need Balance within families – we are concerned for families and carers*
- *Look to see how housing and social care can work better together including scheme managers/Sheltered housing wardens*

**Open Door** People said:

- *Digital Information alone is not enough. The human interface is key*
- *Changes are difficult to keep up with- make sure people know when Test of Change is successful and extended out as a whole city service.*
- *Remote working has made colleagues less visible*
- *Physical accessibility is very important for services*
- *Open offices for face-to-face assistance*

### **Missing Priorities**

From Group discussion with people with a Learning Disability

1. Personal choice of supports, especially personal care (more intimate care). Male/ female choice is important and not just for those who have needs due to history of trauma.
2. The continuity of personnel is also very important. Losing skilled trusted staff is a concern.
3. Group were emphatic that some choices were unacceptable and might be discriminatory (such as racism).

This endorses that the Values and Principles as set out in the existing plan need to continue to be upheld when addressing the Priorities.

### **From Group Discussion with BSL users**

BSL users were concerned about their potential for isolation in future if they were confined to their home (or in a Care Home) and dependent on Social Care and Health. Not enough practitioners and

staff know BSL and those who do not get a chance to practice it. (the low % of BSL users makes this difficult).

### Part 3 Toolkit for Teams and Services to discuss and record their views.

4 completed – Summary of With You, Primary Care Team; Sources of Support; Physical Disability and Older Age; Health Inequalities Nursing Team (HINT).

### **Ambition for Health and Social Care in Dundee-People in Dundee will have the best possible health and wellbeing.**

Agree with ambition and see inequalities as key for Dundee. Provide services close to home so ensuring adequate provision and sustainability of service is key.

### **The Teams/Services were asked about the progress has been made around each priority and what else needs to happen**

<b>Inequalities - Support where and when it is needed most.</b>
Pharmacy First is working well. Invest in existing services that can prove are currently meeting these needs.
<b>Self-Care-Supporting people to look after their wellbeing.</b>
Empowering people to take responsibility for their and their families' health will help. Successful work of recovery cafes and community cafes where whole families can get together. Women's Hub has improved self-care for vulnerable women.
<b>Open Door-Improving ways to access services and support.</b>
The non wrong door approach has improved in Mental health. Some services start up with short-term funding, and it can be hard to know which services are permanent and currently available.
<b>Planning Together-Planning services to meet local need</b>
Link Worker service alleviates non-medical pressures on GP practices.  Multi-agencies under one roof could simplify accessing services
<b>Workforce-Valuing the workforce.</b>
Staff need to believe the work they do is of value, and they are valued. Celebrate success. Focus on team wellbeing and the team's involvement in decision making about service delivery. ZERO tolerance for discrimination in the workplace needs supported and promoted by all
<b>Working Together-Working together to support families</b>
Make more use of the third sector as they have developed supporting services for families.
<b>Which of the Priorities is most important?</b>
<b>Inequalities-</b> health is affected by things like poor housing, so more to do in making links across the services.  <b>Self-care</b> to support people to look after their own health and wellbeing.

**Open door** – suggest we give a longer lead time say 10 years rather than the next 3 years.

**Planning and working together** we see as one area as they should be intrinsically linked.

**Planning Together** There can often be duplication with agencies which could be improved.

**Working Together** Least Important- many couldn't say/didn't say

Part of the analysis of engagement included considering Engage Dundee and other survey findings. Other engagement work e.g. Mental Health Strategy and Drug and Alcohol has also influenced the engagement and its analysis. The Carers Strategy Survey includes more carers views including carers identified need for more partnership with services – whole family wellbeing and mental wellness.

#### Additional opportunity

Representatives from Dundee's three Health and Wellbeing Networks discussed the priority of Self Care and how this could be best achieved. The joint network meeting had around 20 practitioners, local representatives and volunteers, some of whom had Health Issues in the Community Accreditation. The network members work or live in Dundee's 6 local communities (Electoral Wards) where deprivation is at its highest, and Health Inequalities are known to have the highest impact.

Network members identified Self-Care as a key element of wellbeing, noting that the factors that contribute to this are shared, but that each person is unique.

Essential elements that promote **Self-Care** are:

- Self –worth and motivation to care for your own wellbeing (emotional and mental health)
- A sense of belonging and peer support; inclusive group activities are vital contributors to this.
- Recognising small steps can lead to achieving larger goals (this can include physical activity)
- Start self-care from early years, involve parents with peer support and sharing skills and information.
- It is important to continue this in later life
- Free or low-cost activities work well including group walking activities (and pram pushing groups), healthy eating and healthy cooking.
- Community led work makes a valuable contribution to wellbeing and ensures that funding or resources are used to best effect.

#### Conclusion

The major themes highlighted by the engagement activities were consistent with the ongoing work of the 10-year strategy. The priority areas were considered the right ones and seen as interdependent. There was an identified need for working with the whole family/network as well as finding ways for vulnerable isolated individuals to make longer term meaningful connections.

There was a continued desire for person-centred care (dignity, respect, choice, co-design) with a refreshed emphasis on the need for this in the climate of resource limitations. Continuity of support

personnel is considered very important. People said services should be close to home and sustainable.

Although crisis support is seen as vital, respondents identified the importance of early intervention and prevention through timely, barrier free access to the right support along with collaboration and communication between agencies. People thought the “No wrong door” approach needed to be extended and was seen as particularly key for improving mental health service access.

Fairness equity and equality were considered important for people utilising services as well as for the workforce. The HSCP workforce is valued; people wanted to ensure fair pay and conditions, and for workplace discrimination to be tackled, including racism.

Suitable housing was seen as a barrier to achieving the goals of the Plan and working in partnership across Dundee was seen as a key to resolving issues that contribute to health inequalities.

People think that it is important to empower people to take responsibility for health. People were keen to be supported to care for their wellbeing and maintain good health and wanted support to be targeted at those who needed it most. Although it is thought that the definition of those who need it most may have varied between respondents.

There was appreciation of Pharmacy First, Community Care and Treatment centres and Community Primary Care Nurse Practitioners. Dundee currently has examples of support for more isolated more vulnerable people and there was support for extending and growing this type of intervention.

There is a recognition that older people are the largest group of customers, clubs and social support is vital to this group. The Third Sector has particular strengths in providing whole family support. There were concerns raised that this group might be increasingly likely to be negatively impacted if there were savings to budgets.

Digital information alone is not enough; discussion and interaction are needed. The colleagues who share information must be able to source reliable information. Communication and sharing information are seen as vital.

People expressed desire that if savings are likely, that transparency is needed re potential impacts and about what will be maintained.

## Appendix 2

### Factors considered by the Strategic Planning Advisory Group

- Is the content of the plan no longer relevant because of changes to national policy drivers?
  - Overall policy direction align with the existing ambition and priorities. There is strong alignment with key national strategic documents, including Scotland's Population Health Framework, Health and Care Service Renewal Framework.
- Does the revised strategic needs assessment indicate there are significant changes in the health and social care needs of the population that have not been taken into account within the existing plan?
  - The revised strategic needs assessment does not identify any significant changes to patterns of need. The profile of Dundee continues to be impacted by rising demand, complexity of need and significant inequalities associated with deprivation.
- Do recently produced local care group plans or wider community plans contain priorities that no-longer align to the content of the plan?
  - There is no indication in recently reviewed plans (carers and mental health) that content does not fully align to the overall ambition and priorities.
  - There have been significant developments in the strategic planning arrangements in place within NHS Tayside. Although these are well aligned to the content of the strategic commissioning framework, revisions in some sections of the supporting contextual information will allow the current position to be formally recognised.
  - Children's Service Plan – relevant partners across Dundee are currently developing the new Children's Service Plan. There are opportunities to ensure better alignment between the strategic shifts within the IJB's strategic commissioning framework and the children's service plan.
  - Local Housing Strategy – the revised Local Housing Strategy is currently being consulted on by Dundee City Council (closing date 09 February 2026). The completion of the revised Local Housing Strategy 2025-2030 will allow the Housing Contribution Statement within the IJB's strategic commissioning framework to be fully updated.
- Has any large scale engagement activity found that there are new emerging needs in relation to health and social care that do not align to the current content of the plan?
  - Engagement does not indicate any emerging needs and priorities that do not align to the overall vision and priorities within the plan. They have, however, influenced ongoing thinking regarding the detailed strategic shifts required to deliver the priorities.
- Are any significant national, regional or local developments expected that will impact on the current content of the plan?
  - At a national level the Children (Care, Care Experience and Services Planning) (Scotland) Bill and ongoing developments related to the National Care Service Advisory Board will continue to influence strategy and policy. What is known at this stage regarding proposals is well aligned to the current content of the plan.
  - Developments within Dundee focused on Whole Family Support have emerged recently as a key priority. This will require to be reflected more strongly via revisions to the plan, but can be accommodated within the existing ambition, values and strategic priorities.
  - Anticipated continuation of public sector financial pressures require consideration and realignment of plan content. The strategic shifts within the plan are considered not to be fully deliverable within the current timescales and will require to be amended and



re-prioritised to ensure the most effective and efficient use of limited available resources.

- The commitments made within the strategic commissioning framework to develop and publish a performance framework and resource framework remain unchanged. Although progress has been made in some components of these documents (for example, the publication of workforce and property plans), other elements require further focus on 2026. Work to complete these companion documents will follow-on from the revision of the strategic commissioning framework.

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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 18 FEBRUARY 2026

**REPORT ON:** CARERS STRATEGY 2026-2032

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB2-2026

## **1.0 PURPOSE OF REPORT**

- 1.1 To seek approval of the proposed Dundee Carers Strategy 2026-2032 and revised Carers Short Breaks Statement developed by the Dundee Carers Partnership.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the work undertaken by the Dundee Carers Partnership, supported by the Strategic Planning Advisory Group to develop a revised Carers Strategy 2026-2032 and Carers Short Breaks Statement (section 4.2).
- 2.2 Approves the updated Carers Strategy 2026-2032 for their interests. The revised strategy will also be submitted to the Dundee City Council Children and Families Committee on 02 March 2026 (appendix 1).
- 2.3 Approves the revised Carers Short Breaks Services Statement (appendix 2).
- 2.4 Notes that the associated delivery plan will continue to be reviewed throughout the duration of the strategy with a formal review every three years in line with the statutory review of the Strategy.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 The Carers (Scotland) Act 2016 introduced a duty, under Section 31 (1), for each local authority and health board to jointly prepare a local carer strategy. This duty and other associated duties under Part 5 of the Act were subsequently delegated to Integration Authorities under the Public Bodies (Joint Working) (Scotland) Act. The current strategy, *A Caring Dundee 2: A strategic plan for working alongside, supporting, and improving the lives of carers in Dundee 2021-2024*, was approved by the IJB in October 2021 and published in April 2022 (Article XIII of the minute of the meeting of the Dundee Integration Joint Board held on 27 October 2021 refers).
- 4.1.2 In October 2024, a report to the IJB advised of plans for the Statutory Review of 'A Caring Dundee 2', the local carers strategy (article XIII of the minute of the meeting of the Dundee

Integration Joint Board held on 23 October 2024 refers). Following the completion of the statutory review process by Dundee Carers Partnership and supported by the Strategic Planning Advisory Group, in April 2025 a report to the IJB was approved for the Carers Partnership to proceed with the revision of both A Caring Dundee 2 and the Dundee Short Breaks Statement (Article VI of the minute of the meeting of the Integration Joint Board held 16 April 2025 refers.) This revision was carried out by the Dundee Carers Partnership with further engagement with carers and a wide range of stakeholders.

## **4.2 Strategy Revision Process & Outcome**

- 4.2.1 A range of engagement sessions were carried out including a carers strategy review workshop, an electronic survey, discussion at the Carers Advisory Group, the Dundee Carers Partnership meetings and a Carers Partnership Workshop to finalise the revised strategy document and update the associated delivery plan.
- 4.2.2 A data set for local and national information was explored and analysed - including information about male / female carers, adult carers / young carers and families, finances and employment. This information is also being used to inform the delivery plan that supports the strategy.
- 4.2.3 The strategy has been updated in line with the National Carers Strategy (Scottish Government) published in December 2022, and four strategic outcomes agreed based on the feedback from carers and wider stakeholders:
- Outcome 1 I am heard, recognised, respected, valued, and I am able to be involved.
  - Outcome 2 I am supported to have the best possible caring experience.
  - Outcome 3 I can live a full and healthy life and have the support I need to do this, including support and advice to have financial security.
  - Outcome 4 I can have a life of my own alongside my caring role.

A high-level short version of the strategy has been developed for members of the public and other stakeholders who do not wish to read the full document (appendix 3).

- 4.2.4 The Carers Partnership has made considerable progress towards achieving the Strategic Outcomes set out in a Caring Dundee 2 through completing and delivering actions recorded in the Carers Strategic Delivery Plan. Progress is recorded in the delivery plan and analysed through a regular assurance report provided to the Carers Partnership. Qualitative and quantitative information has supported analysis of the impact of the planned actions. Work has continued to record and analyse data about carers in Dundee and across Scotland via the Carers Partnership Data Subgroup. These arrangements will continue to support the implementation of the revised strategy. Carer engagement will also continue throughout the 6 years of the proposed Strategy via the Engagement Subgroup and Involvement Framework established in August 2024.
- 4.2.5 In May 2026, the Care Reform (Scotland) Act 2025 is expected to bring some changes to the responsibilities and duties placed on Partnerships in relation to unpaid carers:
- Increased promotion of Carer support
  - New rules on timescales for Adult Carer Support Plans and Young Carer Statements
  - A right to sufficient personalised short breaks for Carers who need them.

The details are not finalised, but the proposed local strategy has been written in a flexible way to avoid the need to rewrite, with any required changes being reflected in the updated delivery plan.

#### 4.2.6 Revised priority areas of work for the Carers Partnership include:

- Continue a pro-active approach towards identifying those Young Carers who may require a Young Carer Statement & to look further into circumstances, views and needs of Young Carers.
- Continue to enhance use of data to inform strategic planning and improvement.
- Recording carers involvement information across local planning and delivery activity from a range of partners on [www.carersofdundee.org](http://www.carersofdundee.org).
- Increasing the numbers of carers who choose to accept Adult Carer Support Plans, and develop an emergency plan on mosaic for carers and supported people to ensure contingency arrangements are recorded and easily accessed.
- Carers Partnership to engage with Transitions Group to align support for Young Carers and parent Carers to ensure smooth transitions and continuity of care, coordinated support across children's and adult services.
- Work with the money advice and employability services to ensure that Carers know their rights, information and advice is available and enhance access to financial support and employment.
- Continue to work with individual carers to identify the best form of support including Self-Directed Support (SDS) options to enhance carer outcomes, reduce barriers to accessing support.
- Further enhance carer involvement in hospital discharge, to address requirements of section 28 of the Carers (Scotland) Act 2016.
- Implementation of the revised Short Breaks Services Statement.

## 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

<b>Risk 1 Description</b>	Strategic planning and commissioning do not fully reflect the health and social care needs and preferences of the population of unpaid carers and is therefore less effective in terms of impact on health and social care outcomes.
<b>Risk Category</b>	Financial, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High risk level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>• The strategy has been co-produced with carers and a range of stakeholders to improve the likelihood that actions planned will deliver desired outcomes.</li> <li>• The production of a detailed delivery plan and performance measures will support successful implementation. An annual performance review will enable any areas of concern to be identified and adjustments made in partnership with carers and other stakeholders.</li> </ul>

	<ul style="list-style-type: none"> <li>Scottish Government Carers Act implementation funding targeted at areas identified as a priority within the previous plan have now been mainstreamed with approval of the IJB, to ensure continuity of supports.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is Low risk level) (With the current budget pressures this target is not likely to be achieved.)
<b>Approval recommendation</b>	Given the impact of mitigating actions to reduce the level of risk as far as is reasonably practical, it is recommended that the risk should be accepted.

## 7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report. The range of wider consultation and engagement is detailed in the Integrated Impact Assessment.

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

- 9.1 None

Dave Berry  
Chief Officer

DATE: 31/12/2025

Angie Smith  
Interim Head of Health and Community Care Services

Neil Campbell  
Co-Chair, Dundee Carers Partnership

Joyce Barclay  
Senior Officer, Strategic Planning

# Dundee Carers Strategy

## 2026- 2032



The vision of this strategy is:

**A Caring Dundee**

in which all Unpaid Carers are heard, valued, understood and supported so that they are healthy and have a life of their own alongside their caring responsibilities.

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## Carers of Dundee- The Experiences of some local Carers.

*The information that follows is based on real circumstances in the lives of Carers in Dundee who have agreed that their situations can be shared. Names have changed. Thanks to Dundee Carers Centre colleagues for sharing information about Carers they have supported.*

### **Adam: Balancing Multiple Caring Roles Under Pressure**

Adam, a 37-year-old man, was referred to Carer Support Services by a member of the Hospital Discharge Team. He cares for his partner, who has significant mental health challenges. He also supports his uncle and aunt, both older and living with complex health needs. His uncle was recently admitted to Ninewells Hospital for assessment. In addition to his physical health needs, Adams' uncle also has paranoid schizophrenia. His aunt, who has early-onset dementia, has become increasingly forgetful and doesn't easily accept support.

Adam supports his aunt and uncle with shopping, prescriptions, medical appointments, and daily check-ins. He expressed concern that hospital staff did not have the full picture —his aunt said she was the main Carer for his uncle and did not recognise her declining ability to manage his needs. Adam faced hostility from his aunt when trying to help, particularly around food preparation. These concerns were raised with hospital staff.

Adam's uncle was discharged but within one week was readmitted and discharged again. Adam had to take time off work due to stress, after his partner had a psychotic episode.

Adam was directed to advice on benefits for his aunt and uncle and information on applying for Power of Attorney for them, to allow him to consider how best to plan for the future. He accessed the Carers Short Breaks Service, where he received funding for a gym membership to support his physical and mental health.

### **Beth: Navigating distance, family responsibilities and financial strain**

Beth, a 29-year-old woman who is currently on maternity leave, was identified through a call from her sister who lives nearly 150 miles away. Their mother had been admitted to Ninewells Hospital following a brain bleed and required a period of rehabilitation. Beth lives in Dundee. Her mother was discharged to Cameron Hospital in Fife because her home address is in North-East Fife,

Beth was extremely anxious. With a new baby and limited income, the prospect of frequent travel to Fife was overwhelming. She was also under the impression that she would need to arrange transport home for her mother. Beth was supported to speak with ward staff, who explained the rationale for the discharge destination and reassured her that hospital transport would be arranged. Although no financial support was available for her travel, she was relieved to learn that video calls (Facetime) could be used to stay connected with her mother. Beth was referred to Fife Carers Centre for advice regarding her caring role with her mother and her hopes to arrange for her to live in Dundee.

### **Cal : Carer having a voice during a critical transition**

Cal is a 60-year-old Carer, whose mother, Mary, was an inpatient in Ninewells Hospital. Cal was distressed when there were discussions of Mary's return home from hospital. Cal felt hospital staff were not acknowledging concerns about Mary's cognitive decline. Cal's anxiety grew because Mary might return home soon, and Cal was due to go on holiday.

Cal was supported to express their concerns. Medical staff reassured Cal that further assessments would be carried out and that Mary would be transferred to Royal Victoria Hospital for continued evaluation.

Although Cal described the caring situation as "all-consuming," practicing meditation had been helpful and Cal was made aware of other support services available if needed.

### **Eve's Journey: Young Carer– From Overwhelmed to Empowered**

Eve is 17 years old, an only child living with her single mother. Her mum has complex mental health challenges and a physical condition that often leaves her reliant on a wheelchair (indoor and outdoor).

Eve's caring role means she is a cleaner, a cook, a shopper, and a constant source of emotional support. Eve's caring responsibilities left her feeling isolated and overwhelmed. Her own well-being and teenage years have been shaped by responsibilities that many of her peers can't begin to imagine.

When Eve first connected with the Carers Centre, her school attendance was just 17%. She was struggling academically, emotionally, and mentally. Eve was referred to Carer Support by her School. A Carers Centre Support Worker Sam has continued to meet with Eve on a one-on-one basis. Sam also worked closely with Eve's mum to ensure that Eve's needs were being recognised at home as well as school.

Eve has spent time as an inpatient at the Child and Adolescent Young People's Unit because of self-harm and complex mental health struggles. But with the right medical and social support, Eve began to see positive changes.

Eve began to re-engage with school. A part-time timetable was created that included her Young Carers sessions—something she found was an emotional and social lifeline. Eve is now a Prefect at school, a leader in the Young Carers Group, and a passionate advocate for Young Carers' Rights. With the right support in place, she's managing her responsibilities and looking ahead with hope.

### **Nik: Young Carer**

Nik cares for their sibling, Toni, who has complex needs and uses a wheelchair. Toni needs support in many areas of life and has a very vulnerable immune system. Nik also cares for their parent, Mo, who has multiple sclerosis. Mo's multiple sclerosis means that they can have falls more easily and Mo has an increased risk of becoming unwell. As a result of both these caring roles Nik takes on a lot more responsibilities than their peers. Nik also spends time visiting Rachel House (Children's Hospice) with their family to get some respite and quality time together.

Nik decided to build their confidence by completing a Dynamic Youth Award, and Nik decided to review local parks and green spaces to see if they were accessible for Toni to use them and enjoy the play equipment. Nik then visited the parks with their Carer Support Worker and with their parent before writing reviews and discussing how accessible the parks were.

Nik received feedback that they made a "Fantastic Submission with great personalised evidence". The Award made Nik feel more confident and they shared their certificate with school staff that they had a relationship with

### **Maddison: From Isolation to Empowerment**

Maddison is an Adult Carer who has been in a caring role since the age of 13. She currently cares for her mother, who has dementia. Until recently, she also cared for her husband, who had a chronic illness.

Maddison described her life as one of continuous caring, with little recognition or support. It was only after the passing of her husband a year ago that she reached out for help, feeling overwhelmed and emotionally depleted.

Maddison's decision to seek support from the Carers Centre marked a significant turning point. At the time Maddison described her mental health as being at "rock bottom" She was not receiving any formal mental health support and felt isolated in her role.

Maddison accessed counselling services through the Carers Centre. She described the support as "invaluable" and even referred to it as a "life saver," highlighting the profound impact it had on her wellbeing.

Maddison began attending a Connecting Carers Café, a monthly peer support group. Over the months, however, Maddison has grown in confidence and reflects that she is feeling included, valued, and connected—not only as a Carer but as a member of her local community.



## Dundee Carers Strategy 2026-2032

### 1. FOREWORD message from IJB chair will be added when strategy has been agreed

### 2. INTRODUCTION- About the Dundee Carers Strategy

The Dundee Carer Strategy is a plan which sets out the approach and actions for supporting Carers in Dundee City. This Plan is a Revision of the last Dundee Carers Strategy 'A Caring Dundee 2'<sup>1</sup>. In April 2025, Dundee Carers Partnership reviewed 'A Caring Dundee 2'. The Dundee Integration Joint Board (IJB) accepted the recommendation of the Carers Partnership to revise the strategy. During this development process, the Partnership agreed to extend the revised strategy to 2032 to support longer-term planning. The revised strategy will be reviewed every 3 years.

The Revised Strategy (Plan) has been:

- Developed by the **Dundee Carers Partnership**, a multi-agency group including Carers, Carer representatives, and organisations that work with Carers.
- Supported by **Dundee Health and Social Care Partnership** on behalf of the **Integration Joint Board (IJB)**.  
(Additional information about Dundee IJB can be found at [www.dundeehscp.com](http://www.dundeehscp.com).)
- Aligned with the **National Carers Strategy** and the **Carers (Scotland) Act 2016**. The Plan extends the Strategy period to **2032** to support stable, long-term planning and delivery

The refreshed Carers Strategy:

- Builds on the commitments made in 'A Caring Dundee 2', updating and expanding them.
- Explains how Dundee Integration Joint Board (IJB) through Dundee Carers Partnership will continue to support Carers and protect their rights.
- Sets out long-term plans for support for Carers in Dundee.
- Will lead to an updated delivery plan with clear goals and ways to measure progress.
- Reflects what Carers have said about their experiences and the challenges they face.
- Includes changes based on the National Carers Strategy.

<sup>1</sup> <https://www.dundeehscp.com/publications/caring-dundee-2-strategic-plan-working-alongside-supporting-and-improving-lives-Carers>

- Considers that there will possible changes resulting from the Care Reform (Scotland) Act 2025<sup>i</sup> and Statutory Guidance which will be developed in 2026.
- Will be published as required by law (under the Carers (Scotland) Act 2016<sup>iii</sup>).

You can find more details about the laws and policies that influence this strategy in Appendix A.

The National Carers Strategy recognises that 'Unpaid care is vital to how social care is provided in Scotland, and the value of the dedication and expertise of Carers cannot be overstated'

### 3. THE DEFINITION OF CARER (from 'A Caring Dundee 2')

The Carers (Scotland) Act 2016 identifies a Carer as someone "who provides or intends to provide care for another individual". Carers who are the intended target of this Local Carer Strategy include:

- Anyone who supports (plans to support) a friend, partner or family member of any age who is affected by long term illness, disability, frailty, mental health or alcohol or drug use.
- Individuals who give this support who also receive Carers Allowance or Kinship Care payments as well as those who do not these allowances.
- Adults, children and young people who share the care and support of someone with others including other unpaid Carers and paid care workers.

Carers are part of every community and culture and can be any age. Although other people in the City may benefit from some of the actions and plans made as a result of this Strategy (e.g. Foster Carers looking after a child with Additional Support Needs/ disability, and people who give care and support on a paid basis or as part of employment or voluntary work) these people are not the main focus of this plan.

A Young Carer is defined as a child or young person under the age of 18 (or 18 and still at school) who has a significant role in looking after someone in their household/family network. There are some children and young people who may not have any direct caring responsibilities, who experience many of the effects of a caring situation. The Dundee Carers Partnership recognises these young people as 'affected by care responsibilities' and acknowledge that support planned through the Carers Partnership may be needed to address the impact on the outcomes for these young people.

In Dundee, the Carers Strategy supports Carers of all ages. This includes Carers who live in Dundee and those who care for someone living in Dundee, even when the Carer lives elsewhere

Becoming a Carer can be transformational and happen at the turn of a switch, or at least that is what happened to us. One minute, life is normal, the next minute it is abnormal and being able to access support, quickly, from someone with experience and knowledge was very important.

A local Carer 2024

The Dundee Carers Partnership Group brings together Carers, their representatives, and agencies that support Carers in Dundee. The Group leads the strategic planning for Carers in Dundee in

relation to the Carers (Scotland) Act 2016. The Carers Partnership is supported by Dundee Health and Social Care Partnership (HSCP) on behalf of the Dundee Integration Joint Board (IJB). The group's main purpose is to develop and review the Dundee Local Carers Strategy, oversee its implementation, and create a Performance Framework. The group monitors and reviews actions from the Plan in several ways. This includes creating communication and involvement activities for Carers and stakeholders, checking progress, and producing progress reports.

#### 4. INFORMATION ABOUT CARERS IN DUNDEE AND ACROSS SCOTLAND

The Dundee Carers Partnership has access to a large amount of data to support strategic planning. A Data Subgroup has been meeting regularly to plan for information needs, review Carers' population data, and check progress against the actions and outcomes in *A Caring Dundee 2*. The subgroup provides written and verbal reports to the Partnership at quarterly meetings. These reports include relevant data and an assurance update. The information below, and elsewhere in this document, is a sample of what is available to the Partnership.

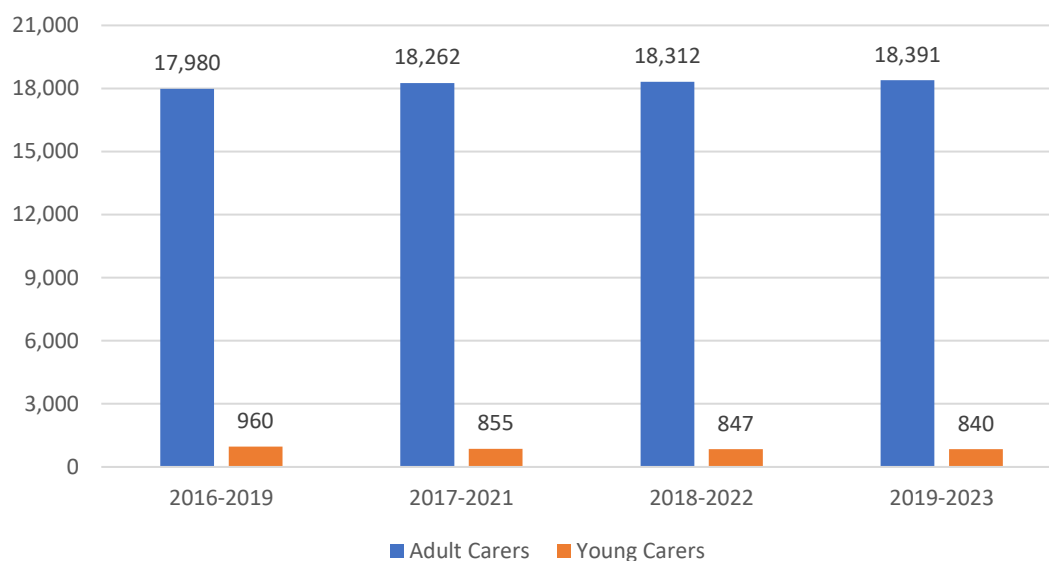
Scotland's Census is the official count of every person and household in the country. It takes place every 10 years. The 2021 Census was delayed until 2022 because of the pandemic. The Census records Carers across Scotland and provides information about Carers in Dundee and nationally. Health, disability, and unpaid care data was published on 3 October 2024. The census only records unpaid care if the person completing the form identifies a Carer in the household.

Data from the 2022 Census shows a 27.5% increase in people providing unpaid care since 2011. Across Scotland, 12% of the population now provides unpaid care. Almost a quarter (24.3%) of Carers provide 50 hours or more of unpaid care each week. <sup>ii</sup>

In Dundee, there are about 19,200 Carers. Around 850 of them are young Carers.

#### **Chart 1: Number of Adult and Young Carers in Dundee: 2019 – 2023**

## Dundee Carers Strategy 2026-2032

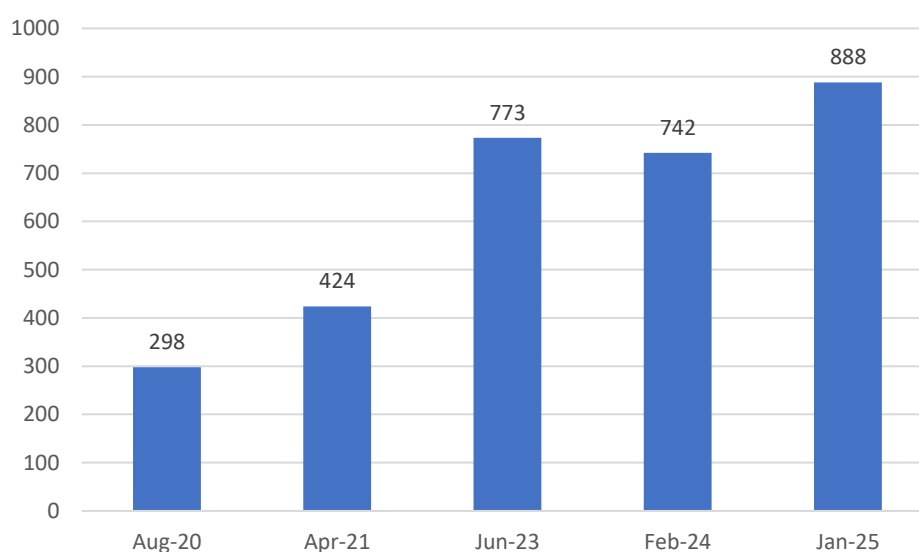


Source: Scotland's Carers Update Release March 2025 - gov.scot

In Dundee, the number of Adult Carers has increased over the last 3 reporting periods (17,980 (2016-2019) to 18,391 (2019-2023)).

The number of recorded Young Carers in Dundee Schools has decreased over the last 3 local reporting periods [960 (2016-2019) to 840 (2019-2023)]. This decrease has occurred despite intense efforts in services for children and young people to identify and support Young Carers. It is not clear why the numbers of recorded/ identified Young Carers have reduced. Dundee Carers Partnership has agreed to investigate this and consider if action is needed as a result.

### Chart 2: Number of Young Carers at School, Dundee, 2020 - 2025



Source: Dundee City Council Education Department, SEEMIS



In the Dundee Carers Strategy Survey, 2025.

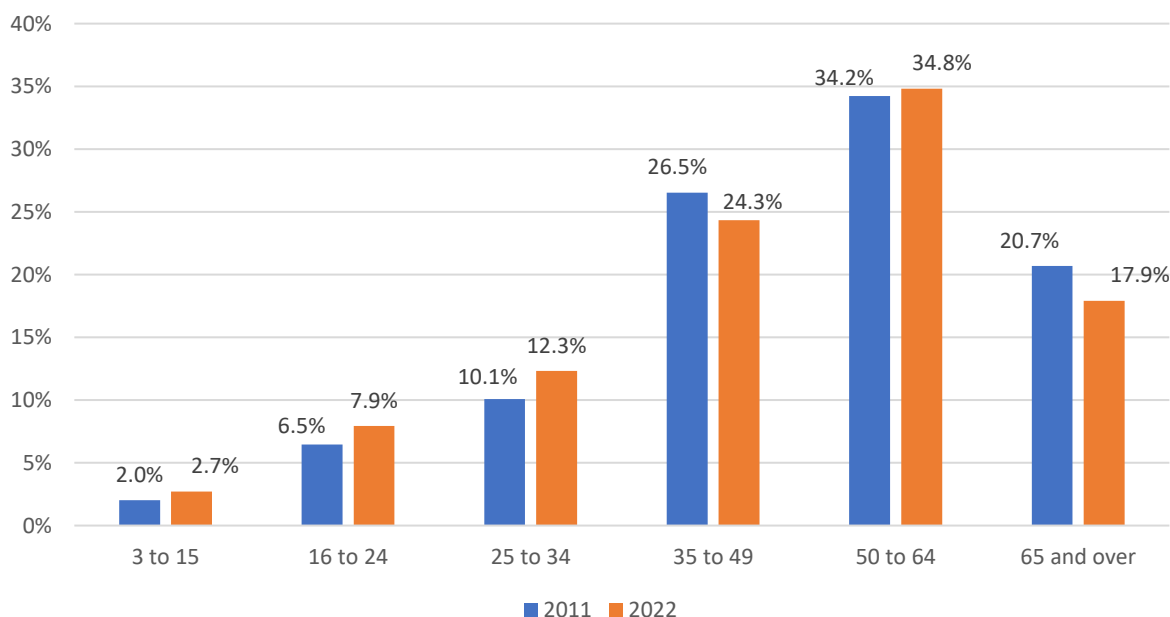
Respondents selected the 2 most important aspects of the strategy which were that

- it should have views from Carers and the people Carers support - 86% and
- it must be based data and information about local Carers -46%

As reported by the National Census Scotland, the following chart shows the % of (self-identified) Carers by age group for Dundee. (In 2011 and 2022)

Most identified Carers in Dundee are aged between 50 and 64. Over the past ten years, the number of Carers aged 35 to 49 has gone down. At the same time, there has been an increase in the number of Young Carers (aged 16–24) and Carers aged 25–34. It's likely that more people over 65 are also Carers but don't identify themselves as such in the Census. This can be because older couples don't see themselves as Carers—they just see it as helping their partner. The 2022 Census for Scotland shows that more people over 65 are now identifying themselves as Carers. This may be because older Carers are more aware of their role and are more likely to ask for support for caring. It could also mean that more older people are becoming Carers.

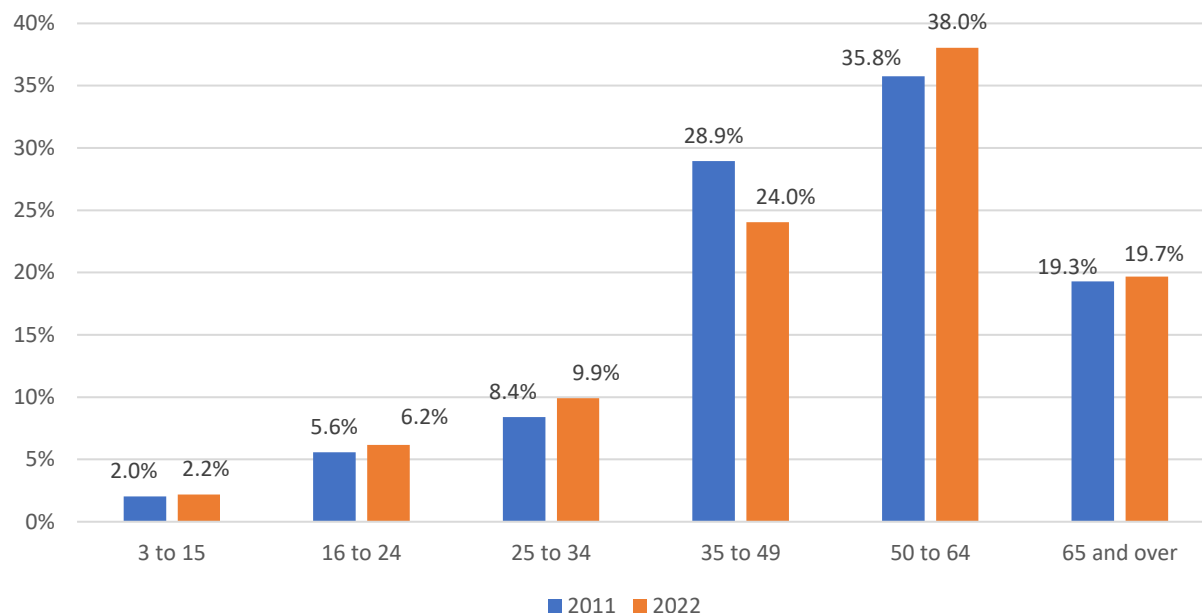
**Chart 3: Percentage of Carers by age group, Dundee, 2011 and 2022**



Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

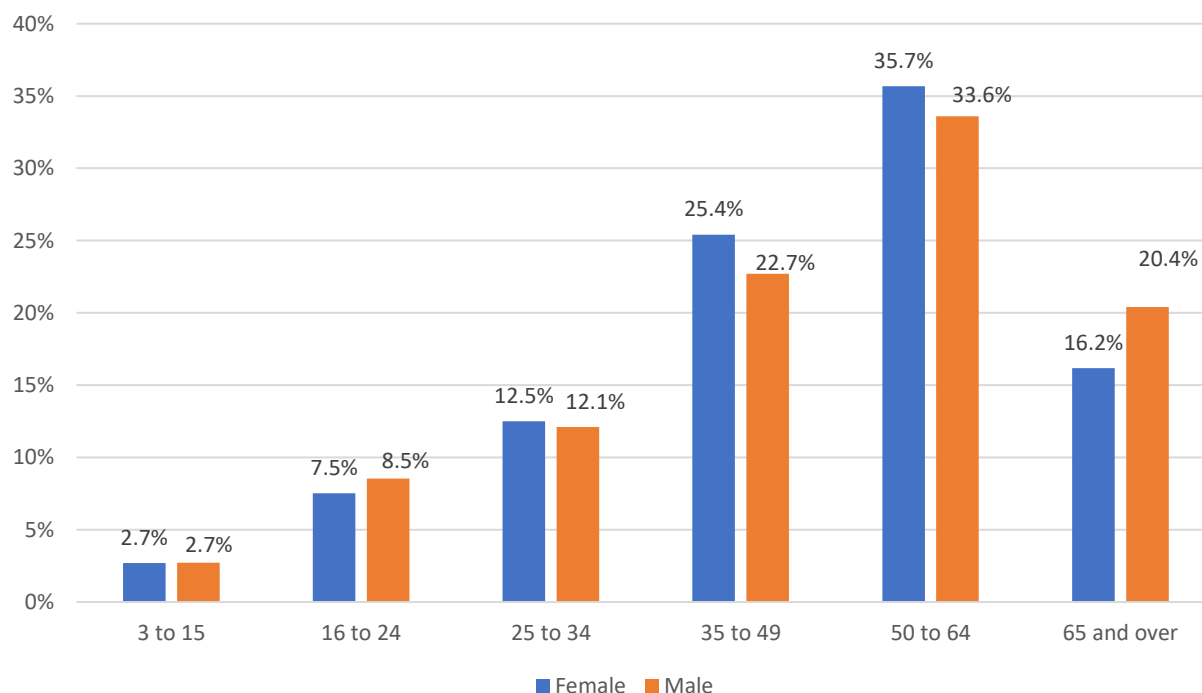
**Chart 4: Percentage of Carers by age group, Scotland, 2011 and 2022**

## Dundee Carers Strategy 2026-2032



Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

### Chart 5: Percentage of Carers by age and sex, Dundee, 2022

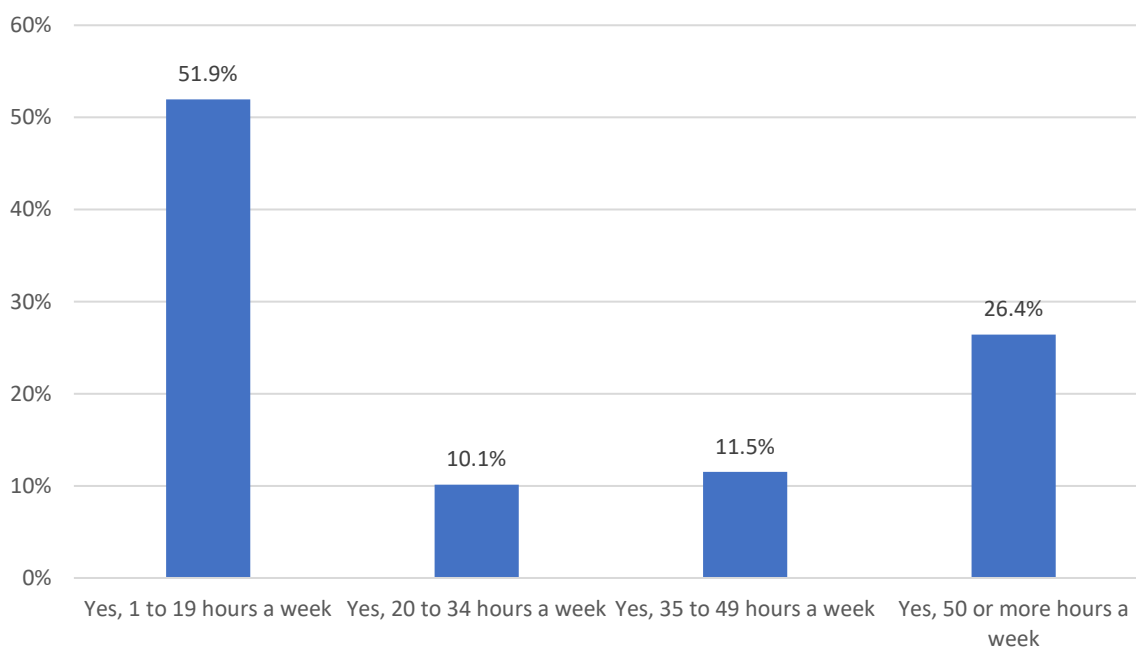


Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

Chart 5 shows the percentage of Carers by age and sex in Dundee, as a portion of the total number of identified Carers. For many years the data collected via the census suggested that Carers were

predominantly female. Between 2011 and 2022 the number of male Carers who recognised their role increased. The percentage of men in the age group 65 and over has now increased in Dundee and men out number Carers who are women in this group.

**Chart 6: Percentage of Carers providing care by hours per week, Dundee, 2022**

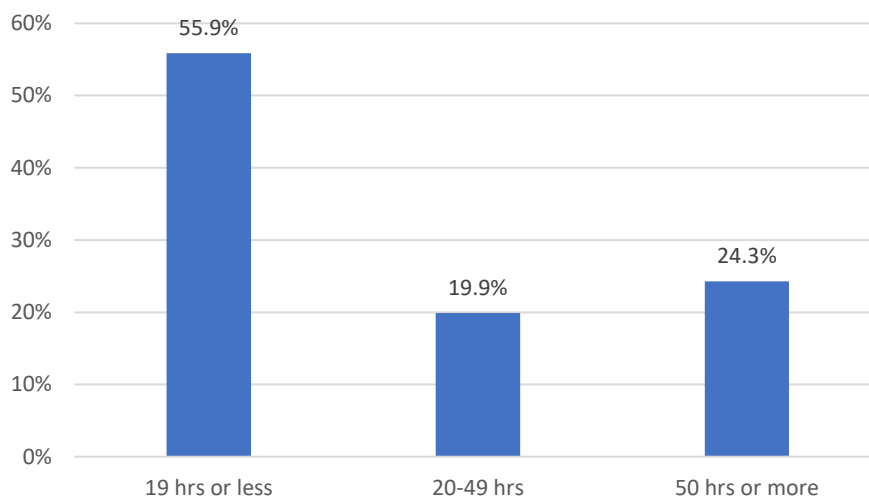


*Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census*

## Dundee Carers Strategy 2026-2032

In Dundee, over half of the known Carers support someone for up to 19 hours per week. This number is less than across Scotland. There is a higher proportion of Carers in Dundee who provide over 50 hrs a week of care.

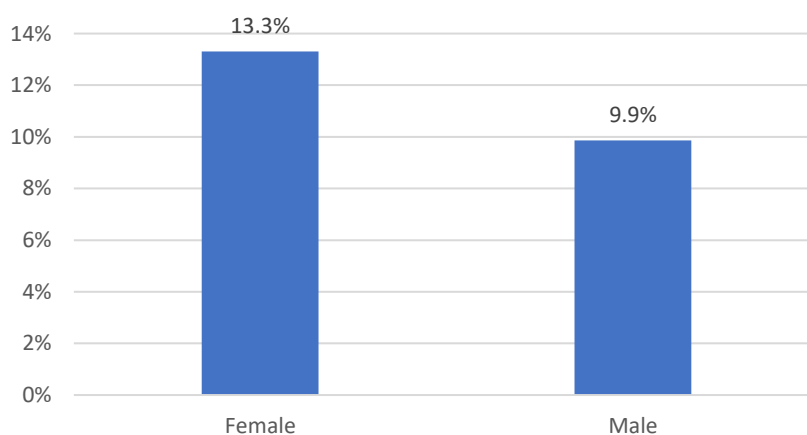
**Chart 7: Percentage of Carers providing care by hours per week, Scotland, 2022**



Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

13.3% of females Dundee reported that they provide unpaid care, compared with 9.9% of males (Scotland's Census, 2022)

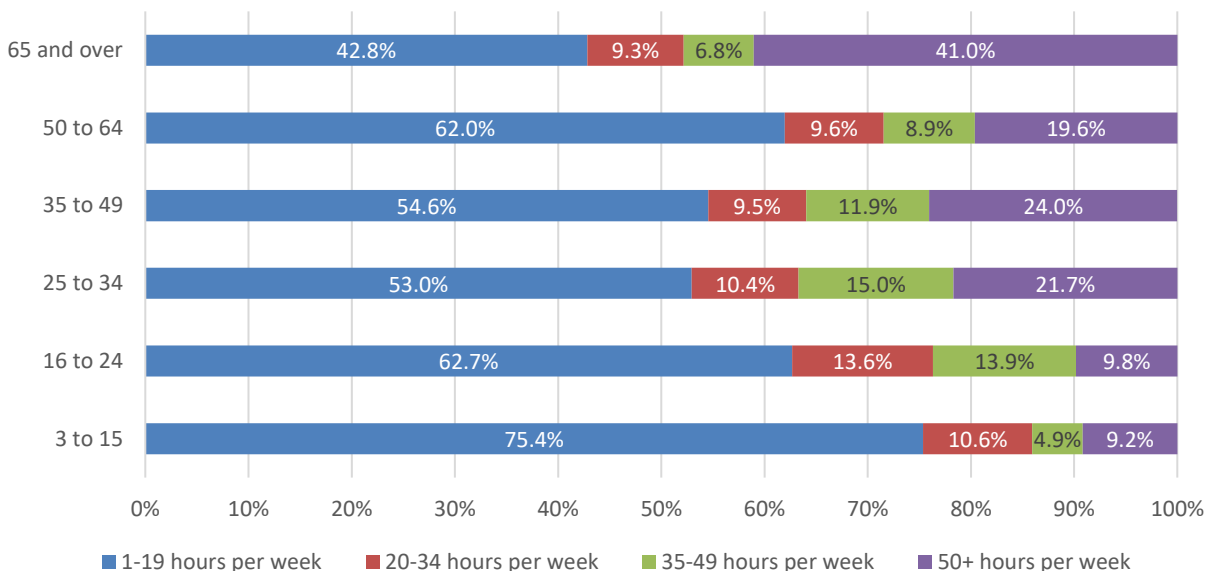
**Chart 8: Percentage of Carers by sex, Dundee, 2022**



Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

Chart 8 shows the percentage of Carers by sex in Dundee, as a portion of the female and male population.

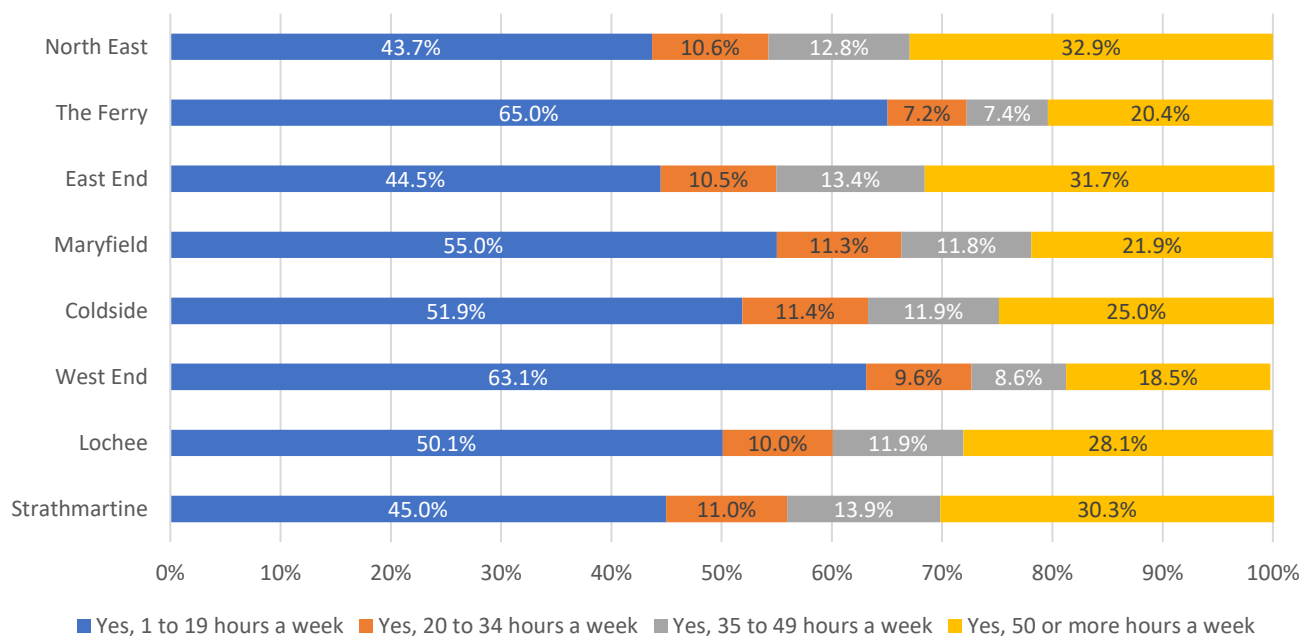
**Chart 9: Percentage of Carers providing care by age and hours provided per week, Scotland, 2022**



Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

Over 50% of Carers are aged 50+, with 30% of Carers aged 50+ providing 50+ hours of care each week (Scotland's Census, 2022).

**Chart 10: Percentage of Carers providing care by hours per week and locality, Dundee 2022**



Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

This chart shows the % of Carers as a portion of all identified Carers in each local Electoral ward area, known as a “Locality”, and the number of hours of care provided per week.

In 2025 Carers UK<sup>iii</sup> advised that across Scotland

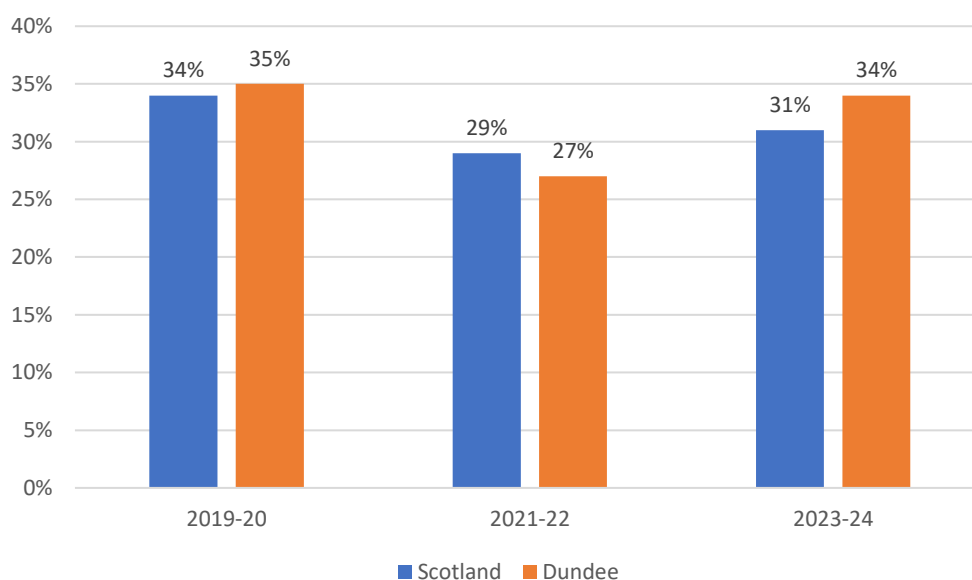
- As many as 100,000 Carers are living in poverty.
- The rate of poverty amongst Carers is 56% higher than those who do not provide unpaid care.
- 50% of Carers are below the poverty line;
- 8% of Carers live in deep poverty.

### The impact of caring on employment.

Nearly half of working age Carers lose £12,000 of income per year because they provide care. Scottish Care (2025) concluded that “Financial strain is another pressing issue..... This economic hardship often forces Carers to reduce working hours or leave employment altogether, exacerbating their financial vulnerability. Regarding the impact of caring on employment, Carers UK<sup>iv</sup> said, ‘nearly half of working age Carers lose £12,000 of income per year because they provide care’.

In Dundee Carers in the North-East and in the East End are more likely to be caring for more than 50 hours per week. These areas are areas where there is more social deprivation. In the West End and The Ferry, areas where there is less social deprivation, more Carers care for 19 hours per week or less.

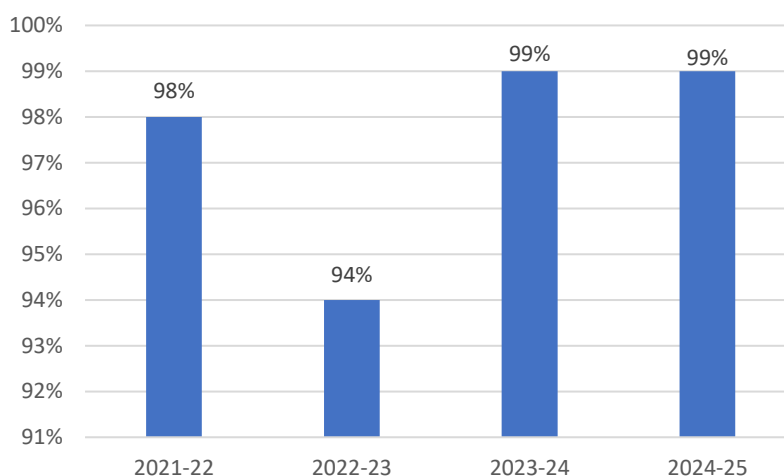
**Chart 11: Percentage of Carers who feel supported to continue caring, Dundee & Scotland, HACE Survey, 2020 - 2024**



Source: Health and Care Experience Survey - gov.scot

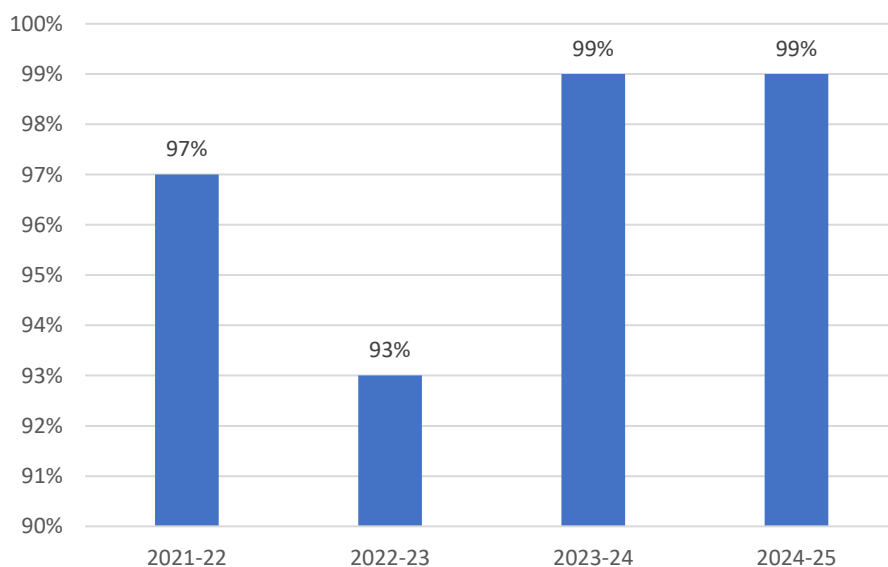
In a national survey, 34% of all Carers in Dundee reported that they feel supported to continue their caring role. This is slightly higher than the Scotland result of 31% (Scottish Government, 2024). Carers supported by the Carer's Centre reported positively in a recent survey of outcomes (99% feeling improved health and wellbeing and feeling more confident). Whether carers "feel supported to continue caring" will also include things like financial situation, housing circumstances, availability and acceptance of Health and Social Care for the person they care for, and other factors like workplace support arrangements and support from other family members (siblings, co-parents etc.).

**Chart 12: I feel my health and wellbeing has increased as a result of receiving support, Carers Centre Service Outcome Survey, 2022 - 2025**



Source: Dundee Carers Centre

**Chart 13: I feel more confident and able to care as a result of receiving support, Carers Centre Service Outcome Survey, 2022 - 2025**



## 5. PROGRESS MADE SUPPORTING DUNDEE CARERS

### FROM 2021

2021 Onwards - New learning opportunities were created to help practitioners better understand Carers, their needs, and how to support them. A new online Learning Portal was launched at [www.Carersofdundee.org](http://www.Carersofdundee.org), which Carers can also use for their own learning.

2022/23 A successful Carers of Dundee Awareness Campaign ran during National Carers Week, including TV adverts, to help the public understand who Carers are and the different roles they play.

2022/23 and 23/4 Winter Assistance Funds were awarded to Carers in Dundee to help with basic needs like heating costs, warm bedding, clothing, and essential household items. (The Carers Winter Fund was not continued after 22023/24.)

2022/23 Local employers were encouraged to support employees who are Carers by using the Local Carers Charter. Over 50 organisations were awarded the Charter; many employers have increased their understanding of Carers in the workplace, and some have found they can offer flexible working options to Carers.

June 2023 - Young Carer Ambassadors and College Carer Ambassadors were recruited and trained. They continue to work with school coordinators and link workers on local projects. Recruitment is ongoing as Ambassadors grow older and leave education.

June 2023 – improvement work completed to enhance the uptake of adult carers support plans including guidance to facilitate the waiving of fees, where assessed as appropriate.

2023. Dundee Carers Centre and Lead Scotland ran drop-in sessions to help Carers of all ages improve their digital skills.

2023 onwards- The Community Listening Service was expanded to meet growing demand, including from Carers. Awareness campaigns were run to promote the service

2022/23 Carer Health Checks and Wellbeing Sessions offered (through The Corner) to all identified Young Carers in Dundee.

2023 Funding was increased for the Dundee Carers Centre counselling service to help meet rising demand.

2024 Sessions at Dundee HSCP Providers Forums to raise awareness of Dundee Carers Strategy and encourage feedback.

November 2024 The Dundee Carers Partnership launched a new Carers Involvement Framework<sup>v</sup> to help Carers have a stronger voice in decisions.



2024/25- Work undertaken to support Carers to be more involved in hospital discharge planning, especially at Ninewells Hospital, with better identification and referral for support.

2024/5 Work began to optimise the Triangle of Care approach at Carseview Mental Health Centre. This includes collaboration between Carseview staff, mental health agencies, and Carers, with information sessions to help staff understand each other's roles to enhance support to Carers.

Early identification is vital. Carers who are not identified will not be able to know and claim their rights.  
Carer Support Worker

### Information from Carers Strategy Survey 2025.

24 out of 56 people thought life had 'got worse for Carers in Dundee.' in the last few years. 18 people thought there were some improvements in Carer Support with one person saying "support is still high quality, but services are stretched. many factors that are out with individuals' control such as financial and cultural division (racism & homophobia etc.) make the lives of Carers worse ". See Chart 14 for answers in Survey.

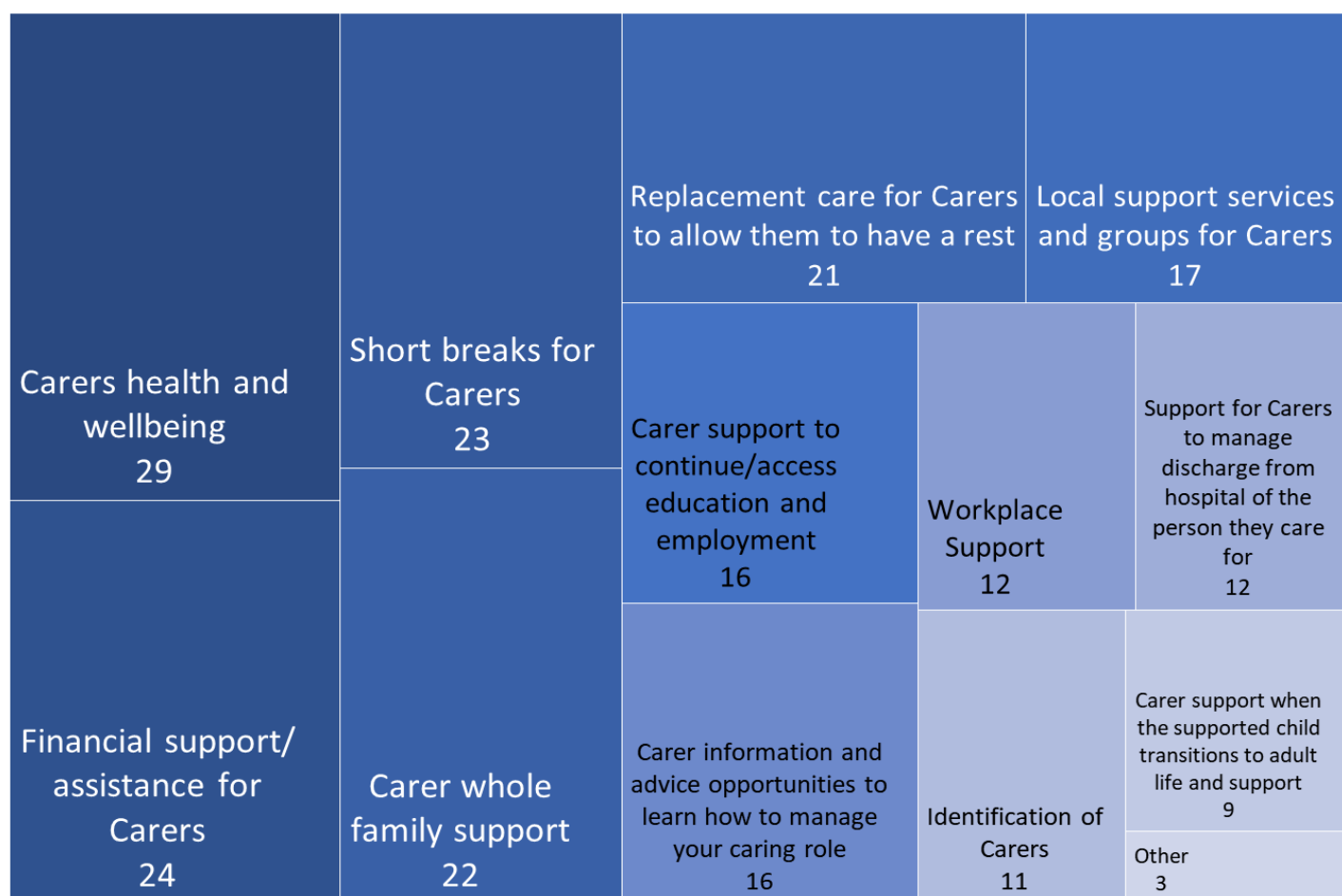
### Chart 14: Carers Strategy Survey Results 2025

5. Tell us more about any changes you have noticed for carers over the last few years. *If you wish to tell us more about your answer please select 'Other'.*



Source: Carers Strategy Survey results 2025

The Carers Strategy Survey 2025 asked what was for respondents to identify their Top 3 priorities for the Carers Strategy to address. There was a broad selection identified. See the following Diagram.



Source: Carers Strategy Survey results 2025

One person said 'I can't pick 3 because caring roles vary so much'

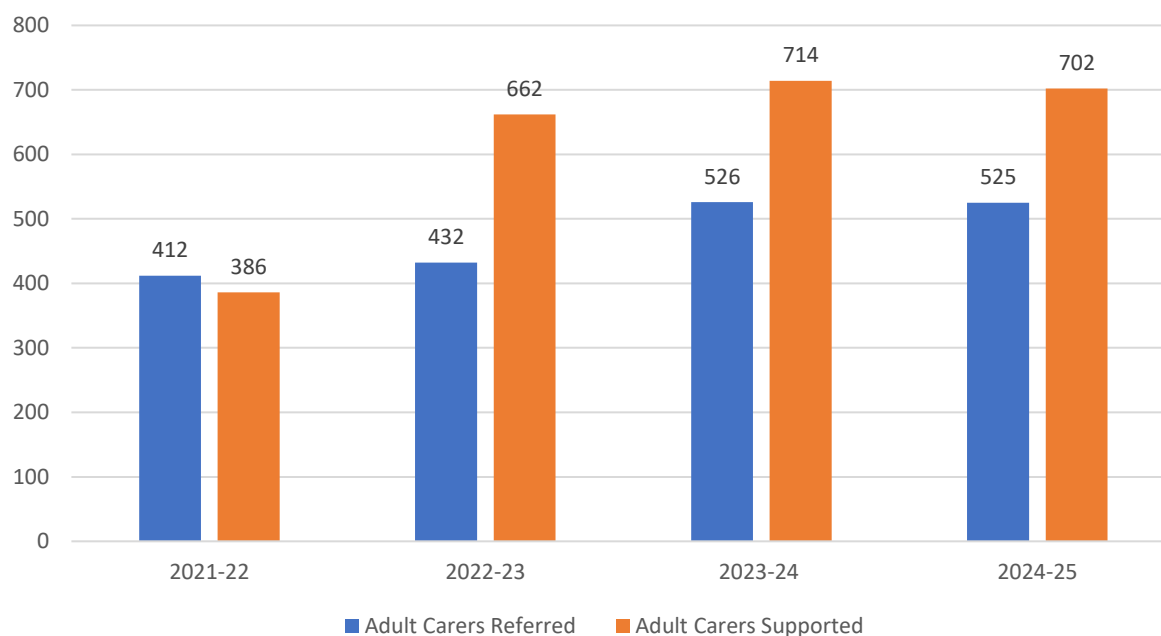
Resources are very limited. Carers are individuals with different needs and expectations of a very small pot of resources.

Carers Strategy Survey 2025

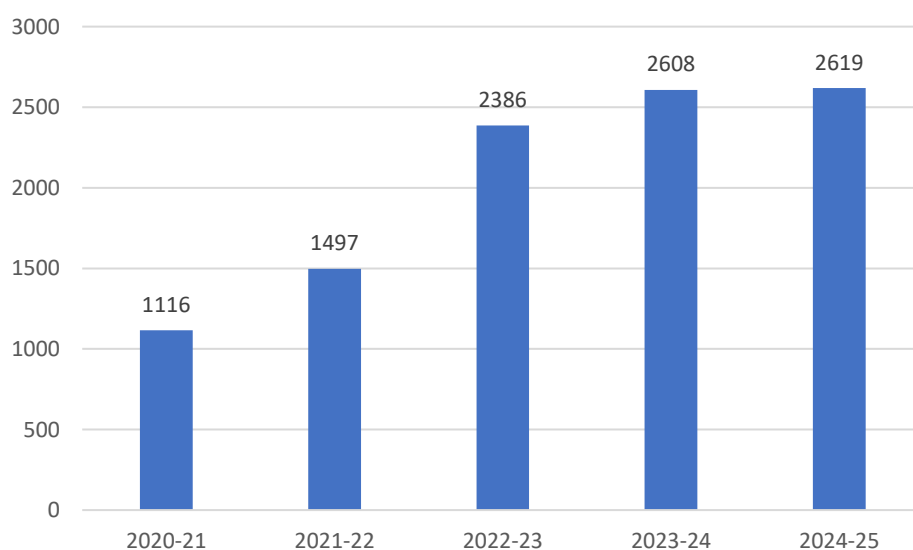
Carers in Dundee are supported by a wide range of services. Support that Carers access such as the Listening Service (NHS) can be accessed by all residents in Dundee. Carers can access services specifically designed to meet their needs, including Dundee Carers Centre support. The following chart notes the number of Carers supported each year by Dundee Carers Centre.

**Chart 15: Number of Carers Support referrals and total number of Adult Carers Supported, Carers Centre**

## Dundee Carers Strategy 2026-2032



Source: Dundee Carers Centre

**Chart 16: Number of people supported across all services from Dundee Carers Centre**

Source: Dundee Carers Centre

## 6. CARER ENGAGEMENT

### Ways Carers and those who care about them gave their views.

Dundee Carers Partnership works continuously to hear from local Carers and find new ways to involve them. Every Carer is different, and how they choose to get involved depends on what matters to them and what they want to achieve. The Dundee Carers Involvement Framework<sup>vi</sup> explains how organisations and services can work with Carers, giving them a chance to help shape the support and services they receive.

Strategies are vital and more Carers views are important in the making of Carer strategies and how to go forward with realistic outcomes that are achievable and not promoting outcomes that are far out of reach to implement in the real caring Dundee community.

(Person who has support from a Carer) Carers Strategy Survey 2025

### Carer Representatives and Advisory Group

As well as other ways of getting involved, some Carers in Dundee act as Carer Representatives (Reps). These Reps play an important role in helping plan health and social care services. Dundee Carers Centre supports Reps by giving advice and helping them connect with other Carers.

A new group has also been set up by Dundee Carers Centre called the 'Carer Advisory Group'. The Group is made up of Adult Carers who use their caring experience who have agreed to help guide and improve the Dundee Carers Strategy and other areas important to them. The aim is that they will strengthen Carer involvement across the Dundee to make sure Carers' concerns, views, and ideas are heard and taken seriously.

### Young Carers Subgroup

The Young Carers subgroup has been established to ensure the implementation in Dundee of the duties to Young Carers under the Carers (Scotland) Act 2016.

This group will carry on and build on previous work to:

- Increase the number of Young Carers in Dundee that are identified, in particular the number of Young Carers identified before reaching a crisis point.
- Increase the number of Young Carers in Dundee that receive the appropriate support, and work towards ensuring that the Young Carers receive support as early as possible.
- Develop training, information and resources to ensure that the wider Children & Families workforce is confident, skilled and has access to resources to identify and support Young Carers and their families and feel supported in that role.
- Work with 'Young Carers Voice' to raise awareness throughout Dundee – in communities, workplaces, services, schools and other educational settings - of Young Carers and their rights.

- Work with key partners to develop relevant indicators and methods to evidence the impact of the work of the group, report on progress and plan future priorities for action.

## Young Carers Voice

'Young Carers Voice' are a group of Young Carers (aged between 14-18 years old) from across Dundee. They are supported by Dundee Carers Centre. They have been the driving force of change in the City, working with key decision makers and ensuring Young Carers' voices are heard and acted upon.

'Young Carers Voice' have identified that while Dundee has made significant progress in identifying Young Carers, the wider community still does not understand the diversity and variety of caring roles Young Carers undertake and their different experiences.

The group also leads 'Young Carers Action Day' in Dundee – an Annual National event that raises awareness of Young Carers, and the incredible contribution Young Carers make to their families and their local communities.

## Young Carer Ambassadors

Young Carer Ambassadors are young volunteers with experience in a Caring role who give their time to raise awareness of Young Carers in their school and community, including Young Carers' rights and the support available to them.

They work alongside Dundee Carers Centre staff and School Young Carer Coordinators to develop tailored opportunities to identify and support Young Carers within their school community.



## DUNDEE CARERS PARTNERSHIP

Carers Involvement  
Framework 2024

## Engagement to update Dundee Carer Strategy.

Throughout the life of 'A Caring Dundee2', Carers have shared their views in both formal and informal ways. Formal feedback regarding the Strategy Review started at the Dundee Carers Centre Annual General Meeting on 25 October 2024, where around 60 Carers and stakeholders took part in discussions and shared their thoughts. This helped guide the next steps and indicated that the

direction of travel for 'A Caring Dundee 2' was the right one indicating that it might be best revised rather than replaced.

This was followed by a series of visits to local Carers groups to hear views from over 45 Carers. The Carers Partnership and its Communication and Involvement sub-group also gathered feedback from organisations and services that work with Carers, helping to build a fuller picture of what Carers need and want.

An on-line survey was shared in September 2025 to gather views for the refreshed strategy. Just under 60 people completed the survey, including 34 Carers and 13 former Carers as well as other stakeholders. Most responses came from adults, with a small number of under 18-year-olds with experience of being a Young Carer. 21 of those adults who responded worked in Health, Social Work or Social Care.

## Some Themes and Key Information from Engagement

### Managing caring

#### Advice & Information

##### People said

- We have difficulty finding Information about services and support for person we care for.
- You need to look at how to better share info with the older generation.
- Schools should do more to identify Young Carers.
- Young Carers miss out on having a normal childhood, learning and friendships.

#### Care to support, release, relieve and/or replace Carer.

##### People advise that

- Sometimes the person the Carer supports refuses services because they worry about means-testing and costs.
- There are not enough care services/supports (e.g. Day time support to occupy young adults with learning disabilities).
- Having a recuperative (or even essential) activity often needs forward planning, but Respite Care admission planned dates are often not possible/available.
- When Carers are seeking Respite Care Placements, they worry about costs- the thought of charging means some Carers and some people don't want even to look into Respite.
- Carers are experiencing high level of distress follow hospital discharge if services are not enough to meet needs
- Concern that there are no longer any Day Centres for disabled adults
- Some service users seem to have extremely long waits for outcomes of Self-Directed Support assessments, and this impacts the Carer.

#### Transitions of Young People to adulthood

##### Some people raised that

- There are issues with transitions to adulthood (for disabled young people), including lack of information, and conflicting information (e.g. guardianship).

### Good Lifestyle

**Carer Support****People suggested that**

- We capitalise on Peer Support Groups -to support Carers continue in their caring role. Volunteers (with Carer experience) could be supported to provide peer support and contacts. Support like this could be based in local community centres.
- We need to support Young Carers as they can have even more challenges, especially their own education needs with managing their caring role.

**Financial****Finances****People clearly told us**

- Lack of money is a problem for many Carers. There is disparity as not all Carers can access Carers benefits, and not all disabled people get disability benefits. There needs to be greater awareness of what financial support is available.
- The Cost-of-Living Crisis is a major concern. There can be increased costs looking after someone with a disability.
- Heating is a big issue, and uncertainties around winter fuel allowance are causing stress.

**Carer Health****Mental Wellbeing****People said**

- Mental Wellbeing is a major concern in Carers day-to-day lives
- The mental health and wellbeing of the person Carers care for can have major impacts on the Carers wellbeing
- Carers can struggle even more when it's hard to get the right mental health support for the person they're looking after.

**Sharing information with Carers**

'General Practices are an untapped resource. Carers usually speak to doctors first and doctor's receptionists'

Carers Centre AGM 2024

## 7. THE VISION

Strategies like this usually have a stated vision; this confirms what the strategy is looking to achieve. Carers and stakeholders have suggested that the previous vision be updated slightly to reflect their current thoughts.

The vision of this strategy is:

A Caring Dundee in which all Unpaid Carers are heard, valued, understood and supported so that they are healthy and have a life of their own alongside their caring responsibilities.

## 8. CORE PRINCIPLES

These Core principles have continued to be the basic guidelines of the strategy. These have been copied from 'A Caring Dundee 2'. See the following Health and Social Care Standards information and EPIC information.



Across Dundee we listen to and work with Carers in accordance with the Health and Social Care Standards prioritising and respecting people and their choices when they seek support.



The Equal Partners in Care (EPiC) principles developed by NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) are embodied in local plans, actions and direct work with Carers. This strategy embeds the Equal Partners in Care (EPiC) core principles: Carers are identified; Carers are supported and empowered to manage their caring role; Carers are enabled to have a life outside of caring; Carers are free from disadvantage and discrimination related to their caring role; Carers are fully engaged in the planning of services; Carers are recognised and valued as equal partners in care. See Figure 1



Figure 1



## 9. CARERS RESOURCES Supports and services for Carers in Dundee

Considerable data and information is available to support the Carers Partnership plans for Carers in Dundee. The information that is available is structured in a way that allows the Carers Partnership to consider the extent to which the Strategic Outcomes have been achieved.

Everything has rules and red tape. Even when the person is entitled, it seems there are always waiting lists. It is difficult for everyone. One Carer of 5-year-old says they cannot get specialist help to meet their needs.

Carers at group meeting

### Information and Advice

Dundee Carers Centre continues to provide Information and Advice on behalf of Dundee HSCP. The arrangements for this include providing advice and information by phone, or face-to-face and through the Carers of Dundee Website - [www.Carersofdundee.org](http://www.Carersofdundee.org)

### Support for Young Carers

The Carers Strategy Survey asked, 'Do you feel any changes need to be made to ensure Young Carers can have a life of their own alongside their caring role?' Most of those who answered thought support for Young Carers was important.

Comments about what is needed included:

Young Carers groups in school do help.

Respite time to recharge from their high demanding caring role that impacts their own health and well-being.

Make sure 'services to care for the looked after person while the young Carer has a break or support as a young Carer

Young Carers need to be provided with protective time of their own to explore their own life experiences and journeys.

I was a Carer at age 21. I personally have experience of isolation and loneliness with no support from peers, no social life. It can be a very lonely place for a young Carer to be

We need more youth groups for 8+.

Moving into adult life, finding work, going to university, etc. can be quite difficult.

Transition support from primary to secondary moving onto further education.

Financial means to support IT equipment, travel, etc.

This what 'A Caring Dundee 2' said

Support to Young Carers is part of the 'Getting it Right for Every Child' (GIRFEC) approach in Dundee, which improves outcomes and supports the wellbeing of children and young people by providing the right support at the right time. For more information on GIRFEC in Dundee go to [www.dundeeprotectschildren.co.uk](http://www.dundeeprotectschildren.co.uk)

Some children and young people who are Young Carers are assessed as having Additional Support Needs and where there is a need for coordination of support this is done through the TATC (Team Around The Child) process and a Child's Plan may be created to coordinate and monitor outcomes.

Schools in Dundee have a designated Young Carer Coordinator, an Education employee, who works closely with identified link workers (from Dundee Carers Centre) to support the needs of Young Carers. The Co-ordinators ensure other school staff are aware of any concerns that may impact on the engagement and participation of the Young Carer in School commitments and activities. In some schools the Co-ordinators facilitate a Young Carers group allowing a safe space for Young Carers to share views, advice and mutual support and come together with others experiencing similar caring duties. Every secondary school has a group of young Carers who volunteer as Young Carer Ambassadors. There are currently 32 Young Carer Ambassadors who lead activities for their peers, raising awareness of what it means to be a Young Carer. Dundee City Council Children and Family Service have two Carers Champions who are working with Dundee Carers Centre link workers to develop the Champions role within children's social work teams to better identify and support Young Carers in those settings. Young Carer Ambassadors have recently been recruited at Dundee & Angus College to develop this programme beyond Secondary School.

## Support For Adult Carers

Carers Personal Outcomes continue to be a focus for casework with Adult Carers. The information in "A Caring Dundee 2" remains relevant. This is what A Caring Dundee 2 said:

Carers can currently access both formal and informal supports for themselves from a range of resources across Dundee. Personal Outcomes for Adult Carers are described in the following diagram. Local Carers identified outcomes that were relevant to them these are grouped under outcome domains of Health; Having a Good Lifestyle; Financial Security and Managing the Caring Role. See diagram. (Figure2).



Figure 2

In Dundee it is recommended that Assessment Practitioners complete Adult Carer Support Plans within 90 days of the initial request for these. All known Carers of people who are terminally ill should be offered an Adult Carer Support Plan or Young Carer Statement within 2 working days of a person being identified as a relevant Carer. A "substantive conversation" should take place with the within five working days with ACSP/YCS within ten working days.

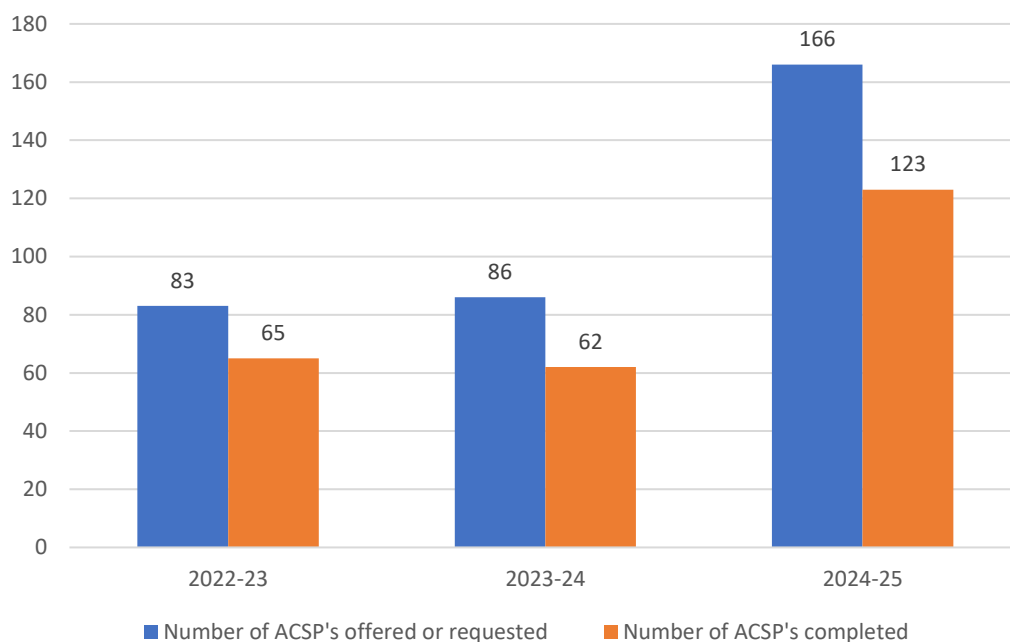
## Adult Carer Support Plans

There are many supports that can be accessed directly by Carers without a formal Adult Carer Support Plan. Adult Carer Support Plans continue to be the best option when Carers have accessed the other supports and have needs that cannot be met in other ways. In addition, an Adult Carer Support Plan can help the Carer identify their goals and aspirations.

Just now I feel that my longer-term Mental health struggles are reducing my caring capacity. I feel I am not seen as a person, I would like the chance to develop my writing and blogging, to generate income with this but cannot find support for myself to do this.

Local Carer

**Chart 17: Number of Adult Carer Support Plans offered or requested with number of Adult Carer Support Plans completed, 2023 – 2025**



Source: Dundee HSCP, Mosaic

The following information is from A Caring Dundee 2.

The next diagram (Figure3) shows the Triangle of Support which illustrates the level of risk that Carers might not achieve their personal outcomes. The lower part of the triangle describes the support that Carers can access directly. When the risk to a Carer achieving their personal outcomes is higher they should access supports at other levels as well. During the Adult Carer Support Plan Process Carers explore their outcomes on a one-to-one basis with an assessment worker who can identify their eligibility for a funded support plan as well as considering other resources and supports.

Individually Funded Adult Carer Support Plans are available for Carers who meet the Eligibility Criteria for Carers in Dundee; that is, they are identified to be at a very high level of risk to achieving one or more of any of the 4 Carers personal outcomes. Individually Funded Adult Carers Support Plans will be offered as Self-Directed Support where Carers can choose from 4 options in order meet their outcomes. These options include getting the funding to spend on their own support; agreeing their support and asking for this to be paid; having the support arranged or a mixture of these 3 options. Table1 gives information about the type of support that might be available to Carers who live in Dundee as well as Carers who support someone in Dundee. In order to support Carers and help them maintain or reach their personal outcomes there is a wide and varied choice of supports for Carers who do not reach the Eligibility Threshold. Carers who live in Dundee can also access all the supports that are available below the threshold. Responsibility for Adult Carer Support Plans for Carers who live in Dundee but support someone out with Dundee rests with the area the person they support lives in and that areas Carers Eligibility Criteria will be applied.



### Triangle of Support for Adult Carers

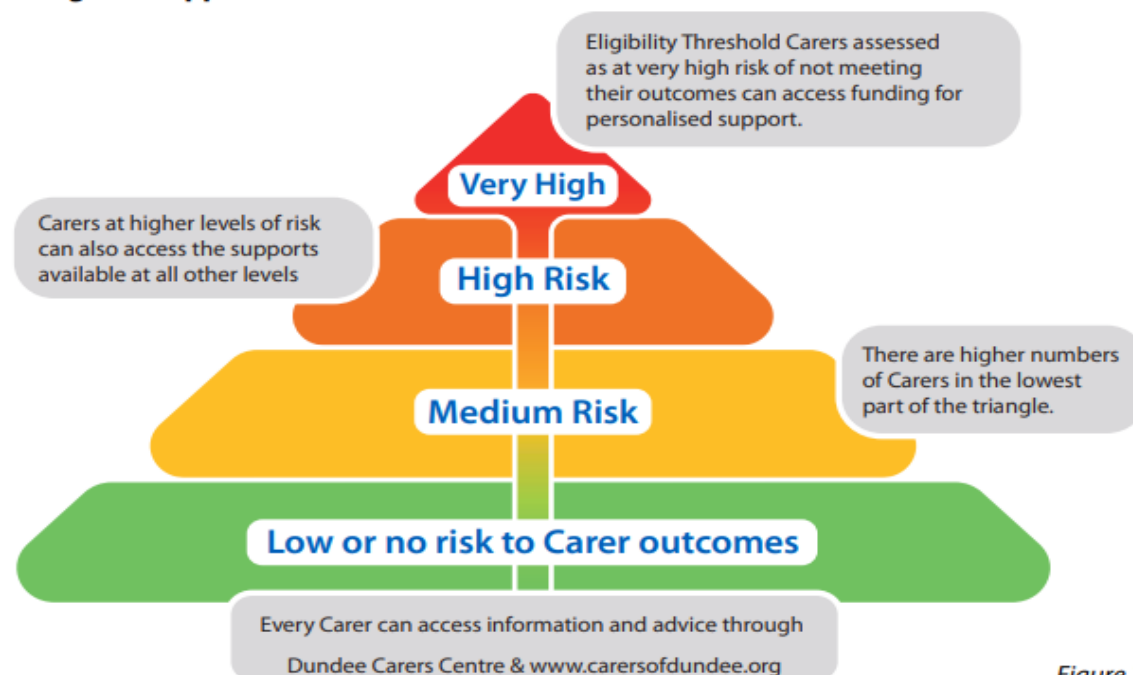


Figure 3

The level of risk to Carer outcomes			Examples of types of support (not exhaustive) Specific Examples given may not all always be available
Very high risk	Eligible for funded support		Personalised support e.g. Counselling, training for care role/tasks or whatever else that can meet outcomes and is not available in Green, yellow amber stages. Can still access all other supports in other stages to make full package. Advice can be given to Eligible Carers through Self-directed support service at Dundee Carers Centre
High Risk	Direct support & intervention from one or more agency		Support from Community Nurse, Social Care Organiser etc. along with One-to-One support from Carers Agency. Sources of Support, Community Health Service. Can still access all other supports in yellow and green stages to make full package.
Medium risk	Mainstream Carers support that can be accessed directly		Alzheimer's Society, Penumbra Carers Support, Carers cinema Club (Adler Community Centre) Short Break Brokerage. Peer support groups. Can still access all other supports in green stages to make full package. Parent-to-Parent
No/Low Risk	Self-Care, friends and family, Carers agencies like plus other Universally available supports available for all in local community		Local Zumba Class, Mindfulness, Community Centre Social Groups, Welfare Rights/Money Advice. Learning Portal on CarersofDundee. Carers Decide Groupwork National Support on line e.g. Mobilise. Workplace Carers groups. Virtual Hubs. Local Walking Groups, Mindfulness. Volunteering. Dash. Dundee Deaf Hub. Activities in local Community Centre's.
Information and advice are available for all Carers. For contact information for organisations visit <a href="http://carersofdundee.org/organisations/">carersofdundee.org/organisations/</a> & <a href="http://www.aliss.org/">www.aliss.org/</a>			

## Dundee Carers Strategy Survey 2025

43% of respondents thought 'Life has got worse for Carers in Dundee'

32% said 'There have been improvements in Carer support in Dundee'

23% said 'Carer support in Dundee is not as good as a few years ago'

## Support for the Child or Adult that the Carer looks after

The child or adult that the Carer supports can also be supported by services that may relieve or support their Carer. These would be based on either a Childs Plan for the child with additional support or wellbeing needs or an outcome focussed assessment of the supported adult. Many Carers worry what will happen if the child or adult they care for needs care in an emergency. When a Carer wants to plan with the person they support in case the Carer becomes suddenly unavailable the professionals who are responsible for assessment of the child or adult who the Carer looks after should discuss alternative care and support and help make a plan for this.

Any Carer who is experiencing a crisis and needs additional or emergency support for caring responsibilities they should contact the professionals already working with the person they care for- this could be a named person, school contact, a health care contact or someone in Social Work or Social Care.

## Support for children

Children and young people who have additional support needs the Children and Families Supporting Learners Strategy [www.dundee.gov.uk/additional-support-needs/support-for-learning](http://www.dundee.gov.uk/additional-support-needs/support-for-learning) supports their needs, as well as the Team Around The Child Framework. For more information visit [www.dundee.gov.uk/service-area/children-and-families-service](http://www.dundee.gov.uk/service-area/children-and-families-service)

If you are unsure of who to contact, you can seek advice by phoning the Child Protection phoneline on 01382 307999.

## Support for Adults

When a Carer is looking for more support for an adult, if the Carer is unsure of who to contact they should seek advice from the Dundee Health and Social Care Partnership First Contact Team on **01382 434019**.

Information about how to get support from Social Work Out-of-Hours services will be given via First Contact Team answer machine service. Further information about resources for the person that the Carer supports are available through Health, Social Care, Social Work and the Third and Independent agencies can be sourced through <https://www.aliss.org/> Information about supports for Carers and the person they support is available at <https://www.carersofdundee.org>.

Some Carers raised concerns about not getting accurate communication about Self-Directed Support. *'I was told to ask about SDS through Carers Centre because there was no suitable service available for my mum, but this was not a solution she wanted, and we can't imagine that we could organise support 4 times a day through this especially as her needs are growing quickly.'*

Comment from Carer- 2025

## 10. ANTICIPATED CHANGES DUE TO CARE REFORM (Scotland) Act 2025

A number of changes will be introduced as a result of the Care Reform Act implementation. The changes are expected to have a positive impact on Carers directly and indirectly. Decisions on the implementation date are likely to be taken by incoming Ministers, following the May 2026 Scottish elections. The changes mean:

- There is a new duty on “relevant bodies” to promote take up of support to Carers.
- Scottish Government Ministers have the power to set timescales for the preparation of Adult Carers’ Support Plans and Young Carers’ Statements.
- The Carers Act, as amended by the 2025 Act, will deliver a right to personalised short breaks for Carers who need it
- Local Authorities (Council and Health and Social Care Partnership) will determine whether a Carer is able to take sufficient breaks from their caring role. This will be determined through assessment for a Carer’s Personalised Plan (Adult Carer Support Plan and Young Carer Statement). The Local Authority will be expected to provide support to enable sufficient short breaks for the Carer. Any reference to a Carer taking a break may also include the person they care for.
- Further regulations from Ministers are expected to expand the support available to Carers and on the definition of “sufficient” breaks, supporting criteria and types of support.

A lot of stress and worry comes with the cared for person not receiving the support they require, so (need to do) something regarding this as well. Carers Strategy Survey 2025

### Right to breaks

Short breaks are recognised as essential for Carers to maintain and improve their wellbeing and that of the people they care for. This means Carers in Scotland will have a legal right to a break which will be subject to new statutory guidance to be issued after May 2026

### Short Breaks Service Statement

A refreshed Short Breaks Service Statement for Dundee will be available in 2026. The statement may need further updated after regulations are set. There is likely to be a new duty that requires more detail to be provided in Short Break Services Statements about the range of breaks and how sufficient availability and variety will be ensured.

## 11. STRATEGIC OUTCOMES FOR CARERS IN DUNDEE

Strategic outcomes are goals that Dundee Carers Partnership and local Carers want to achieve with and for Carers. The Outcomes from 2A Caring Dundee<sup>2</sup> have been refreshed after hearing from local Carers and stakeholders and are influenced by the National Carers Strategy Themes and Outcomes. The Carers Strategy Survey indicated general agreement on the outcomes which had



been revised following earlier discussions. There were additional comments, mainly from Carers, to emphasise the importance of delivering the outcomes at all levels to make the aims a reality. One Carer noted that *'Outcomes are important as detailed but only if they can be implemented and fully funded. We need to work towards positive outcomes for Carers within Dundee and explore new ways to support them more as they are our key to caring within communities and they provide vast number of hours caring for another and unpaid for many. Certainly, new strategy needs to be realistic in outcomes due to underfunding over years Carers support services are overly stretched and struggling to meet increasing demands on their services.'* This was echoed in responses across the Survey that raised concerns about potential limitations on resources.

Until unpaid working age Carers are paid a decent amount; they will rarely have financial security. The Welfare system also changes regularly, so there is never any guarantee the income they have will continue.

Carers strategy survey 2025

## Carers Strategy Outcome 1

As a Carer in Dundee:

**I am heard, recognised, respected, valued, and I am able to be involved.**

This means

- Carers will know and understand their rights as a Carer.
- Carers' voices will be heard, and their views and experiences are considered in decisions which affect them
- Carers will have been identified, recognised and valued by a wider society and local communities, as well as those they are directly involved with. This will be reflected in local policy making in all areas relevant to Carers.
- Carers have a voice and feel listened to, heard, understood and respected and an equal partner in the planning and shaping services and supports for those they care for. In addition, they have an opportunity to contribute to future planning for services and support across the city for them and those they care for

## National Carers Strategy- Relevant Themes and Outcomes

- Valuing, Recognising and Supporting Carers
- Carers are recognised and their contribution is understood and valued by society.
- Carers' voices are heard, and their views and experiences are taken into account in decisions which affect them.

### Actions for Dundee Carers Partnership Delivery Plan

1. Develop a plan to build confidence and skills of the workforce in supporting Carers and understand and implement their roles and responsibilities in relation to identification of/support to Carers of all ages.
2. Dundee Carers Partnership to investigate reduction of numbers of Young Carers recorded through Schools and consider if any action is needed as a result.
3. Continue a pro-active approach towards identifying those Young Carers who may require a Young Carer Statement and to look further into circumstances, views and needs of Young Carers.
4. Complete review of contractual arrangements for engagement with Carers in wider Carers Centre Service Review
5. Deliver targeted work to develop and strengthen support and opportunities for Carer participation in the decisions that impact their lives, services and communities.
6. Include review of contractual arrangements for engagement with Carers in wider Carers Centre Service Review
7. Dundee Carers Partnership, working with other agencies, will continue to carry out plans to support Carers to identify their caring role.
8. Carers Partnership to consider how best to support Carers representatives in Strategic Planning including IJB Carers Rep

Due to a lack of opportunities for young people (who have Disabilities) transitioning from school to adult services, I am unable to do many of the things I want to do to enable me to do the things I want to do and spend time with people outside my caring role.

Carer (mother of young adult)– Carers Strategy Survey 2025

## Carers Strategy Outcome 2

As a Carer in Dundee:

**I am supported to have the best possible caring experience**

This means:

-Carers will feel supported throughout all stages and developments in their own life and the lives of the people they care for.

-Carers will have positive experiences of services designed to support them and the person they care for.

-Carers will feel services are well coordinated for them and the person they care for, and they have access to the information and advice they need, when they need

### National Carers Strategy- Relevant Themes and Outcomes

Social & Financial Inclusion

- Carers can participate in and are valued by their community and wider society.

## Young Carers

- Young Carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future opportunities.

### Actions for Dundee Carers Partnership Delivery Plan

1. Continue workforce learning & development via HSCP Adult Carer Support Plan Improvement Activity
2. Develop and promote use of Mosaic workflow and contingency plan for supported person, consider links with ACSP improvement work
3. Improve the extent to which Young Carers views, and the impact of the caring role, is taken into account by all services when planning for the supported person.
4. Carers Partnership to work collaboratively with HSCP/Children's services colleagues to explore support available for parents/Carers of children with additional support needs
5. Carers Partnership to engage with local Transitions Group to align support for Young Carers and parent Carers to ensure smooth transitions and continuity of care, coordinated support across child and adult service

Young Carers and adult Carers in Dundee share some overlapping challenges, but they also face distinct issues due to differences in age, life stage, and support systems.

Carers Strategy Survey 2025

## Carers Strategy Outcome 3

As a Carer in Dundee:

**I can live a full and healthy life and have the support I need to do this, including support and advice to have financial security.**

This means:

opportunities to lead a full and healthy life.

-Carers will have

-Carers can access support and assistance to improve their own health and wellbeing, and financial security.

-Carers will say they can identify what is important to them and how they will achieve their goals for the future

### National Carers Strategy- Relevant Themes and Outcomes

#### Health & Social Care Support

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing. (National health and wellbeing outcome 6)

Living with COVID-19

- Carers feel confident and supported to protect themselves from COVID-19.
- Carers and the people they care for feel supported and confident to re-engage with their communities.
- Carers are supported to recover from the negative impacts of COVID-19.
- Carers are able to access the financial support and assistance to which they are entitled.

Young Carers are supported and protected from inappropriate caring and negative impacts on their education, social lives, and future opportunities.

Young Adult Carers are supported when moving from education to training and work while balancing an ongoing caring role

### **Actions for Dundee Carers Partnership Delivery Plan**

1. Work with the money advice services to ensure that Carers know their rights, information and advice is available and enhance access to financial support.
2. Support Carers to access employability advice and support.

Dundee Carers Centre supported 76 Carers through the Counselling Service in one year. (2021/2022)

Discussion re poverty of long-term Carers- finances poor during working life and the implications for retirement  
Carers Centre AGM 2024

## **Carers Strategy Outcome 4**

As a Carer in Dundee:

### **I can have a life of my own alongside my caring role.**

This means:

- Carers will have a good balance between caring and other things in their life and have choices about caring.
- Carers will have support to reduce, change or end their caring role if that is their choice and have supports identified if the caring role ends
- Carers will be able to spend enough time with people and activities they want to do and are able to continue in the caring role if they wish to do so.
- Carers will be supported to choose to work, study and to transition from education to the workforce.

### **National Carers Strategy- Relevant Themes and Outcomes**

Social & Financial Inclusion

- That the social and economic contribution, impacts and scale of caring are recognised, understood and reflected in local and national policy making across all areas.
- Carers are able to take up or maintain employment & education alongside caring if they wish to do so.
- Young Adult Carers are supported when moving from education to training and work while balancing an ongoing caring role

### Actions for Dundee Carers Partnership Delivery Plan

1. Publish the revised Local Authority Short Breaks Statement, ensuring it reflects the statutory guidance issued for the Care Reform Act.
2. Monitor the impact of recent Self-Directed Support ongoing development work, to enhance Carer outcomes and reduce barriers to accessing SDS and increase local uptake.
3. Collaborate with Skills Development Scotland and Colleges, to support Young Adult Carers in education and employment, Increased support and opportunities for Young Adult Carers

We need to see that Carers are part of the family and have a whole family approach  
 Comment from group discussion Carers Centre AGM 2024

## 12. FINANCE and RESOURCES

Dundee City Council and NHS Tayside provide the IJB with funding to deliver and improve adult health and social care services. These resources are used to commission services that meet local needs and align with the ambitions and priorities set out in the IJB Strategic Plan. Additional funding for Carers has been provided by Scottish Government. These funds have allocated to a range of services and supports that meet the needs of Carers in Dundee and that will help to achieve the ambitions and priorities set out in this Strategy.

Following the introduction of The Carers (Scotland) Act 2016 funding was allocated by Scottish Government was for implementing the Act. A portion of the funding was allocated each year to Dundee City Council Children and Families Service, and the majority of funding was retained by Dundee IJB and allocated to priorities identified by Dundee Carers Partnership.

The Carers Act Funding was allocated to new developments and projects which, when proved successful, were allocated longer term funding. This information was recorded and regularly reported by the Carers Partnership through IJB meetings.

In **2024/25**, Dundee Health and Social Care Partnership received an allocation of **£2.151 million** in Carers funding. An investment plan was developed and approved by the IJB, enabling this funding to be mainstreamed across partnership services and third-sector providers to meet statutory requirements. This investment supported key initiatives, including;

- Dundee Carers Centre funding
- Additional Social Work posts to undertake Adult Carer Support Plan Assessments
- Listening and Bereavement Services, and
- Enhanced respite provision offering respite and short breaks to support Carers when required.  
*(The charges for Respite/Short Breaks are waived if the break is to meet Carers Outcomes and the breaks are provided free of charge.)*

## Dundee IJB Financial Position

Each year, the IJB must set a balanced budget, meaning it cannot spend more than the funding available. All services and supports including Carers support have been impacted by rising costs—driven by workforce pay increases, inflationary pressures on energy and property costs, and growing demand for services—have created significant financial challenges. This is set against a backdrop of increasing numbers of Carers and complexity in their needs. Funding allocations have not increased at a level sufficient to meet the challenges faced by the IJB, and savings plans and proposals are expected across all service areas to bring expenditure back within budget.

It is recognised that some of the future savings' proposals may negatively impact Carers either because they impact the person they care for, or it is about a service that Carers use. Dundee IJB and Dundee HSCP are committed to ensuring that Carers' voices are included in all budget consultations, and impacts on Carers are considered when proposals are developed. In addition to considering people who have Equality Act Protected Characteristics and/or who may be impacted by socio-economic, or fairness issues the IJB expects managers who propose changes to highlight, and where possible, mitigate negative impacts of any proposed changes on Carers.

All the strategies in the world won't matter if professionals ignore them and there's no funding to implement.

Carers Strategy Survey 2025

## 13. MONITORING PROGRESS

Each Delivery Plan action will be updated and monitored at the Carers Partnership Data Group. This will include a written update for each action and, where available, activity and or outcome data. The evaluation of delivery plan actions will be considered alongside Carers Partnership performance indicators and relevant population and socio-economic data about Carers. The Delivery Plan is a live document. It will be updated when needed, including any changes required by the Care Reform (Scotland) Act guidance. This evaluation will be used to produce an Assurance Report which is reported at each Carers Partnership meeting to allow for scrutiny and further planning

## Advice for a Carer

Hello Carer, stay calm .... breathe deeply.

Prepare for a new life, a different life, one that is as much a whirlwind of endless uncertainty as it is wading in a pool of stagnant sludge.

Never give in or give up though.

Don't misjudge or let mistrust rule your thought processes.

Try to appreciate, try to understand, and try to love, even when the temptation to shout and scream out are the stronger feelings and emotions.

Share your problems and your worries; talk to others who you can trust.

Meet with others who you have never met before or might have never met before, through chance but who face the same issues as you. Different people, same problem. You have a personal crisis on your hands but so do they. They can listen and they can help. You are not alone.

Develop simple diversional therapies and coping strategies.

Try to un muddy the cloudiness in your brain which endlessly twists and squeezes your emotions.

Research the facts, don't be unfairly judgemental.

Always be that someone who your one, in need of care, can rely on for support and love.

Even if all you see is selfishness, greed, despair and heartache that seemingly have no end. They will, but it will take time.

Just when you think you have turned the corner don't be surprised to have to face another one.

Be reassured. Be positive. Be careful.

Your life as a Carer has just begun, there will one day be an end in sight even though you can't see it yet.

Trust me, I trusted myself and now my son trusts me.

*A Carer.* From a “[On the Map](#)” Collection- Dundee Carers Centre Creative Writing Group.

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<sup>i</sup> [Care Reform \(Scotland\) Act 2025](#)

<sup>ii</sup> <https://Carers.org/news-and-media/news/post/422-huge-rise-in-scotlands-Carers-revealed-by-census-shows-urgent-need-for-more-support-Carers-trust-says>

<sup>iii</sup> 28% unpaid Carers across Scotland are living in poverty, with 1 in 12 in deep poverty | Carers UK

<sup>iv</sup> State of Caring 2024 EMPLOYMENT

<sup>v</sup> [Dundee Carers Partnership Carers Involvement Framework 2024 | Dundee Health and Social Care Partnership](#)

<sup>vi</sup> Dundee Carers Partnership Carers Involvement Framework 2024 | Dundee Health and Social Care Partnership





# **Short Breaks Services Statement**

Updated January 2026

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## 1. Introduction and Background

In Dundee, we are committed to ensuring that Carers, Young Carers and Supported People have access to quality Short Breaks, and that we maintain a clear understanding of people's needs and wants. We are committed to continuing to co-produce Short Breaks with a range and availability of Short Break provision that ensures that breaks are flexible and meet people's outcomes.

The Carers (Scotland) Act 2016 requires local authorities to prepare and publish a Short Breaks Services Statement that sets out short breaks available for unpaid carers and the people that they care for: <http://www.legislation.gov.uk/asp/2016/9/section/35>

In 2018, Dundee Carers Partnership developed a Short Breaks Services Statement along with Dundee Health and Social Care Partnership who are part of the Local Authority in Dundee with responsibility for this Statement. The statement was updated in 2025/2026 alongside the review of the local strategy A Caring Dundee 2. The Carers Partnership gained views from local Carers, people with care and support needs, practitioners, and representatives from agencies in the development of Short Breaks and this Short Breaks Services Statement. Further information can be found here:

### **What's Best for Dundee Carers 2017: \_**

[https://www.dundeehscp.com/publications/all?field\\_publication\\_type\\_tid%5B0%5D=17&page=9](https://www.dundeehscp.com/publications/all?field_publication_type_tid%5B0%5D=17&page=9)

The latest local Carers Strategy has been produced, and the delivery plan has been updated.

The Dundee Carers strategy 2026-2032

[Link to be added](#)

The purpose of the Statement is to provide information on Short Breaks to Carers, Young Carers, Supported People, and workers.<sup>1</sup> This includes what a Short Break is and how to access one. We also want people to consider whether a planned Short Break would make a difference to their life, and to give a better understanding of what a Short Break might look like and how it could make a difference.

People have told us that there can be barriers for them in accessing and taking a break, including knowing what is available to them, how to access it, and what the cost will be.

People have also told us that not seeing yourself as a Carer is a barrier to accessing any support that is available to you. We therefore want this Statement to give people that information and have implemented a communications plan to make sure that as many people as possible continue to have access to the support and information that they need.

*'It makes such a difference that it is recognised that the role of caring for a family member can be very tiring and stressful and anything that gives you a break or something for pleasure or relaxation is invaluable.'*

**Unpaid Carer Feedback 2025**

<sup>1</sup> The Care Reform (Scotland) Act will introduce changes related to the SBSS and Short Breaks through regulations which are expected after May 2026.

## 2. Short Breaks

### What is a Short Break?

*‘A Short Break is any form of service or assistance which enables carers to have sufficient and regular periods away from their caring routines or responsibilities. It is designed to support the caring relationship and promote the health and wellbeing of the carer, the supported person, and other family members affected by the caring situation’*  
(Shared Care Scotland 2025)

*‘Short breaks allow you to rest, enjoy hobbies, or spend time with friends or family. Short breaks can take the form you need to help your health and wellbeing, such as:*

*short holidays*

*overnight breaks*

*an hour for yourself each week*

*a one-off occasion*

*You can take breaks on your own or with the person you care for with extra help.*

*A break may involve someone else providing residential care or care at home (also called respite care or replacement care).’*

(Scottish Government 2025)

In Dundee we are committed to ensuring that Carers, Young Carers and Supported People have access to meaningful, personalised Short Breaks. The Break should make a difference to your life, and the approach to this is sometimes described as a **personal outcomes** approach. Dundee Carers Partnership continues to work collectively to understand what is important to people and what it is that truly makes people **feel** that they have had a Short Break. It is inevitable that Short Breaks for Carers must include consideration of how the care needs of the person or persons (child or adult) that the Carer supports will be met. Some Carers may have a caring role that is reciprocal and may need to plan Short Breaks for themselves and their mutual Carer.

Health and Social Care services have, for many years, provided services and support that have given valuable relief to Carers by providing short term care to the person they care for. Often this care is provided in a group living setting (previously known as respite care) or at a day care service. It is recognised that many people benefit from this type of traditional respite/short break arrangement, and it is anticipated that this type of support will continue to meet the needs of some Carers and Supported Persons.

In some circumstances this will be the only help that some Carers are looking for. Even when Care Services are delivered in the most personalised way, some Carers find that the traditional type of Care Service does not fully meet their assessed and agreed outcomes for them or the person they care for. Some Carers may find that they need something different or something in addition to the provision of alternative Care and Support Services.

Because each Carer and the person they support is unique, short break should be personalised, flexible, and responsive to meet their assessed and agreed outcomes, to design a break that works for them, and is achievable and affordable within the self-directed support (SDS) budget allocated.<sup>2</sup> Carers can opt to fund additional elements not funded by Dundee Health & Social Care Partnership or other funding sources, to enhance their break.

<sup>2</sup> The Social Work team member carrying out the adult carers support plan assessment or young carers statement can advise on the four SDS options available.

When we speak to Carers about what a Short Break means to them a consistent theme is 'quality time' or 'time away' as well as the aspiration to have a new experience or re-establish a hobby or interest which had become too difficult to continue due to the caring role. In general, people advise that a break is what they as an individual feel will make a difference, and that it should benefit both the Carer and the person they are supporting. People recognise it as a time to look after themselves and consider their own individual needs. It also enables them to have peace of mind.

*'Being able to spend some time away in a different environment (is) good for wellbeing and recharges batteries.'* (Adult Carer)

*'A massage treatment is wonderful, such a treat and very relaxing.'* (Adult Carer)

*'A greenhouse means time in the garden ... great for mental health.'* (Adult Carer)

*'Time with friends having lunch with no financial worries.'* (Adult Carer)

*'A piece of tech helps (with) down time and socialising ... it's a great opportunity for kids like me who just need time to themselves'* (Young Carer)

**A small section of Short Break experiences for Carers & Young Carers in 2025**

## Who can have a Short Break?

***Anyone can, but Carers, Young Carers and the people they support sometimes need a bit more help to have a Short Break and to make the arrangements for this.***

This Statement is for Carers, Young Carers and Supported People. The definitions below will help you identify if this applies to you or someone that you know.

### **Carers**

The Carers (Scotland) Act 2016 describes a Carer as an individual who provides, or intends to provide, care for another individual (the “cared-for person”). This is not the same as someone who provides care professionally, or through a voluntary organisation.

A Carer is anyone who cares, unpaid, for a friend or family member who is affected by illness, disability, frailty, mental health challenge or alcohol or drug use. Many Carers support people through giving practical help; people tend to associate caring with physical tasks, but giving emotional support can also be a big part of caring. Whether you give practical or emotional support, or both, you are a Carer. The circumstances of each Carer are unique. Carers can be any age, and are part of every community and culture. Carers may be parents, spouses, grandparents, daughters, brothers, same sex partners, friends, or neighbours. Some Carers may be disabled or have care needs themselves. Sometimes two people with care needs are Carers for each other. Some Carers can provide care and support for more than one person.

### **Young Carers**

A Young Carer is a child or young person under the age of 18, or someone who has reached the age of 18 years and is still a pupil at a school. They may have practical caring responsibilities or be emotionally affected by a family member’s care needs. Just like Adult Carers, Young Carers can sometimes put the needs of the person for whom they support, before their own. This means that they can sometimes miss out on things that other young people get to do or experience stress, anxiety, and worry. Because of this, they may sometimes need help or support from other people. For all practitioners working with families where there are Young Carers, it is important to recognise the important differences between Young Carers and Adult Carers and the importance of Young Carers being seen as children first and foremost. This will help to consider what further support is required to enable them to access the same opportunities as their peers and achieve their full potential.

### **Supported People**

In this context, “Supported Person” is used to describe any adult or child who relies on care and support in their day-to-day lives. For children and young people this would be the care and support they need as a consequence of health issues or disability, which is additional to that which is needed for other children of a similar age.



The term “Supported Person” is used here to describe anyone who receives (or requires) this support. It includes people who get this support from Carers as well as those who get support from Health and Social Care Services, or both. Carers legislation refers to people who get support from Carers as a ‘Cared-for Person’, in local consultation carers told us they preferred the use of the wider term ‘Supported Person’, if possible, with clarification after it when needed to indicate if a Carer was involved in looking after the person.

People who are supported by a Carer have a right to request an assessment of their own needs. Adults can request an assessment of their community care needs from Health and Social Care Services. This may result in an **Outcome Focused Care Plan** and a range of supports, which may include Short Breaks, if the person is also a carer.

Children and families can request a **Child in Need Assessment** when supporting a child with disability or Additional Support Needs.

For some people who get support from a Carer, this may be the only support they receive. Some Supported People or Carers may be assessed as not needing services or formal support. This does not mean that the Supported Person or the Carer does not need a Short Break; it just means they may not be entitled to help or funding from Statutory Services.

### What can a Short Break look like?

***A Short Break is whatever you think would give you time and space for yourself. As a Carer you can make choices about how you might have a Short Break. You might choose to have a Short Break by yourself or with family and friends or with the person you support.***

In Dundee, people have told us that a Short Break could be anything, and we have received a wide variety of responses from people to demonstrate this.

*“I think that Short Breaks could be one day to several days. They are for Carers to pursue activities that they would have normally pursued prior to adopting their caring role, which may now restrict their lives in some way, whether it is going out for a coffee with friends, shopping, a Short Break (perhaps a bus trip or a couple days away with friends or other family) a break that allows them to relax knowing their loved one is safe and they can enjoy themselves for a time without the physical and mental stresses of being a Carer.”*

*‘Anything which gives the Carer a break.’*

*‘To help Carers get a bit of ‘me’ time; recharge their batteries. Even an hour to yourself is a Short Break - it doesn’t have to be a holiday which may be impossible for some.’*

*‘I think Short Breaks are for doing the things that you were unable to do when you are caring, i.e. recreation.’*

*‘Being given the opportunity for both the Carer and the person being cared for to have part payment vouchers available for (e.g.) short city breaks, hotel spa, train journey and anxiety coaching.’*

***(What’s Best for Dundee Carers? Oct 2017)***

*'Taking my puppy out is my Short Break. I enjoy walking her and sharing our trips on Facebook. Exploring local sights along the coast'*

*'My Short Break is spending time on social media catching up with my granddaughter'*

*'My son's Short Break is going to a gym three times a week'*

*'I did not realise it was something we could do together as a family. I now know a break can be from caring and to do something fun together'*

**(Short Breaks Statement Consultation, 2018)**

Below are some examples of the types of breaks that people have had in Dundee after speaking to a worker in the Short Breaks Service at Dundee Carers Centre.

A Carer and the person they care for designed a break to go on a hotel stay. This included arranging care services for the Supported Person in the hotel. This enabled them to go away together and have family time and give the Carer the opportunity to relax and recharge batteries. They both had a fantastic time.

A group of Carers who were all caring for someone clubbed together their Short Break funding and went on a break together. They were all tired and stressed and looking for a break from their usual routines and they wanted to take a break with the person they care for. They had a short 2 day stay away. The Carers have since reported that they had a great time and were able to enjoy a relaxing stress-free environment and a good break from their usual routines, they especially enjoyed the peer support that they provided to each other.

A group of Young Carers supported by the Young Carers Project were able to go away to Copenhagen. They all enjoyed the break and exploring a new City.

For more examples of the types of Short Breaks visit:

<https://www.sharedcarescotland.org.uk/learning-exchange/short-break-short-stories/>

It must be noted that not all preferred carers' breaks will be funded, and some may only be part funded. This will depend on the assessed needs and local eligibility criteria to ensure equitable access to limited local resources funds being prioritised for those most in need.

## **Emergency Breaks**

It is always best to take the opportunity to plan Short Breaks; however, there are times when people need access to emergency support including alternative care for the Supported Person. Emergency arrangements are not the same as Short Breaks but can sometimes achieve some Short Break outcomes.

Where possible, an **Emergency Plan** should be discussed by you with the Supported Person and plans prepared in advance of any crisis. You might take the opportunity to raise this when the person you are supporting is undergoing an assessment and care planning. Another time that you could discuss this is when offered or undertaking an **Adult Carers Support Plan** or **Young Carers Statement**. Supported People who do not have an assessment can make an emergency plan; if you do not have or want external support, you can record your own plan (remember it is best to do this with the Supported Person whenever possible). Further advice and a template are available at:

[Emergency planning | Enable](#)

[Emergency planning toolkit | Enable](#)

You may be offered an alternative format when discussing an adult carers support plan but if this version is already completed, we can record a copy on the supported person's case file record.

## Why take a Short Break?

*For Carers, a Short Break from caring can support you in many ways including reducing stress in your caring role and enabling you to continue to care in good health as well as increasing your confidence and giving you more balance in your life.*

*There are several reasons that Supported People who have care and support needs may want to consider a Short Break for their carer. These include giving their Carer a chance to recharge so they can continue their caring role, as well as reducing isolation, relief from the stresses and anxiety of day-to-day life, for themselves.*

*Some Supported People may not want a Short Break outwith their current arrangements such as a residential short stay and when this is the case, they may choose to seek alternative care arrangements that allow their Carer to have a Short Break with minimal disruption to their daily routines.*

*In our consultation on the updated strategy 2025 one respondent stated ‘carers should be supported to have agency and control over their own life.’*

Whether you are a Carer or Supported Person your break should be what you think will make a difference and what you think will make you feel that you have had a break. You might find it helpful to discuss this with someone or to hear about what other people have done.

Carers might find information and inspiration by speaking to other Carers, or to workers or by visiting Carers websites including:

[Short Breaks | Dundee Carers Centre](#)

People consistently tell us accessing a Short Break gives them time to be themselves and often supports Carers to reconnect with the sometimes-buried relationship with the person they support and others. They can be a partner, a friend, a parent, a sibling, again, as well as having a caring relationship. People advise that a Short Break is vital to protect relationships and continue in balancing their caring role with their own needs. Other benefits included supporting recovery and re-charging energy and motivation.

People in Dundee told us that:

*‘Getting what is playing on your mind out of your mind for a few days makes all the difference’*

*‘Having time away or doing something different cheers you up and takes you out of yourself. You forget about your worries for a while’*

*‘A Short Break from caring can support you in many ways including reducing stress in your caring role and enabling you to continuing to care in good health as well as increasing your confidence and giving you more balance in your life’*

*‘I was getting depressed. A Short Break combined with counselling and therapies helped me regain balance and get back on my feet again’*

*‘I was very stressed. I did not realise how much until I had my Short Break and got time to think things over’*

**(Short Breaks Statement Consultation, 2018)**

## How can I get a Short Break?

*There may be help to pay for your break, or there might be a cost, but there are people to support you to plan your break and discuss this with you.*

### Help to arrange

There are lots of people that you can speak to in the first instance to find out about what Short Breaks might be available to you. This could be a worker in an organisation that you already know including a Teacher, Social Worker, Nurse, or a Support Worker in services, including Dundee Carers Centre or Penumbra.

*'I was awfy apprehensive because I'd never been away, and sometimes you feel that you don't deserve nothing...but I'm so glad I did. She [the worker] helped with the forms and the finances and [accommodation booking] and we just had to turn up and didn't need to worry about it.'*

*Carer ('It's All About the Break', Evaluation, 2017)*

## Short Breaks for Carers

Shared Care Scotland has information about Short Breaks across Scotland. They host lists of Short Break Providers as well allocating Scottish Government funds to Third Sector Agencies who apply for funds for breaks for Carers and those they support.

<https://www.sharedcarescotland.org.uk>

## Dundee Carers Centre Short Breaks Service

Each Carer is different, and their choice of Short Break will depend on their circumstances and what matters to them. Some Carers may be able to consider a Short Break by discussing this with friends or family or the person they care for. Other Carers may need some outside help to do this. Help is available to all Dundee Carers to consider what type of Short Break might meet their outcomes from the Dundee Carers Centre Short Breaks Support. Many local Carers receive financial help from Dundee Carers Centre Short Breaks Fund. Here is a link to information about the service (Telephone 01382 200422)

## Short Breaks for carers of a Supported Adult living in Dundee

All carers are entitled to an assessment of their needs and can request an adult carers support plan. This includes supported people who are also carers in their own right.

An ACSP will include an assessment of eligibility for funded support where the assessed and agreed outcomes cannot be achieved using community support or the support provided to the supported person. Where it is assessed that you do not meet these criteria you will be signposted to third sector or community supports

## Short Breaks for a child with a Disability/Additional Support Needs living in Dundee

Scottish Local Authorities have a general duty under the Children (Scotland) Act 1995, to safeguard and promote the interests of children in need. The law recognises disabled children as being in need. This gives a right to have your child's and family's needs assessed by Children

and Families Service. The support offered to the child and their family may include Short Breaks.

### **Paying for my Short Break?**

There are a number of ways that a Short Break can be resourced and funded. Sometimes there is no cost and sometimes people will pay for their own break and may have the support of friends and family but sometimes you will need help. People have told us that being able to pay for their break can be their most difficult challenge.

Funding is available from the Dundee Short Breaks Service.

Where an Adult Carers Support Plan or Young Carers Statement identifies unmet outcomes that meet the eligibility criteria, an assessment for funding will also be carried out. This process will identify more information about your caring role and how you can better meet your outcomes. Your outcomes may be met through services already available in your community or the supports provided to the person you support, however, where this is not possible, appropriate Self-directed Support (SDS) funding may be offered to provide you with a Short Break. When services and supports are identified as primarily meeting the Carers needs and these needs cannot be met with community supports or the supported persons current services, charges should be waived under the Carers Act:

<http://www.legislation.gov.uk/ssi/2018/31/contents/made>

If it is agreed that you are eligible to have a funded Adult Carer Support Plan or Young Carers Statement and the break you need is not already available e.g. through existing Short Break Funding sources, you and the person the replacement care is for, can choose from four options which allow you to decide how much control and responsibility you want to take over your funding. These options are:

Option 1: A Direct Payment (a cash payment) where you choose how the budget is used, and you manage the money. The assessor will explain how these funds can be used.

Option 2: You direct how the budget is used, but the money is managed by the Local Authority.

Option 3: You ask the council to choose and arrange services for you.

Option 4: You can choose a mix of these options for different types of support.

The Supported Person may be asked by the Health and Social Care Partnership for a financial contribution towards services including Short Breaks. They might be eligible to get assistance with the cost of Short Breaks such as residential short breaks where the social care element is free personal care, but hotel costs such as food and amenities remain chargeable as they would be at home. Provision of support and services is determined under Local Eligibility criteria which can be provided on request or at the point of assessment.

## Other resources that can help you

### Carers of Dundee

<http://Carersofdundee.org/>

Carers of Dundee is a website to provide Carers with information that might be helpful to them in their caring role as well as specific information to people who work with Carers and their families.

### Shared Care Scotland

<https://www.sharedcarescotland.org.uk>

Shared Care Scotland aims to improve the quality and provision of Short Breaks in Scotland. To do this they offer services including events, publications and research reports and an online directory of Short Breaks services.

### ALISS

<http://www.aliss.org/>

ALISS is a local information system for Scotland for people living with long term conditions, disabled people, and unpaid Carers to access the information they need to help them live well.

### Euan's guide

<http://www.euansguide.com>

Euan's guide is the disabled access review website which shares experiences of restaurants, hotels and anywhere else visited.

### The Care Inspectorate

[www.careinspectorate.com](http://www.careinspectorate.com)

The Care Inspectorate looks at the quality of care in Scotland and ensures it meets standards so that everyone experiences safe, high-quality care that meets their needs, rights, and choices. They have a list of Registered Care Services and provide information about what care is available and what to expect from care providers. Their website contains reports about individual Care Services and advises you what to do if you have a concern or a complaint.

## Other Assistance

### Trip Advisor

<https://www.tripadvisor.co.uk/>

You can do your own research on identifying the right break for you using websites such as Trip Advisor.

### Money Advice

<https://dundee.mylifeportal.co.uk/media/22527/benefit-money-debt-booklet-oct-2017.pdf>

Some Carers and the people they support may experience a low income or financial difficulties. As well as getting assistance with a Short Break people may need help with money advice.

### 3.Feedback and Review

We welcome all feedback on this Short Breaks Services Statement to continue to provide accessible information to people.

The Dundee Health and Social Care Partnership are responsible for this Statement. You can contact the [dundeehscp@dundeecity.gov.uk](mailto:dundeehscp@dundeecity.gov.uk) with specific feedback or comments about the Statement. Please let us know your suggestions for ensuring this Statement is communicated to everyone that needs it.

The Short Breaks Statement will be reviewed by the Dundee Health and Social Care Partnership in line with the carers strategy.



## 4. Useful Contacts

### Carers

Dundee Carers Centre provides an information and advice service for Carers of all ages on behalf of Dundee Health and Social Care Partnership. If you are a Carer who lives in Dundee or a Carer who supports a Dundee resident, you can get in touch for advice about who can support you at the Carers Centre at [centre@dundeecarerscentre.org.uk](mailto:centre@dundeecarerscentre.org.uk) or by telephone on 01382 200422.

As well as giving information about Short Breaks and delivering a Short Breaks Service, the staff at the Centre can advise you about other supports available that may help you.

### Supported Persons

If you are looking for more care and support for the adult or child you look after to allow you to have a Short Break you can get in touch with any of the Health and Social Care, Social Work and Education professionals who are currently working with them.

The First Contact Team, Dundee Health and Social Care Partnership on 01382 434019, Monday to Friday between 9am and 5pm provides a first point of contact for anyone living in the community, aged 18 and over, who does not have anyone (e.g. District Nurse, Social Work, Social Care) involved in their care. You should discuss this with the person needing support and gain their consent (if appropriate).

If you are a Carer under 18 or you are caring for someone under 18, and are unable to contact the relevant Social Care, Social Work and Education professionals you can contact Children and Families Service, Dundee City Council on 01382 434000 if you or the child/ young person needs to discuss more care and support.

If you or the Supported Person have an urgent matter, the First Contact and Children's Services offices are closed, you can contact the Out-of-Hours Service on 01382 307964.

## Supplementary Information

### Help to arrange and pay for a Short Break.

#### Short Breaks for Carers

The Carers Strategy 2026-2032 - sets out an approach to supporting both Carers who live in Dundee and Carers who look after people who live in Dundee.

Figure 3 of the strategy sets out the Triangle of Support which outlines the levels of assessed risk.

The carer outcomes align with those in the National Strategy:

Outcome 1 I am heard, recognised, respected, valued, and I am able to be involved.

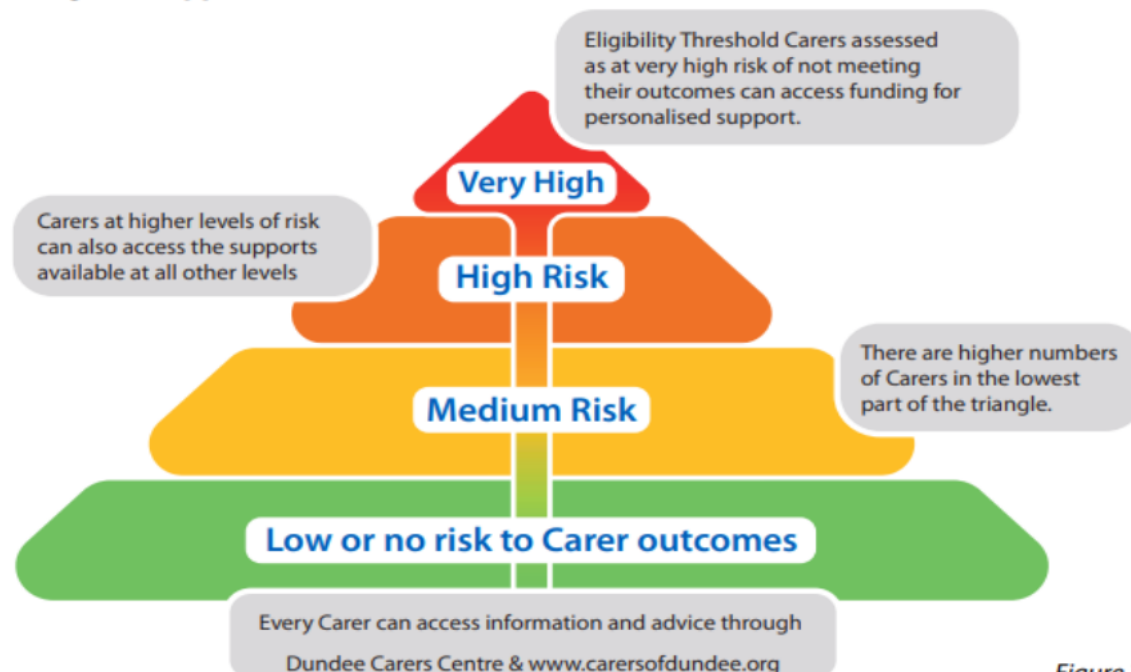
Outcome 2 I am supported to have the best possible caring experience.

Outcome 3 I can live a full and healthy life and have the support I need to do this, including support and advice to have financial security.

Outcome 4 I can have a life of my own alongside my caring role.

Carers in Dundee will have a range of supports and services to help them achieve these Outcomes related to their caring role. Some Carers will be able to achieve their Outcomes independently with the support of family and friends or the current package of support available to the supported person. Some Carers will need more support to achieve their Outcomes.

**Triangle of Support for Adult Carers**



*Figure 3*







Short Breaks for Carers are one of the ways that Carers Outcomes can be met. Whatever the level of support a Carer needs to achieve their Outcomes there are ways that Carers can access a Short Break for themselves.






Carers who are at greater risk of not achieving positive Outcomes will be able to access more support including, for some Carers, a “Funded” Adult Carer Support Plan.

This diagram shows the range of community and third sector services available at each risk threshold to support the Carer to meet their assessed and agreed outcomes and reduce the risk level that they have of not having a positive outcome.

The level of risk to Carer outcomes		Examples of types of support (not exhaustive)
		Specific Examples given may not all always be available
Very high risk	Eligible for funded support	Personalised support e.g. Counselling, training for care role/tasks or whatever else that can meet outcomes and is not available in Green, yellow amber stages. Can still access all other supports in other stages to make full package. Advice can be given to Eligible Carers through Self-directed support service at Dundee Carers Centre
High Risk	Direct support & intervention from one or more agency	Support from Community Nurse, Social Care Organiser etc. along with One-to-One support from Carers Agency. Sources of Support, Community Health Service.  Can still access all other supports in yellow and green stages to make full package.
Medium risk	Mainstream Carers support that can be accessed directly	Alzheimer's Society, Penumbra Carers Support, Carers cinema Club (Adler Community Centre)  Short Break Brokerage. Peer support groups. Can still access all other supports in green stages to make full package. Parent-to-Parent
No/Low Risk	Self-Care, friends and family, Carers agencies like plus other Universally available supports available for all in local community	Local Zumba Class, Mindfulness, Community Centre Social Groups, Welfare Rights/Money Advice.  Learning Portal on CarersofDundee. Carers Decide Groupwork National Support on line e.g. Mobilise. Workplace Carers groups. Virtual Hubs. Local Walking Groups, Mindfulness. Volunteering. Dash. Dundee Deaf Hub. Activities in local Community Centre's.
Information and advice are available for all Carers.		
For contact information for organisations visit <a href="http://carersofdundee.org/organisations/">carersofdundee.org/organisations/</a> & <a href="http://www.aliss.org/">www.aliss.org/</a>		

Diagram 3 gives some examples of how Carers at different levels of risk to achieving Outcomes might experience a Short Break.

Carer	Supported Person	Short Break
 <p>Mr G has been married for 50 years and has been a carer for 10 years. Mr W enjoys fishing and needs this activity to relax and take a break to allow him to continue his caring role. It is assessed twice per month would meet his needs. He has family in England and would like to visit once a year to maintain family relationships. Mr W has an Adult Carers Support Plan with agreed outcomes 3 &amp; 4 at high risk of not being met</p>	 <p> Mrs G has COPD, heart failure, dementia and very poor mobility. She receives an SDS option 3 package of support 3 times daily. Mrs G can only be left for short periods unsupported due to short term memory loss and becomes distressed if left for more than an hour.</p>	<p> Mr G is allocated one week of residential respite per year to visit family. As this is solely to meet his outcome the fees are waived but if Mr G goes on holiday for his own enjoyment later in the year any respite arranged would be chargeable. He is also allocated funding for two days respite at home per month for fishing. Mr G chooses to arrange 2 further days per month which he contracts himself with the provider and is directly invoiced for.</p>
 <p>Mrs. S has been married for 25 years. She feels like she has always been a Carer. (For her mum, her sister and now her husband). She feels she cannot continue caring without a break away from home and wants to spend quality time with her husband. Mrs. S has a Support Plan* and has a High Risk of not achieving her Outcome of Managing Caring.</p>	 <p>Mr. S has Parkinsons Disease. He also has some PTSD as a result events while serving in the British Army. His Outcome Focused Assessment indicates that he has Care Needs and that for Respite Care he would need a Respite unit with Nursing Care, Mr &amp; Mrs S have opted for a Direct Payment for this as it has been assessed replacement care would be required.</p>	<p>Mr. and Mrs. S have chosen to go for a Short Break to a “Veterans” Respite Unit. Mrs. S is able to self-fund “hotel” facilities, with support from the Carers Centre short breaks fund, alongside her husband whose Nursing Care placement (subsidised by the Armed Forces Charity) is combined with the Direct Payment for replacement care agreed under the Adult Carer Support Plan assessment.</p>

 <p>Mr. D cares for his father and his son. Mr. D has a Support Plan and has identified that he feels he needs regular time to himself to relax and think. He is at a high risk of not meeting Carers outcomes (Health).</p>	 <p>Mr. D (Senior) understands his son needs a break. They live together. His sight is deteriorating, and he has had some falls at home. He has agreed to accept a Pendant Alarm with Social Care Response Service.</p>  <p>Young Mr. D is currently misusing drugs. Sometimes he tries to control his drug use but does not always manage this. He does not wish to address this, and his family frequently have to support him in a crisis.</p>	<p>Mr. D accessed the Short Breaks Service at Dundee Carers Centre who arranged fishing equipment and some preliminary lessons for him. He enjoys fishing on a weekly basis as well as making his own flies and this has given him time to relax. He is sometimes able to bring young Mr. D along with him to fish, which he sees as a good way of supporting him.</p>
 <p>Ms. P is Carer for her sister who lives nearby. They have a limited budget and would like to do more together. Ms. P feels a bit isolated since she was made redundant and the time spent with her sister means she has had little time to spend with friends. She thinks she needs some changes to help her reach her Outcomes in terms of a Good Lifestyle, Health, and Finances.</p>	 <p>Miss P has a mild learning disability and as her health has deteriorated, she increasingly uses a wheelchair outside. She is prone to anxiety. Miss P has support to live at home but really enjoys spending time with her sister who gives her a lot of reassurance and emotional support as well as helping with money management.</p>	<p>The sisters started to enjoy the Carers Centre Cinema Group in a local accessible Community Centre. They have both made some new friends there. Ms. P has joined a Carers Walking Group (something she used to enjoy doing with her sister). Ms. P and one of her new friends decided that they wanted to visit Skye and they both applied for Short Break funding towards a coach tour together.</p>



Mrs. T is main Carer for both her parents. She has recently retired and although her pensions and savings leave her comfortably off, she feels guilty spending money on herself. She is proud of her caring role but does not always feel that others in the family understand that she needs a break too. She is feeling a bit low after retiring and her self-esteem has suffered. She has a chance to go on holiday with friends but worries about her parents.



Mrs. Ts parents both have declining health but try not to worry anyone. This means they do not always act when a new symptom appears and as a result their condition deteriorates. They have both had unplanned hospital admissions this year. They have 2 daughters, but Mrs. T is the one they confide in, as well as asking her to help them with practical tasks, appointments etc.

Mrs. Ts confidence and self-esteem was boosted through some vouchers for Beauty Therapy and a Haircut through the Respite Scheme at Dundee Carers Centre. She really felt valued as a Carer. After speaking with the Short Breaks Broker Mrs. realised that she should take up her sister's offer to support Mum and Dad while she was away on holiday. She had a discussion with her sister who happily helped while she was on holiday and her parents have now developed more confidence that her sister can share the caring responsibilities on a regular basis.

\*In Dundee, the threshold for a funded Adult Carer Support Plan, which may include a funded break is currently set at "very high." A duty on Local Authorities to consider option of breaks from caring when undertaking support planning (Section 25 duty on Local Authorities to provide support (Section 24) to Carers that meet Local Eligibility Criteria.



## Short Version

### Dundee Carers Strategy 2026- 2032

The vision of **Dundee Carers Strategy 2026- 2032** is:

**A Caring Dundee in which all Unpaid Carers are heard, valued, understood and supported so that they are healthy and have a life of their own alongside their caring responsibilities.**

#### **What is the Dundee Carers Strategy?**

This is a plan for supporting Unpaid Carers in Dundee City. The Dundee Carers Partnership has developed the plan on behalf of the Dundee Integration Joint Board (IJB) and Dundee City Council. The strategy follows the Carers (Scotland) Act 2016 and will be reviewed every 3 years. It is based on Carers' experiences and views, and local statistics. The Carers Partnership will oversee and monitor its progress.

#### **Who is an Unpaid Carer?**

A Carer is an adult or child who looks after someone—such as a family member, partner, or friend—affected by long-term illness, disability, frailty, mental health issues, or alcohol or drug use. The Carers supported by this strategy are not paid employees but might receive financial benefits as an unpaid Carer.

#### **What's in the Strategy?**

There is information about

- Carer Engagement
- Key achievements from the last strategy, “A Caring Dundee 2”
- Resources and support to help Carers
 

The support available for carers aims to help them achieve their personal outcomes in the areas of Managing Caring, Carer Health, Good Lifestyle, and Financial Wellbeing.
- The Strategic Outcomes of Dundee Carers Strategy 2026-2032

Strategic outcomes are goals that Dundee Carers Partnership and local Carers want to achieve with and for Carers.

There are 4 strategic outcomes identified in the plan. These are

- **I am heard, recognised, respected, valued, and I am able to be involved.**
- **I am supported to have the best possible caring experience**
- **I can live a full and healthy life and have the support I need to do this, including support and advice to have financial security.**
- **I can have a life of my own alongside my caring role.**

### **Upcoming Changes:**

From May 2026, the Care Reform (Scotland) Act 2025 is expected to bring:

- Increased promotion of Carer support
- New rules on timescales for Adult Carer Support Plans and Young Carer Statements
- A right to sufficient personalised short breaks for Carers who need them

### **Funding and Support.**

Dundee City Council and NHS Tayside provide funding to Dundee IJB to provide adult health and social care services. Part of this funding pays for services that support Carers and help achieve the goals in this Strategy.

It is recognised that some of the future savings' proposals may affect Carers—either through changes to services they use or services for the person they care for. Dundee IJB promises to:

- Include Carers' views in all budget consultations.
- Check how changes might impact Carers.
- Ask managers to explain any negative impacts and reduce them where possible.
- Consider equality, fairness, and socio-economic issues when making decisions.

### **Delivery and Monitoring**

The Carers Strategy has a Delivery Plan. This will be reviewed regularly by the Carers Partnership Group. The Delivery Plan is a live document. It will be updated when



needed, including any changes required by the Care Reform Act guidance. An Assurance Report will be shared at each meeting, to check progress and plan the next steps.

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# Dundee Integration Joint Board Integrated Impact Assessment

<b>Document Title</b>	<b>A CARING DUNDEE 2 – STATUTORY REVIEW</b>						
<b>Type of document</b>	Policy	No	Plan	Yes	Other- describe	n/a	
<b>Date Started Pre-Integrated Impact Assessment Screening</b>	April 2025						
<b>Date of last IIA (if this is an update)</b>	15/07/24						
<b>Previously recorded as:</b>							
Age:	Positive				Race/Ethnicity:	Positive	
Disability:	Positive				Religion or Belief:	Positive	
Gender Reassignment:	No Impact				Sex:	Positive	
Marriage and Civil Partnership:	No Impact				Sexual Orientation:	No Impact	
Pregnancy and Maternity:	No Impact				Fairness and Poverty:	Positive or No impact	
<b>Description of Document Content &amp; Intended Outcomes, Planned Implementation &amp; End Dates</b>							
Revision of Dundee Carers Strategy. Updated and revised Strategy making plans to support unpaid carers in Dundee during 2026-2032.							
<b>Lead Officer/Document Author</b> (Name, Job Title/Role, Email)							
Angela Smith Head of Service, Health and Community Care / Co-Chair, Dundee Carers Partnership Neil Campbell Chief Officer Dundee Carers Centre/Co-Chair, Dundee Carers Partnership							
<b>Officer completing Pre-Integrated Impact Assessment Screening &amp; IIA</b> (Name, Job Title/Role, Email)							
Joyce Barclay Senior Officer Strategy DHSCP							
<b>Names of colleagues or groups who contributed to pre-screening and IIA</b>							
Dundee Carers Partnership Members							
<b>Can the IJB report and associated papers be described as any of the following?</b> Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed. Submit a response for all on Pages 1 and 2.						<b>Yes</b>	<b>No</b>
A document or proposal that requires the IJB to take a decision							X
A major Strategy/Plan, Policy or Action Plan						X	
An area or partnership-wide Plan							X
A Plan/Programme/Strategy that sets the framework for future development consents							X
The setting up of a body such as a Commission or Working Group							X
An update to an existing Plan (when additional actions are described and planned)						X	

<b>Will the recommendations in the report impact on the people/areas described below?</b> <b>When the answer is <u>yes</u> to any of the following an <u>IIA</u> must be completed</b>	<b>Y</b>	<b>N</b>
Individuals who have Equality Act Protected Characteristics i.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: <a href="https://www.scottishhumanrights.com">https://www.scottishhumanrights.com</a>	X	
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.	X	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female	X	

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Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).			
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues		x	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services		x	
Offenders and former offenders			x
Effects of Climate Change or Resource Use			x
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.			x
Transport, Accessible transport provision; sustainable modes of transport.			x
Natural Environment			x
Air, land or water quality; biodiversity; open and green spaces.			x
Built Environment. Built heritage; housing.			x
<p><b>An IIA is required when YES is indicated at any question in the screening section above.</b></p> <p><b>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</b></p>			
<b>From information provided in Step 1 (Pre-screening) Is an IIA needed?</b>		Y	x N x
<b>When IIA is required describe planned monitoring and review of IIA with dates</b>			
No IIA Completed at this stage, but it is anticipated that further screening and possible IIA will be recommended if any new plans made as a result of review. There will be further involvement work when information can be shared about what current plan shares outcomes achieved and changes in Carers data. Stakeholders will then be given further opportunities to contribute to review and to future plans.			
<b>Anticipated Date of IJB</b>	18 February 2026	<b>IJB Report Number</b>	DIJB2-2026
<b>Date IIA completed</b>	December 2025		

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Complete Step2 only when IIA is needed

## STEP 2 -Impact Assessment Record

### Conclusion of Equality and Fairness Impact Assessment

(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)

AGE-positive The Carers Strategy is seen as likely to have positive impacts for carers of all ages.

Young carers will experience targeted work to support them.

Disability –POSITIVE-The majority of supports are accessed and accessible to carers of older and disabled people and delivered from accessible venues to support older and disabled carers to access these.

SEX -The majority of carers are women and those accessing carer support are predominantly women. There are specific male carers groups.

RACE- Dundee Carers centre employs 2 Bi/Multi-lingual workers who have insights that support the Carers centre work with people with different cultural backgrounds and can enhance colleagues' knowledge of relevant issues.

Carers supports and services are available to carers from all protected groups, and no negative impacts are identified related to the strategic plan.

Fairness- It is known that carers (and households with someone impacted by disability) are more likely to be affected by poverty. The Carers Strategy includes planning to maximise income and employment opportunities for carers, in particular recognition of low income and poverty of carers. Carers in all areas will be offered these opportunities, regardless of home address.

Care experienced young people are more likely to be young carers due to impact of substance misuse and/or mental health of their Parents/guardians. Young carers are offered support through schools; carers centre and the corner to increase their chance of positive outcomes and this is recognised as potential positive impact.

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

Date	Activity/Activities	People/groups	By whom
25 /10/24	Dundee Carers Centre AGM,	Over 60 stakeholders and carers) Discussions with carers and stakeholders es.	Carers Partnership & Carers centre
Nov, Dec 24 Jan 2025	Listening Opportunities	1.Visits to Care at Home, Day Care and Care Home Providers forums (50 Stakeholders) 2. Launch of the Involvement Framework on Carers Rights Day (30 Carers and Stakeholders) 3. Visits to 4 Carers Connecting Carers Cafes (45carers).	J Barclay Carers IJB Rep Carers Centre CEO
8/5/25	Carers Partnership Meeting	Discussions about planning to meet needs of carers including considerations of Equality and Fairness. Discussions around Welfare Rights and Carers Benefit Uptake work through existing Money Advice sector records and contacting carers	Dundee carers partnership group
7/8/25	Carers Partnership Meeting		DCPG

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29th May 2025	Carers Strategy Review Workshop 29th May 2025	Considered what actions had still to be completed from delivery plan and possible new actions.	DCPG
July 2025-October 2025	Electronic survey issued and returned	Just under 60 responses from carers and stakeholders. Initial analysis of results	JB SW NC
	Carers Advisory Group		
October 2025	Data and information analysed	Data set for local and national information explored- included info about male-female carers- adult carers/young carers and families. Finances and employment	JB
Oct/Nov 2025	Dundee Carers Partnership	Group asked to check impact assessment and advise of any potential negative equality and fairness impacts	JB and All
Dec 2025	Carers Partnership Workshop	Discussions about demography of carers ages, sex and disability as well as poverty/finances and action planning re this	JB, NC, AS, DP, DD, MD, MS, LW, SM, H, D,PK,

### STEP 2- Impact Assessment Record (continued)

**Equality, Diversity & Human Rights** – Mark **X** in all relevant boxes. *When assessing impacts throughout this record a **brief explanation is required** and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.*

*(If choosing ‘not known’ identify if further research is needed and if not, why not.)*

Age		Explanation, assessment and potential mitigations
Positive	X	The plan has an overall impact of supporting older carers and carers of older people.
No Impact		
Negative		
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive	x	The plan has an overall impact of supporting carers of people with disabilities. Carers support groups in local areas usually make it easier for carers with disabilities to attend as the bases are wheelchair friendly and local.
No Impact		
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		There is no specific work regarding impact for carers in this group in the population- supports and services are available for whole population. Awaiting further guidance from EHRC re single sex services after recent court ruling re biological sex.
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		There is no specific work regarding impact for carers in this group in the population- supports and services are available for whole population
No Impact	x	
Negative		
Not Known		
Race		Explanation, assessment and potential mitigations
Positive	x	There is specific work to support regarding impact for carers from different ethnicities and cultures. In addition to this supports and services are available for whole population
No Impact		
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		There is no specific work regarding impact for carers in these circumstances supports and services are available for whole population
No Impact	x	
Negative		
Not Known		
Religion & Belief		Explanation, assessment and potential mitigations
Positive		
No Impact	x	

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Negative		There is no specific work regarding impact for carers with re religion and belief group in the population- supports and services are available for whole population
Not Known		
<b>Sex</b>		<b>Explanation, assessment and potential mitigations</b>
Positive	x	Available information demonstrates that proportion of identified) male carers has increased (previously predominately female) especially in younger age groups). Specific support is aimed at male carers including Carers Centre Men's Group. Female carers predominate and support is accessible to women in local communities at local venues making it easier for those with childcare as well as caring responsibilities.
No Impact		
Negative		
Not Known		
<b>Sexual Orientation</b>		<b>Explanation, assessment and potential mitigations</b>
Positive		There is no specific work regarding impact for carers with re sexual orientation in the population- supports and services are available for whole population
No Impact	x	
Negative		
Not Known		
<b>Describe any Human Rights impacts not already covered in the Equality section above.</b>		
None		

**Fairness & Poverty Geography –** Describe how individuals, families and communities might be impacted in each geographical area.

Mark X in all relevant boxes. X must be placed in at least one box

<b>Identified Areas of Deprivation -</b>				
	<b>Positive</b>	<b>No Impact</b>	<b>Negative</b>	<b>Not Known</b>
<b>Strathmartine</b> (Ardler, St. Mary's & Kirkton)	x			
<b>North East</b> (Whitfield, Fintry & Mill O'Mains)	x			
<b>Lochee</b> (Lochee Beechwood, Charleston & Menzieshill)	x			
<b>Coldside</b> (Hilltown, Fairmuir & Coldside)	x			
<b>East End</b> (Mid Craigie, Linlathen & Douglas)	x			
<b>Maryfield</b> (Stobswell & City Centre)	x			
<b>Other areas in Dundee</b> (not CRA but individual/households still might be impacted by Fairness issues)				
<b>West End</b>	x			
<b>The Ferry</b>	x			
<b>Description of impacts on Fairness-</b> Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
The Carers Strategy includes planning to maximise income and employment opportunities for carers, in particular recognition of low income and poverty of carers. Carers in all areas will be offered these opportunities, regardless of home address.				

# Dundee Integration Joint Board Integrated Impact Assessment

## STEP 2- Impact Assessment Record (continued)

**Household circumstances have considerable long-term impacts on Fairness and Poverty.**

**Child Poverty (Scotland) Act 2017** addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

**Household and Family Group-** *consider the impact on households with people with the following circumstances*  
Mark X in all relevant boxes. X must be placed in at least one box

Explanation, assessment and any potential mitigations		
<b>Care Experienced Children and Young People</b>		
Positive	<input checked="" type="checkbox"/>	Young Carers and young adult carers will continue to be supported through The Corner and Dundee carers centre as well as Schools. Young carers, Young Adult Carers are more likely to be over-represented in the Care Experienced population as they may be caring for adults/parents impacted by Substance misuse and or poor Mental Wellbeing
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Carers (consider Kinship carers and carers who support a family member or friend without pay)</b>		
Positive	<input checked="" type="checkbox"/>	
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Lone Parent Families/Single Female Parent Household with Children</b>		
Positive	<input checked="" type="checkbox"/>	Lone parents who are carers will be supported. Parent carers of children with additional support needs are expected to be supported by these plans.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Households including Young Children and/or more than 3 children</b>		
Positive	<input type="checkbox"/>	There is no specific work regarding impact for carers who are part of this group in the population- supports and services are available for whole population
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Retirement Pensioner (s)</b>		
Positive	<input checked="" type="checkbox"/>	The plan aims to help identify Carers who are part of this group and target information about supports for them.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Unskilled Workers and Unemployed</b>		
Positive	<input type="checkbox"/>	Work is planned by employment services to ensure carers are supported towards employment opportunities
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Serious &amp; Enduring Mental Health Conditions</b>		
Positive	<input type="checkbox"/>	There is no specific work regarding impact for carers or people they support in this specific part of population- supports and services are available for whole population and plans include ensuring mental wellbeing support opportunities for carers.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Homeless (risks of Homelessness)</b>		
Positive	<input type="checkbox"/>	There is no specific work regarding impact for carers who are at risk of homelessness- supports and services are available for whole population.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Drug and/or Alcohol issues</b>		
Positive	<input type="checkbox"/>	There is no specific work regarding impact for carers impacted directly by drug and alcohol- supports and services are available for whole population and specific support is available for carers of people affected by Drug and/or Alcohol issues
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Offenders and Former Offenders</b>		
Positive	<input type="checkbox"/>	
No Impact	<input checked="" type="checkbox"/>	



## Dundee Integration Joint Board Integrated Impact Assessment

Negative		There is no specific work regarding impact for carers who are offenders - supports and services are available for whole population.
Not Known		

### STEP 2- Impact Assessment Record (continued)

Mark X in all relevant boxes. X must be placed in at least one box

<b>Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.</b>		
<b>Explanation, assessment and any potential mitigations</b>		
<b>Personal/Household Income.</b> (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium- i.e. When those less well-off pay more for essential goods and services)		
Positive	<b>x</b>	Planned and ongoing work re income maximisation for carers
No Impact		
Negative		
Not Known		
<b>Fuel Poverty-</b> household needs to spend 10% or more of its income on maintaining satisfactory heating.		
Positive		
No Impact	<b>x</b>	
Negative		
Not Known		
<b>Employment Opportunities/Status</b>		
Positive	<b>x</b>	Work is planned by employment services to ensure carers are supported towards employment opportunities
No Impact		
Negative		
Not Known		
<b>Education &amp; Skills</b>		
Positive	<b>x</b>	Planned and ongoing work in schools and Dand A college
No Impact		
Negative		
Not Known		
<b>Caring Responsibilities</b> (including Childcare & Unpaid care)		
Positive	<b>x</b>	Plan is supportive of unpaid carers
No Impact		
Negative		
Not Known		
<b>Accessibility of Services</b> (including Affordability)		
Positive	<b>x</b>	Planned and ongoing work of Carers of Dundee information and advice support.
No Impact		
Negative		
Not Known		
<b>Connectivity / Internet Access</b>		
Positive		No plans re this.
No Impact	<b>x</b>	
Negative		
Not Known		
<b>Health (including Mental Health)</b>		
Positive	<b>x</b>	Supported carers will support wellbeing of those they care for.
No Impact		
Negative		
Not Known		
<b>Life expectancy</b>		
Positive		
No Impact	<b>x</b>	
Negative		
Not Known		

## Dundee Integration Joint Board Integrated Impact Assessment

Explanation, assessment and any potential mitigations		
<b>Healthy Weight/Weight Management/Overweight / Obesity</b>		
Positive		
No Impact	<b>x</b>	
Negative		
Not Known		
<b>Child Health</b>		
Positive		
No Impact	<b>x</b>	
Negative		
Not Known		
<b>Neighbourhood Satisfaction</b> -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		
No Impact	<b>x</b>	
Negative		
Not Known		
<b>Transport</b> (including accessible transport provision and sustainable modes of transport)		
Positive		
No Impact	<b>x</b>	
Negative		
Not Known		
NOW COMPLETE THE <u>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</u> AT THE START OF STEP 2		

## Dundee Integration Joint Board Integrated Impact Assessment

<b>Environment- Climate Change</b>			
<b>Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change</b>			
Positive			
No Impact	x		
Negative			
Not Known			
<b>Resource Use</b>			
<b>Energy Efficiency and Consumption</b>			
Positive			
No Impact	x		
Negative			
Not Known			
<b>Prevention, Reduction, Re-use, Recovery, or Recycling of Waste</b>			
Positive			
No Impact	x		
Negative			
Not Known			
<b>Sustainable Procurement</b>			
Positive			
No Impact	x		
Negative			
Not Known			
<b>Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces</b>			
Positive			
No Impact	x		
Negative			
Not Known			
<b>Built Environment - Housing and Built Heritage</b>			
Positive			
No Impact	x		
Negative			
Not Known			

### STEP 2- Impact Assessment Record (continued)

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

**Strategic Environmental Assessment** provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

<b>Strategic Environmental Assessment</b>				
<b>Statement 1</b>				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
<b>Yes</b>		<b>No</b>	x	
<b>Statement 2</b>				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
<b>Yes</b>		<b>No</b>	x	Use the <a href="#">SEA flowchart</a> to determine whether this plan or proposal requires SEA.
<b>If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)</b>				

## Dundee Integration Joint Board Integrated Impact Assessment

### Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)

Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.

**As Corporate Risk is addressed and recorded in IJB reports and it is not reported on this record. (See IJB report.)**

**End of Impact Assessment Record.**



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 18 FEBRUARY 2026

**REPORT ON:** STRATEGIC RISK MANAGEMENT ARRANGEMENTS

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB7-2026

## **1.0 PURPOSE OF REPORT**

- 1.1 To submit the revised IJB Strategic Risk Management Framework for approval, and to update the Integration Joint Board on work completed to revise the content of the IJB's Strategic Risk Register and associated reporting arrangements.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the work undertaken by the Senior Management Team to review arrangements for strategic risk management.
- 2.2 Approve the revised Dundee IJB Strategic Risk Management Framework.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None

## **4.0 MAIN TEXT**

- 4.1 In September 2025, the IJB's Performance and Audit Committee noted work being undertaken by the Senior Management Team to review arrangements for recording, managing and reporting strategic risk across the IJB and Health and Social Care Partnership (article XII of the minute of the Performance and Audit Committee of the Integration Joint Board held on 24 September 2025 refers). This work has taken account changes in the IJBs own needs since its establishment in 2016, as well as recommendations made by Internal Audit and changes made in the corporate risk management systems in place within NHS Tayside and Dundee City Council. It has also directly addressed a number of outstanding recommendations and actions within the IJB's Governance Action Plan relating to risk management (with a focus on risk appetite, reporting and escalation).

- 4.2 As part of the review process the following actions have been completed:

- The IJB's Strategic Risk Management Framework has been fully updated. This has been informed by the risk management arrangements already in place within Perth and Kinross IJB. The revised Risk Management Framework is attached as Appendix 1 and is submitted to the IJB for approval.
- The Strategic Risk Register has been fully updated to ensure it is relevant and accurate. Risk categories and risk appetite, set by the IJB in 2025, have been incorporated into the

register (and also reporting formats – see below). The revised content is incorporated within the Strategic Risk Management report template attached as Appendix 2.

- The report template used to provide assurance reports on strategic risk management to the Performance and Audit Committee has been fully revised (again, based on arrangements already in place within Perth and Kinross IJB). This is attached as Appendix 2 and will be implemented from May 2026 onwards.
- A revised format for risk assessment section of IJB reports has been developed and will be implemented from March 2026 onwards. This is in response to a recommendation contained within the 2024/25 Dundee City IJB Internal Audit Annual Report (available at: [https://www.dundee.gov.uk/reports/agendas/ijb180625\(sup\).pdf](https://www.dundee.gov.uk/reports/agendas/ijb180625(sup).pdf)) which set out the need for IJB reports to be explicitly linked to strategic risks. The revised format will support report authors to clearly link and articulate the impact of report content to risks within the IJB's Strategic Risk Register. The revised format will be implemented from March 2026.

4.3 Taken together, these changes and improvements address six of eight actions in the IJB's Governance Action Plan that focus on strategic risk management. Work is continuing to address the final actions that relate to the development of an assurance plan for strategic risks that are shared with the corporate bodies (NHS Tayside and Dundee City Council) and further enhancement of reporting arrangements against the Risk Management Action Plan. An update on these aspects will be submitted to the Performance and Audit Committee in May 2026.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	The IJB does not have in place adequate risk management arrangements to support effective operation of governance functions.
<b>Risk Category</b>	Governance
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High risk level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>• Strategic Risk Management Framework has been fully updated.</li> <li>• Strategic Risk Register has been fully updated and will now be maintained via the Health and Social Care Partnership Core Management Team.</li> <li>• The format for reporting to the Performance and Audit Committee has been fully update and will be utilised from May 2026 onwards.</li> <li>• A revised format for risk assessment section of IJB reports has been developed and will be implemented from March 2026 onwards.</li> <li>• Further work is planned to develop the interface for assurance regarding risk management of strategic risks shared with other partners, particularly NHS Tayside and Dundee City Council.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 2 x Impact 2 = Risk Scoring 4 (which is Moderate risk level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 2 = Risk Scoring 3 (which is Moderate risk level)
<b>Approval recommendation</b>	Given the impact of mitigating actions to reduce the level of risk as far as is reasonably practical, it is recommended that the risk should be accepted.

## 7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service Health and Community Care and the Clerk were consulted in the preparation of this report. The range of wider consultation and engagement is detailed in the Integrated Impact Assessment.

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

- 9.1 None

Dave Berry  
Chief Officer

DATE: 30 January 2026

Kathryn Sharp  
Acting Head of Strategic Services

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**Dundee Integration Joint Board**  
**Strategic Risk Management Framework**  
**February 2026**

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## Introduction

Our ambition is that people in Dundee will have the best possible health and wellbeing, 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 people 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 [Plan for Excellence in Health and Social Care in Dundee](#) sets the strategic shifts that the IJB wishes to achieve to deliver this ambition. Effective risk management is an essential part of the arrangements that support the delivery of the plan. It allows the IJB to better understand risks that are or could impact on delivering their strategic shifts and ambitions, allowing them to make informed decisions, make best use of public resources, and better adapt to the challenges they experience both within the health and social care system, but also the wider operating environment.

All members of the IJB and supporting officers have an important role to play in establishing, implementing and maintaining systems for identifying, assessing and managing risks. The Tayside Risk Management Strategy provides a regional framework for strategic risk management, setting out roles and agreed arrangements to support the effective and consistent management of risk across Tayside. Aligned to the Tayside Strategy, the Dundee IJB Strategic Risk Management Framework provides a guide for proactive risk identification, assessment and management at a local level.

## Process

The risk management process is a continuous cycle that supports Dundee IJB to identify, assess and manage threats and opportunities impacting on their plan and ambition. It supports the IJB to assess and manage uncertainty and informs decision-making, all with the aim of ensuring the ambition and strategic shifts are delivered effectively.



### 1. Identify Risks

Recognise potential risks arising from strategic planning, operational activities, and engagement with stakeholders. This includes capturing threats and opportunities that could affect objectives.

### 2. Analyse Risks

Assess the *likelihood* and *impact* of each identified risk using agreed scoring criteria or a risk matrix. This ensures consistent comparison across the organisation.

### 3. Evaluate Risks

Compare analysed risks against the organisation's **risk appetite** to determine which risks require action and prioritisation.

### 4. Treat Risks

Decide on the most appropriate response—such as mitigating, reducing, transferring, accepting, or avoiding the risk—and implement proportionate control measures.

### 5. Monitor & Review

Continually review risk status, control effectiveness, and any changes in context. Maintain up-to-date registers and ensure regular reporting.

## **6. Communicate & Consult**

Ensure transparent communication and collaborative understanding of risks across partners and governance structures. Engagement supports coordinated, informed responses.

### **Context for Strategic Risk Management**

The starting point for strategic risk management is developing a clear understanding of what the IJB aims to achieve and how this fits into the wider environment, including the whole system of health and social care. Strategic risk management focuses on managing threats that might disrupt or delay the delivery of the IJB's ambition, priorities and strategic shifts. It can also support the IJB to maximise opportunities that might help or accelerate the delivery of their strategic plan.

Linking strategic risk management to the [Plan for Excellence in Health and Social Care in Dundee](#) provides a framework for prioritising risks, making decisions and allocating resources; making sure that risk management activity is focused on the areas that matter the most.

## Dundee Integration Joint Board

### Plan for excellence in health and social care in Dundee - 2023-2033

#### Ambition

The Strategic Commissioning Framework will help the IJB reach their Ambition:

**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.

#### Values

• Human rights

• Equality and fairness

• Whole life

• Collaborative working

• Innovative

• Compassionate

• Transparent

• Empowering

• Sustainability

#### Strategic Priorities



##### **Inequalities**

**Support where and when it is needed most.**

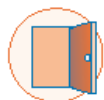
Targeting resources to people and communities who need it most, increase life expectancy and reduce differences in health and wellbeing.



##### **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.

#### Equality Outcomes

**1** Improving the accessibility of information published by the IJB.

**2** Increasing ways to listen, hear and learn what matters to people.

**3** Finding ways to make sure IJB membership is diverse and reflects the overall population of Dundee.

**4** IJB contributes to an improved culture within the workforce to actively challenge discrimination.

#### Strategic Enablers

##### **Financial resources**

funds provided to the IJB by Dundee City Council and NHS Tayside, as well as direct funding to other health and social care partners from the Scottish Government and other organisations.

**Health and social care workforce** employed by Dundee City Council, NHS Tayside and the third and independent sector.

##### **Property**

owned by Dundee City Council, NHS Tayside and the third and independent sector.

##### **Digital**

IT and technology provided by Dundee City Council and NHS Tayside, including IT equipment and systems and resources used to provide care and for people to look after their own health and wellbeing.

#### How we will deliver changes

Dundee Health and Social Care Partnership Annual Delivery Plan

IJB Resource Framework

IJB Performance Framework

Dundee City Plan

To view the Strategic Commissioning Framework and further information please go to: [dundeehsc.com/planning-excellence-health-and-social-care](https://dundeehsc.com/planning-excellence-health-and-social-care)



## Risk Identification

Whilst anyone across the IJB and Health and Social Care Partnership can identify a potential strategic risk, the Core Management Team is responsible for the assessment of the risk and population of the Strategic Risk Register. The Core Management Team will ensure:

- **Strategic alignment:** identified risks are relevant to the IJB's overarching ambition, priorities and strategic shifts.
- **Comprehensive overview:** identified risks reflect all of the relevant aspects of the organisation and the external environment.
- **Prioritisation:** identified risks are assessed and prioritised based on their potential to disrupt or delay the delivery of the strategic plan.
- **Resource Allocation:** allocated resources effectively to mitigate risks.

In undertaking these responsibilities, the Core Management Team will also engage with the wider workforce to ensure that the identification, assessment, recording and management of risk is collaborative, inclusive and participative.

There are five different categories of risk that the IJB might experience. Each strategic risk will be considered under one of these categories (best fit):

<b>Compliance / Legislative / Regulatory</b>	Risks relating to adherence to statutory duties, legislation, and regulatory frameworks governing health and social care services.
<b>Reputational</b>	Risks that could damage public confidence, stakeholder trust, or the Partnership's standing due to adverse publicity or perceived service failures.
<b>Performance / Quality</b>	Risks impacting the ability to deliver safe, effective, person-centred care and meet agreed performance standards.
<b>Financial</b>	Risks to financial sustainability and resource allocation that could compromise service delivery or transformation plans.
<b>Workforce</b>	Risks associated with workforce capacity, capability, and wellbeing that affect the Partnership's ability to meet demand and strategic objectives.

Describing the risk clearly helps to ensure that risks are fully understood. Identifying the cause and effect of each risk supports the identification of effective risk management actions. Within the strategic risk register this is structured in the following way:

Risk Description	Risk Category
There is a risk of	
Key Current Contributing Factors:	
Resulting in:	

The Core Management Team are the risk owners for all strategic risks.

## Risk Analysis

Once risks have been identified their likelihood (or probability) and impact will be scored based on an analysis of how the risk will impact on the achievement of the IJB's ambition, strategic priorities and strategic shifts. The overall risk scoring is determined by multiplying an individual likelihood score with an individual impact score.

$$\text{likelihood} \times \text{impact} = \text{risk score}$$

Through the risk management process risks are scored three times:

<b>Inherent Risk</b>	The level of risk before anything has been done to manage or reduce it. This is the level of true exposure if no controls were in place.
<b>Residual Risk</b>	The current level of risk, taking into account controls or actions in place. Shows how effective current controls are — and whether more action is needed

<b>Planned Risk</b>	The predicted level of risk after all planned actions are implemented.
---------------------	--

Risk likelihood is scored as follows:

CRITERIA FOR EVALUATING LIKELIHOOD			
Likelihood	Description	Numerical Value	Plain English
<b>1</b>	Remote – where an occurrence is improbable or very unlikely	1 in 20,000	Never happened and doubt it will
<b>2</b>	Unlikely – where an occurrence is possible but the balance of probability is against	1 in 2,000	Has happened before but unlikely
<b>3</b>	Possible – where it is likely or probably that an incident will occur	1 in 200	Will probably happen at some point in the future
<b>4</b>	Likely – where it is highly probable that an incident will occur	1 in 20	Has happened in recent past and will probably happen again
<b>5</b>	Almost certain – where it is certain that an event will occur	1 in 2	It's already happening and will continue to do so

RISK IMPACT ASSESSMENT					
Impact	Compliance / Legislative / Regulatory	Reputational	Performance / Quality	Financial	Workforce
<b>1 Insignificant</b>	No material impact; minor non-compliance easily rectified, no regulatory action.	No material impact; minor negative feedback, easily managed, no media or stakeholder attention	No material impact; minor service delivery shortfall, easily managed, no effect on outcomes or inspection results.	No material financial impact; minor overspend easily managed within existing budgets, no effect on strategic priorities.	No material impact; minor staff absence or issue, easily managed, no effect on strategic priorities or staff wellbeing.
<b>2 Minor</b>	Minor breach; may result in informal warning or advice, no significant consequences.	Minor adverse publicity or stakeholder concern; may result in informal queries, no lasting consequences.	Minor service delivery issue; may require minor adjustment, no significant consequences for performance standards or outcomes.	Minor overspend or funding shortfall; may require minor budget adjustment, no significant consequences for strategic priorities.	Minor workforce issue (e.g. isolated absence, minor recruitment delay); may require minor adjustment, no significant consequences for strategic priorities or staff morale.
<b>3 Moderate</b>	Noticeable breach; may require corrective action, possible regulatory scrutiny, limited reputational impact.	Noticeable negative media coverage or stakeholder dissatisfaction; may require formal response or corrective action.	Noticeable service delivery shortfall or failure to meet agreed standards; may require corrective action, limited impact on outcomes or inspection results.	Noticeable budget overspend or funding reduction; may require corrective action, limited impact on strategic priorities or transformation plans.	Noticeable workforce issue (e.g. increased turnover, skills gap, moderate staff absence); may require corrective action, limited impact on strategic priorities or staff wellbeing.

<b>4 Major</b>	Significant breach; formal investigation, possible sanctions, reputational damage, service disruption.	Significant adverse publicity, loss of stakeholder trust, formal investigation, or public criticism; requires coordinated management response.	Significant service delivery failure or inability to meet national health and social care outcomes; requires coordinated management response, potential disruption to service delivery.	Significant budget overspend, funding reduction, or inability to achieve savings targets; requires coordinated management response, potential disruption to strategic priorities.	Significant workforce issue (e.g. high turnover, staff burnout, industrial action); requires coordinated management response, potential disruption to delivery of strategic priorities and staff wellbeing.
<b>5 Extreme</b>	Severe breach; prosecution, substantial fines, loss of licence, major service failure, severe reputational harm.	Severe, sustained reputational harm; national media attention, loss of public confidence, regulatory intervention, or long-term damage to organisational standing.	Severe service failure; major impact on ability to deliver statutory services, poor inspection results, or inability to meet key outcomes.	Severe financial breach; substantial overspend, loss of key funding, major service failure, or inability to deliver statutory services and strategic priorities.	Severe workforce issue (e.g. widespread burnout, mass resignation, prolonged industrial action); major service failure, inability to meet demand, severe impact on staff wellbeing and strategic priorities.

Once a risk has been scored using the above system, it will be graded as shown below:

	LOW RISK	MODERATE RISKS	HIGH RISK	EXTREME RISK	
LIKELIHOOD					
	5	10	15	20	25
	4	8	12	16	20
	3	6	9	12	15
	2	4	6	8	10
	1	2	3	4	5
	1	2	3	4	5
	IMPACT				

Having a quantitative method for defining risks supports the Core Management Team and the IJB to prioritise and monitoring risk management actions.

## Evaluating Risk

**Risk appetite** is the amount of risk that the IJB is willing to seek or accept in the pursuit of its long-term objectives.

Setting risk appetite supports the IJB to:

- Make informed decisions.
- Reduce uncertainty.
- Improve consistency across governance mechanisms and decision-making.
- Support performance improvement.
- Focus on priority areas.
- Inform spending reviews and resource prioritisation.

Dundee IJB has an approved Risk Appetite Statement (Appendix 1). The risk appetite in relation to the five risk categories are shown below:

Risk Category	Risk Appetite
Compliance / Legislative / Regulatory	Minimal (2)
Reputational	Open (4)
Performance / Quality	Cautious (3)
Financial	Cautious (3)
Workforce	Open (4)

The three risk appetites in the statement, translate onto the risk scoring matrix as follows:

MINIMAL							
Likelihood	5	Almost certain	5	10	15	20	25
	4	Likely	4	8	12	16	20
	3	Possible	3	6	9	12	15
	2	Unlikely	2	4	6	8	10
	1	Rare	1	2	3	4	5
			Insignificant	Minor	Moderate	Major	Extreme
			1	2	3	4	5
			Impact				

Any residual risk score 12 or above (above the black line) is outwith appetite.

CAUTIOUS							
Likelihood	5	Almost certain	5	10	15	20	25
	4	Likely	4	8	12	16	20
	3	Possible	3	6	9	12	15
	2	Unlikely	2	4	6	8	10
	1	Rare	1	2	3	4	5
			Insignificant	Minor	Moderate	Major	Extreme
			1	2	3	4	5
			Impact				

Any residual risk score 16 or above (above the black line) is outwith appetite.

OPEN							
Likelihood	5	Almost certain	5	10	15	20	25
	4	Likely	4	8	12	16	20
	3	Possible	3	6	9	12	15
	2	Unlikely	2	4	6	8	10
	1	Rare	1	2	3	4	5
			Insignificant	Minor	Moderate	Major	Extreme
			1	2	3	4	5
			Impact				

Any residual risk score of 25 (above the black line) is outwith appetite.

## Treating the Risk

Based on risk scores and appetite there are six response options available to the IJB and Core Management Team:

<b>Accept</b>	Acknowledge that the risk exists, but decide not to take any action.  This is appropriate for low-impact, low-probability risks where the cost of mitigation outweighs the potential benefit.
<b>Avoid</b>	Remove the risk by deciding not to proceed with an activity.  For example, if a particular project is very high risk and the risk cannot be mitigated it might be decided to cancel the project. Alternatively, the decision may be made to carry out the activity in a different way.
<b>Reduce</b>	Identify mitigating actions or controls to reduce risk.  These actions should be monitored on a regular basis to ensure that they are effective. Mitigating actions, once in place, will become control measures for the risk.



<b>Transfer</b>	Another party bears or shares all or part of the risk.  For example, this could include transferring out an area of work or by using insurance.
<b>Share</b>	Distribute the risk among multiple parties.  This often involves partnerships, joint ventures, or collaborations where the responsibility (and impact) of a risk is divided.
<b>Enhance</b>	Take account to increase the likelihood or positive impact of a desirable outcome.

## Risk Reporting, Monitoring and Governance

Regular risk reporting and monitoring ensures ongoing oversight and an up-to-date understanding of the risk environment. It provides timely and reliable information about risk exposure so that well-informed decisions can be made. As risk owners, it ensures the Core Management Team's accountability, in essence, that they are fulfilling their roles and responsibilities and ensures that the approach is dynamic and responsive.

Therefore, all identified risks, and any associated actions must be monitored and reviewed on an ongoing basis. The frequency of reporting and monitoring will depend on the priority of the risk. This is irrespective of whether the risk is within or outwith appetite.

The Core Management Team is responsible for the day-to-day maintenance and monitoring of the strategic risk register, including making key decisions about how to manage these risks. They will consider it at each of their monthly meetings, recording their decisions. This will include a focused review of specific risks at a minimum frequency as set-out below:

<b>Risk Level and Score</b>	<b>Frequency of Core Management Team Review</b>
<b>Low Risks</b>	As a minimum annually
<b>Moderate Risks</b>	As a minimum 6-monthly
<b>High Risk</b>	As a minimum quarterly
<b>Extreme Risks</b>	As a minimum 2-monthly

Regular consideration and review of risks by the Core Management Team will inform strategic risk register reports to the IJB's Performance and Audit Committee.

The Performance and Audit Committee's has delegated responsibility from the IJB for reviewing the adequacy and effectiveness of the systems and processes in place to manage strategic risks. A strategic risk register report will be submitted to every meeting of the Performance and Audit Committee (four times per year) and an annual

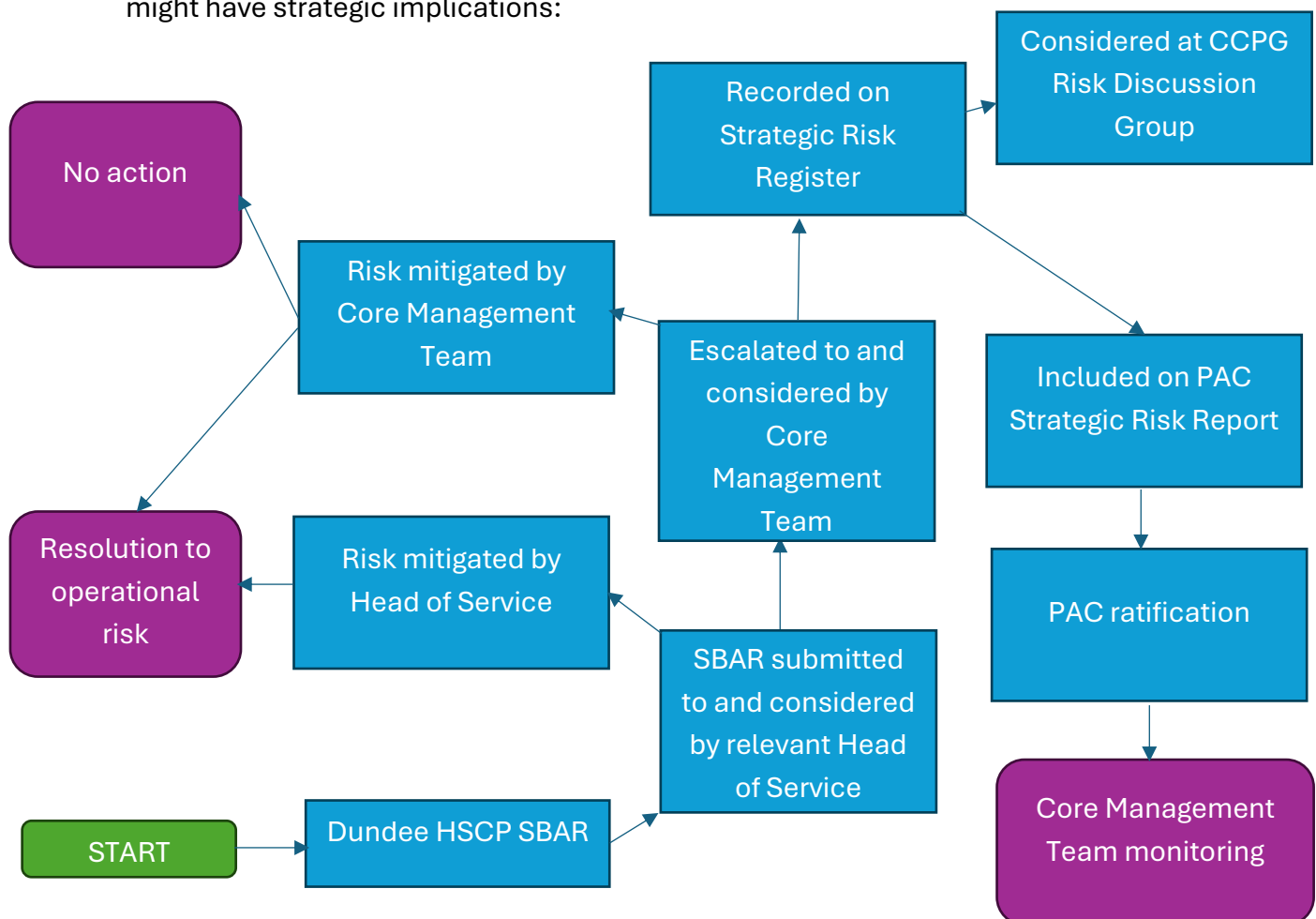
report regarding risk management arrangements will also be submitted directly to the IJB.

The IJB's Chief Internal Auditor provides an objective assessment of the IJB's internal controls and risk management process. They may also make recommendations regarding improvements required to improve arrangements.

The Clinical Care and Professional Governance Risk Discussion Group facilitates the interface between the strategic risk register of the IJB and the operational risk register of the Health and Social Care Partnership. This can include identifying operational risks that require to be escalated, as well as reviewing operational risk on the basis of changes made to the IJB strategic risk register by the Core Management Team.

## Escalation

The process below provides a structured approach to escalating operational risks that might have strategic implications:



## Appendix 1 - Dundee IJB, Risk Appetite Statement

### Introduction

Risk appetite is an essential part of effective governance and strategic commissioning with the IJB. By defining and regularly reviewing its risk appetite, the IJB can make informed decisions that align with its ambition and strategic priorities. Risk appetite establishes a clear threshold for risk tolerance, which guides decision-making processes. Risk appetite is the level of risk that the IJB is willing to seek or accept in pursuit of its long-term objectives, and before any action is determined to be necessary in order to reduce the risk.

### Risk Categories and Appetites

	Avoid	Minimal	Cautious	Open	Willing
	0-5	6-10	11-15	16-20	21-25
Compliance / Legislative / Regulatory		MINIMAL			
Reputational				OPEN	
Performance / Quality			CAUTIOUS		
Financial			CAUTIOUS		
Workforce				OPEN	

Risk Category	Appetite	Category Definition	Risk Appetite
Compliance / Legislative / Regulatory	Minimal	Risks relating to adherence to statutory duties, legislation, and regulatory frameworks governing health and social care services.	Want to be very sure Dundee IJB would win any challenge.
Reputational	Open	Risks that could damage public confidence, stakeholder trust, or the Partnership's standing due to adverse publicity or perceived service failures. Examples: Negative media coverage, stakeholder dissatisfaction, failure to deliver on strategic commitments.	Appetite to take decision which may expose the Dundee IJB to additional scrutiny, but only where appropriate steps have been taken to minimise exposure.

Risk Category	Appetite	Category Definition	Risk Appetite
Performance / Quality	Cautious	Risks impacting the ability to deliver safe, effective, person-centred care and meet agreed performance standards. Examples: Service delivery shortfalls, failure to meet national health and social care outcomes, poor inspection results.	Willing to take some risk in relation to performance, including mandatory targets, standards, benchmarking ranking or the quality of care and support /service user outcomes that will offer potential increased benefits to staff, service users and the organisation. Want to be reasonably sure performance standards, clinical or professional practice are not breached.
Financial	Cautious	Risks to financial sustainability and resource allocation that could compromise service delivery or transformation plans. Examples: Budget overspends, funding reductions, inability to achieve savings targets.	Prepared to accept the potential for some variance in budget lines. Value and benefits considered, not just cheapest price. Resources allocated in order to capitalise on opportunities.
Workforce	Open	Risks associated with workforce capacity, capability, and wellbeing that affect the Partnership's ability to meet demand and strategic objectives. Examples: Recruitment and retention challenges, skills gaps, staff burnout, industrial action.	Innovative in taking risks in relation to Workforce/Staff Engagement that will offer potential higher benefits to staff, service users and the organisation.

### Review and Monitoring

The Risk Appetite Statement will be reviewed annually to ensure that it remains reflective of and aligned to the IJB's strategic priorities and the changing risk environment. The review process will consider changes in the internal and external

environment, including changes in legislation, policy and demand. It will include identifying and assessing any emerging risks.

## Dundee Integration Joint Board

### Strategic Risk Register

Last updated: 30 January 2026

Please refer to Dundee IJB Strategic Risk Management Framework for supporting information regarding risk identification, analysis and evaluation.



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Table 1: IJB Strategic Risk Register - Summary View						
Risk Ref.	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
1 IJB	<b>Financial Sustainability</b> There is a risk of the IJB being unable to maintain financial sustainability.	25	25	Outwith appetite	Extreme	
2 IJB	<b>Workforce Capacity</b> There is a risk of insufficient capacity and capability within the health and social care workforce to deliver the IJB's strategic priorities and shifts.	16	12	Within Appetite	High	
3 IJB	<b>Property Infrastructure</b> There is a risk of the configuration, condition and effective use of property being inadequate to support the delivery of integrated health and social care priorities.	20	20	Outwith appetite	Extreme	
4 IJB	<b>Public Sector Reform</b> There is a risk of significant volume and scale of public sector reform, both in the short and long-term.	20	16	Outwith appetite	Extreme	
5 IJB	<b>Increased Service Demand</b>	20	16	Outwith appetite	Extreme	



Table 1: IJB Strategic Risk Register - Summary View						
Risk Ref.	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
	There is a risk of unsustainable increased demand for health and social care services and supports due to changing sociodemographic of Dundee's population.					
6 IJB	<b>External Provider Sustainability</b> There is a risk of instability in the market of external providers of health and social care services and supports (third and independent sector).	16	12	Within appetite	High	
7 IJB	<b>Data Quality</b> There is a risk that data quality and availability is insufficient to full assess performance, outcomes and impacts to support whole systems decisions.	16	12	Within appetite	High	
8 IJB	<b>Digital Infrastructure</b> There is a risk of digital infrastructure being inadequate to support the delivery of modern	20	16	Outwith appetite	Extreme	

Table 1: IJB Strategic Risk Register - Summary View						
Risk Ref.	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
	integrated health and social care priorities.					
9 IJB	<b>Information Governance</b> There is a risk of information governance and security arrangements being inflexible to support the delivery of integrated health and social care priorities.	16	12	Within appetite	High	
10 IJB	<b>Engagement</b> There is a risk of the work of the IJB being insufficiently supported and informed by communication and engagement with stakeholders.	20	12	Within appetite	High	
11 IJB	<b>Whole System Collaboration</b> There is a risk of the co-ordination of whole system planning and commissioning being insufficient to enable integration of health and social care services and improve outcomes for people.	16	12	Within appetite	High	

Table 1: IJB Strategic Risk Register - Summary View						
Risk Ref.	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
< > No change in risk exposure			↑ Increase in risk exposure		↓ Decrease in risk exposure	

Risk Ref: 1 IJB		Risk Title: Financial Sustainability			
<b>Residual Score:</b> Outwith appetite	<b>Risk Category:</b> Financial	<b>Risk Appetite:</b> Cautious			
<b>Risk Response:</b> Reduce	<b>Related to Achievement of Strategic Priority</b>		For PAC a graphic of the risk matrix showing inherent and residual risk levels and risk appetite will be inserted here.		
<b>Last Review:</b> February 2026				Inequalities	X
<b>Next Review:</b> April 2026				Self-Care	X
				Open Door	X
				Planning Together	X
				Workforce	X
				Working Together	X
<b>Risk Description:</b> There is a risk of the IJB being unable to maintain financial sustainability.					
<b>Key Contributing Factors:</b> <ul style="list-style-type: none"><li>◆ No provision made for demographic growth within 25/26 budget.</li><li>◆ Delayed delivery of savings and transformation proposals contained within the 25/26 budget.</li><li>◆ Ongoing restrictions on public sector funding impacting on budget settlements for Dundee City Council, NHS Tayside and, subsequently, the IJB.</li></ul>					
<b>Resulting in:</b> <ul style="list-style-type: none"><li>◆ Compromised ability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework.</li><li>◆ Poorer outcomes for people with health and social care needs, both in the short and long-term.</li><li>◆ Reputational damage associated with inability to deliver a balanced budget.</li><li>◆ IJB reserve levels have reduced below that set out within the Reserves Policy.</li><li>◆ Impact on financial viability of external providers (third and independent sector).</li><li>◆ Financial risk to Dundee City Council and NHS Tayside associated with risk sharing provisions within the Integration Scheme.</li></ul>					

Current Mitigating Actions	Control Type
Financial monitoring systems and controls	Detective
2025/26 Financial Recovery Plan	Corrective
2026/27 budget development process	Preventive
5-Year Financial Framework	Preventive
Transformation programmes	Preventive
Financial forecasting and analysis	Detective
Senior Management Team Budget Delivery Group	Preventive
Engagement with Council, NHS Tayside, Scottish Government and national networks	Detective / Preventive
Regular financial reporting aligned to management, partners and IJB	Preventive
Regular meetings of CFO with NHS Tayside and Dundee City Council Directors of Finance	Preventive
Planned Mitigating Actions	Control Type
Review of the IJB's Strategic Commissioning Plan, and subsequently the HSCP Delivery Plan	Directive

Risk Ref: 2 IJB		Risk Title: Workforce Capacity				
Residual Score: Within appetite		Risk Category: Workforce		Risk Appetite: Open		
Risk Response: Reduce and Share		Related to Achievement of Strategic Priority		For PAC a graphic of the risk matrix showing inherent and residual risk levels and risk appetite will be inserted here.		
Last Review: February 2026					Inequalities	
					Self-Care	
Next Review: April 2026					Open Door	
					Planning Together	
					Workforce	X
		Working Together				
Risk Description: There is a risk of insufficient capacity and capability within the health and social care workforce to deliver the IJB's strategic priorities and shifts.						
Key Contributing Factors: <ul style="list-style-type: none"><li>◆ Complex governance arrangements for the health and social care workforce impacts clarity of leadership and accountability.</li><li>◆ Financial sustainability challenges necessitate reduction in overall workforce numbers.</li><li>◆ Inadequate capacity within senior leadership structure to effectively support workforce planning.</li><li>◆ Inadequate specialist workforce planning capability and capacity, including specialist modelling and projection capability and capacity (service demand and workforce).</li><li>◆ Inability to access workforce data from individual employers and to collate, analyse and report integrated workforce data (from NHS Tayside, Dundee City Council and commissioned services).</li><li>◆ Misalignment between health and social care priorities and those of employing organisations (NHS Tayside, Dundee City Council and third and independent sector).</li><li>◆ Policy and regulatory changes across multiple stakeholders (national, regional and local).</li><li>◆ Poor communication with stakeholders, including members of the workforce.</li><li>◆ Resistance to change from stakeholders, including members of the workforce.</li></ul>						

<b>Resulting in:</b>	
<ul style="list-style-type: none"> <li>◆ Lack of capacity to deliver savings and transformation activity required to implement strategic priorities and shifts, and to support financial sustainability.</li> <li>◆ High absence levels, low morale and poor health and wellbeing within the workforce.</li> <li>◆ Poorer outcomes for people with health and social care needs, both in the short and long-term.</li> </ul>	
<b>Current Mitigating Actions</b>	<b>Control Type</b>
Implementation of Health and Care (Staffing) (Scotland) Act 2019	Detective
Enhanced focus on absence management	Corrective
Workforce plan, including action plan and risk register	Directive
Workforce wellbeing actions	Corrective
Clinical Care Governance Forum	Detective
Professional Leadership: nursing, AHP and social work	Preventive
<b>Planned Mitigating Actions</b>	<b>Control Type</b>
Actions within the Workforce Plan still to be delivered (Plan, Attract, Employ, Train, Nurture)	Corrective / Preventive

Risk Ref: 3 IJB		Risk Title: Property Infrastructure														
Residual Score: Outwith appetite		Risk Category: Performance / Quality		Risk Appetite: Cautious												
Risk Response: Reduce and Share		Related to Achievement of Strategic Priority <table><tr><td>Inequalities</td><td>X</td></tr><tr><td>Self-Care</td><td>X</td></tr><tr><td>Open Door</td><td>X</td></tr><tr><td>Planning Together</td><td>X</td></tr><tr><td>Workforce</td><td>X</td></tr><tr><td>Working Together</td><td>X</td></tr></table>		Inequalities	X	Self-Care	X	Open Door	X	Planning Together	X	Workforce	X	Working Together	X	For PAC a graphic of the risk matrix showing inherent and residual risk levels and risk appetite will be inserted here.
Inequalities	X															
Self-Care	X															
Open Door	X															
Planning Together	X															
Workforce	X															
Working Together	X															
Last Review: February 2026																
Next Review: April 2026																
<b>Risk Description:</b> There is a risk of the configuration, condition and effective use of property being inadequate to support the delivery of integrated health and social care priorities.																
<b>Key Contributing Factors:</b> <ul style="list-style-type: none"><li>◆ Restrictions on access to capital funding via NHS Tayside and Dundee City Council for investment in both existing and new property developments.</li><li>◆ Financial sustainability challenges necessitate reduction in scale of property portfolio and maintenance programme in both NHS Tayside and Dundee City Council.</li><li>◆ Lack of dedicated workforce capacity to focus on implementation of property strategy and interface with corporate bodies.</li><li>◆ Property is not a delegated function to the IJB, therefore restricting levers and actions directly available to mitigate risks.</li><li>◆ Lack of integrated public sector property strategy for Dundee.</li></ul>																
<b>Resulting in:</b> <ul style="list-style-type: none"><li>◆ Underutilisation of some property with potential to support service integration and delivery - hotspots include Kingsway Care Centre, Royal Victoria Hospital and Constitution House.</li><li>◆ Poor quality of service delivery and office environment for health and social care services / workforce, impacting on service user and workforce experience.</li><li>◆ Impact on staff morale within sites with significant maintenance issues.</li></ul>																



- ◆ Compromised ability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework.
- ◆ Short-notice disruption to workforce when required to vacate office spaces, impacting on morale.

Current Mitigating Actions	Control Type
IJB Property Strategy	Corrective / Preventive
Remedial actions to address property maintenance at Kingsway Care Centre	Corrective
GP Property Strategy	Corrective / Preventive
Planned Mitigating Actions	Control Type
Scottish Government Whole System Planning requirements	Corrective / Preventive
SFT Workstream	Preventive

Risk Ref: 4 IJB		Risk Title: Public Service Reform				
Residual Score: Outwith appetite		Risk Category: Compliance / Legislative / Regulatory		Risk Appetite: Minimal		
Risk Response: Reduce		Related to Achievement of Strategic Priority		For PAC a graphic of the risk matrix showing inherent and residual risk levels and risk appetite will be inserted here.		
Last Review: February 2026					Inequalities	X
					Self-Care	X
Next Review: April 2026					Open Door	X
					Planning Together	X
					Workforce	X
					Working Together	X
Risk Description: There is a risk of significant volume and scale of public sector reform, both in the short and long-term.						
Key Contributing Factors: <ul style="list-style-type: none"><li>◆ Significant volume of ongoing national reform specifically focused on health and social care, including the establishment of the National Care Service Advisory Board and associated features of the Care Reform (Scotland) Act 2025</li><li>◆ Lack of clarity regarding the detail arrangements / requirements of new legislative, strategic and policy initiatives for health and social care.</li><li>◆ Insufficient capacity within the Partnership workforce to consistently and comprehensively identify and engage with consultation mechanisms informing national developments and reform.</li><li>◆ National consultation mechanisms are not considered to be robust (concerns regarding both methodologies and transparency / impact).</li><li>◆ Legislative and policy change outwith health and social care but that impacts on IJB functions does not always take sufficient account of the IJB governance arrangements.</li><li>◆ Changes have included a significant increase in reporting / oversight requirements, adding additional pressures into local systems.</li></ul>						
Resulting in:						

- ◆ Reactive, rather than proactive / planned, response to significant changes in national strategy and policy.
- ◆ National strategy and policy not sufficiently reflecting local needs and requirements, including the needs and preferences of people who use health and social care services.
- ◆ Potential for misalignment between national strategy and policy and local arrangements.
- ◆ Potential for breach of statutory duties or non-compliance with other regulatory frameworks or national oversight / reporting mechanisms.

Current Mitigating Actions	Control Type
Annual Delivery Plan for Dundee Health and Social Care Partnership	Corrective
Officer membership of range of national networks and professional bodies	Detective
Interface with NHS Tayside and Dundee City Council regarding communication of national legislative changes	Detective
Planned Mitigating Actions	Control Type
Ongoing review of the IJB's Strategic Commissioning Framework	Directive
Restructure of Strategic Planning and Business Support Team, including increased capacity at interface with national planning and policy arrangements	Preventive / Detective

Risk Ref: 5 IJB		Risk Title: Increased Service Demand			
<b>Residual Score:</b> Outwith appetite	<b>Risk Category:</b> Performance / Quality	<b>Risk Appetite:</b> Cautious			
<b>Risk Response:</b> Reduce	<b>Related to Achievement of Strategic Priority</b>		For PAC a graphic of the risk matrix showing inherent and residual risk levels and risk appetite will be inserted here.		
<b>Last Review:</b> February 2026				Inequalities	X
				Self-Care	X
<b>Next Review:</b> April 2026				Open Door	X
				Planning Together	
				Workforce	
	Working Together				
<b>Risk Description:</b> There is a risk of unsustainable increased demand for health and social care services and supports due to changing sociodemographic of Dundee's population.					
<b>Key Contributing Factors:</b> <ul style="list-style-type: none"><li>◆ Key demographic factors include: ageing population and associated health needs (such as dementia), increased number of young people living into adulthood with complex health and care needs, diabetes and obesity.</li><li>◆ Cost of living continues to impact on both service users and workforce health and wellbeing.</li><li>◆ Members of the public consistently report challenges identifying and accessing relevant health and social care supports, leading to escalating need and crisis intervention.</li><li>◆ Lack of capacity, intelligence and analytical tools to undertake required needs and demand forecasting to facilitate effective forward planning.</li><li>◆ No financial provision with 2025/26 budget to meet additional costs associated with rising demand due to sociodemographic factors.</li></ul>					
<b>Resulting in:</b> <ul style="list-style-type: none"><li>◆ Compromised ability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework.</li></ul>					

- ◆ Poorer outcomes for people with health and social care needs, both in the short and long-term.
- ◆ Widening health and wellbeing inequalities within Dundee's population.
- ◆ Impact on staff morale and wellbeing.

Current Mitigating Actions	Control Type
Focus on health inequalities within IJB Strategic Commissioning Framework and supporting strategic plans.	Directive
Inequalities focused initiatives – Health Inequalities Engine Room, Linlathen Local Fairness Initiative, Fairness Leadership Panel	Corrective
Targeted service provision	Corrective
Co-production and engagement with communities	Detective / Corrective
Commissioning investment in early intervention, direct access services to reduce escalation of need and support prevention within Mental Health and Learning Disability	Preventive
Transformation programmes	Preventive
Joint Strategic Needs Assessment and ongoing data analysis	Detective
Planned Mitigating Actions	Control Type
Ongoing review of the IJB's Strategic Commissioning Framework	Directive
Improvements to public information and access to services	Corrective
Dundee Partnership Whole Family Wellbeing Initiative	Corrective / Preventive

Risk Ref: 6 IJB		Risk Title: External Provider Sustainability		
Residual Score: Within appetite		Risk Category: Performance / Quality		Risk Appetite: Cautious
Risk Response: Reduce		Related to Achievement of Strategic Priority		For PAC a graphic of the risk matrix showing inherent and residual risk levels and risk appetite will be inserted here.
Last Review: February 2026				
Next Review: May 2026				
Risk Description: There is a risk of instability in the market of external providers of health and social care services and supports (third and independent sector).				
Key Contributing Factors: <ul style="list-style-type: none"><li>◆ Reduced public sector funding across the health and social care sector, resulting in financial pressures for external providers.</li><li>◆ Impact of IJB savings plans contained within 2025/26 budgets.</li><li>◆ Impact of inflation and other increased operating costs (such as changes to National Insurance Contributions).</li><li>◆ Challenges within the workforce market for providers, including recruitment and retention issues associated with terms and conditions.</li><li>◆ Changes to national immigration legislation and policy impacting workforce supply.</li><li>◆ Many levers to mitigate risk regarding external provider viability / sustainability are outwith the IJB's direct control and are part of national decisions and arrangements.</li></ul>				
Resulting in: <ul style="list-style-type: none"><li>◆ High number of providers reporting financial losses from 2024/25 onwards, and / or significantly reduced reserve levels.</li><li>◆ Short notice default / exit from contracts not considered to be financially viable resulting in disruption of service for service users.</li><li>◆ Potential unplanned closure of services, with possibility of limited alternative providers within the marketplace.</li></ul>				

Current Mitigating Actions	Control Type
Social Care Contracts Team, including contract monitoring and provider relationship investment	Detective / Corrective / Preventive
Scottish Cares Lead role and co-ordinated engagement with providers	Detective / Corrective / Preventive
Engagement with national negotiation and engagement mechanisms (i.e. Scotland Excel)	Detective / Preventative
Fair Work developments	Preventative
Planned Mitigating Actions	Control Type
Development of provider risk assessment framework and register	Detective

Risk Ref: 7 IJB		Risk Title: Data Quality	
<b>Residual Score:</b> Within appetite	<b>Risk Category:</b> Performance / Quality		<b>Risk Appetite:</b> Cautious
<b>Risk Response:</b> Reduce	<b>Related to Achievement of Strategic Priority</b>		For PAC a graphic of the risk matrix showing inherent and residual risk levels and risk appetite will be inserted here.
<b>Last Review:</b> February 2026	Inequalities	X	
<b>Next Review:</b> May 2026	Self-Care		
	Open Door		
	Planning Together	X	
	Workforce		
	Working Together		
<b>Risk Description:</b> There is a risk that data quality and availability is insufficient to full assess performance, outcomes and impacts to support whole systems decisions.			
<b>Key Contributing Factors:</b> <ul style="list-style-type: none"><li>Reduction in overall workforce capacity, particularly admin and clerical capacity, reducing focus on accurate maintenance of information systems.</li><li>Overly complex processes and recording systems which do not enable accurate recording of information.</li><li>Lack of management and leadership capacity to exercise effective oversight of data quality issues.</li><li>Lack of investment in tools to enable collation and viewing of data across the wider system and encourage access, oversight and focus on data quality.</li><li>Lack of culture of shared ownership / responsibility for data quality.</li><li>Some aspects contributing to this risk are not delegated functions to the IJB (including some admin and clerical support and digital functions), therefore limiting levers and actions directly available to mitigate impacts.</li></ul>			
<b>Resulting in:</b> <ul style="list-style-type: none"><li>Limited and / or unreliable data being available to inform service and strategic planning and performance and quality monitoring.</li></ul>			



- Inability to accurately and rapidly identify service users to inform resilience responses.
- Potential workforce risk due to inaccurate information relating to safety and lone working.
- Loss of income to the Partnership due to inaccurate / missed charging for services, contributing to financial sustainability risks.
- Potential reputational risk of publication / provision of inaccurate data.
- Additional capacity being required to continuously monitor and manage data quality issues including the preparation of statutory information returns, redirecting resource from tasks more directly associated with delivery of strategic priorities and shifts.

Current Mitigating Actions	Control Type
Review of health and social care billing processes.	Detective / Corrective
Data quality reports regularly produced and provided to some teams	Detective
Data quality checks completed prior to submission of statutory returns	Corrective
Planned Mitigating Actions	Control Type

Risk Ref: 8 IJB		Risk Title: Digital Infrastructure			
<b>Residual Score:</b> Outwith appetite	<b>Risk Category:</b> Performance / Quality	<b>Risk Appetite:</b> Cautious			
<b>Risk Response:</b> Reduce and Share	<b>Related to Achievement of Strategic Priority</b>		For PAC a graphic of the risk matrix showing inherent and residual risk levels and risk appetite will be inserted here.		
<b>Last Review:</b> February 2026				Inequalities	
				Self-Care	
<b>Next Review:</b> April 2026				Open Door	X
				Planning Together	X
				Workforce	X
	Working Together				
<b>Risk Description:</b> There is a risk of digital infrastructure being inadequate to support the delivery of modern integrated health and social care priorities.					
<b>Key Contributing Factors:</b> <ul style="list-style-type: none"><li>• Number and complexity of IT systems, and lack of interoperability of digital systems.</li><li>• Financial sustainability challenges necessitate reduction in scale of digital developments and maintenance programme in both NHS Tayside and Dundee City Council.</li><li>• Lack of dedicated workforce capacity and capability to focus on implementation digital developments within the HSCP.</li><li>• Digital is not a delegated function to the IJB, therefore restricting levers and actions directly available to mitigate risks.</li><li>• Lack of digital delivery plan to bridge the gap between digital strategies of Dundee City Council and NHS Tayside, and support implementation in integrated functions.</li><li>• Lack of integrated public sector digital strategy for Dundee.</li></ul>					
<b>Resulting in:</b> <ul style="list-style-type: none"><li>• Use of inefficient manual process and / or workarounds by the workforce (e.g. double input to both social work and health professionals’ systems.)</li><li>• Reputational damage both from a public and employer of choice perspective / loss of credibility due to inability to keep-up with modern digital expectations.</li></ul>					

- Inefficiencies detract from capacity available to deliver strategic shifts and priorities at scale and pace described within IJB's Strategic Commissioning Framework.
- Impact on staff morale and wellbeing.
- Impact on service user experience, including initial access to services and need to share information multiple times with different services / teams.
- Impact on ability to effectively co-ordinate integrated information sharing and working resulting in potential for poorer outcomes for people with health and social care needs.

Current Mitigating Actions	Control Type
Digital Strategy Group with representation from NHS Tayside and Dundee City Council	Corrective / Preventive
Participation in Digital Maturity Assessment process being led by Dundee City Council	Detective
Planned Mitigating Actions	Control Type
Digital Delivery Plan	Corrective / Preventive
Increase in digital implementation and workforce development capacity within the HSCP workforce	Corrective
Investment of Transformation monies to fund digital developments for Community Nursing and other community-based services.	Corrective

Risk Ref: 9 IJB		Risk Title: Information Governance			
<b>Residual Score:</b> Within appetite	<b>Risk Category:</b> Performance / Quality	<b>Risk Appetite:</b> Cautious			
<b>Risk Response:</b> Reduce and Share	<b>Related to Achievement of Strategic Priority</b>		For PAC a graphic of the risk matrix showing inherent and residual risk levels and risk appetite will be inserted here.		
<b>Last Review:</b> February 2026				Inequalities	
<b>Next Review:</b> May 2026				Self-Care	
				Open Door	
				Planning Together	X
				Workforce	X
				Working Together	
<b>Risk Description:</b> There is a risk of information governance and security arrangements being inflexible to support the delivery of integrated health and social care priorities.					
<b>Key Contributing Factors:</b> <ul style="list-style-type: none"><li>• Different information governance and security risk tolerance and standards in place within Dundee City Council and NHS Tayside.</li><li>• Workforce employment arrangements are barrier to staff accessing information required to fulfil their roles.</li><li>• Increasing number of Subject Access Requests, Freedom of Information requests and complaints activity related to information governance issues, without specific workforce capacity to respond to this.</li><li>• Changes to digital systems have impacted on ability to share and store information in a secure but accessible way.</li><li>• Increase in cybersecurity threats experienced across the public sector.</li></ul>					
<b>Resulting in:</b> <ul style="list-style-type: none"><li>• Impact on workforce morale.</li><li>• Inability to share information in an efficient and effective way, redirecting resource from tasks more directly associated with strategic priorities and shifts.</li><li>• Delays in responding to information requests, with associated reputational impact and risks of regulatory action.</li></ul>					

- Risk averse behaviours and practices which in themselves limit information sharing and quality of services / response to health and social care needs.

Current Mitigating Actions	Control Type
Approval of information sharing protocol between Dundee City Council and NHS Tayside for Dundee HSCP	Directive / Preventive
Regular management reporting of performance against statutory requirements	Detective
Information governance learning and development resources and guidance	Preventive
Planned Mitigating Actions	Control Type

<b>Risk Ref: 10 IJB</b>	<b>Risk Title: Engagement</b>	
<b>Residual Score:</b> Within appetite	<b>Risk Category:</b> Reputational	<b>Risk Appetite:</b> Open
<b>Risk Response:</b> Reduce	<b>Related to Achievement of Strategic Priority</b>	For PAC a graphic of the risk matrix showing inherent and residual risk levels and risk appetite will be inserted here.
<b>Last Review:</b> February 2026	Inequalities	
	Self-Care	
<b>Next Review:</b> May 2026	Open Door	
	Planning Together	
	Workforce	
	Working Together	
<b>Risk Description:</b> There is a risk of the work of the IJB being insufficiently supported and informed by communication and engagement with stakeholders.		
<b>Key Contributing Factors:</b> <ul style="list-style-type: none"> <li>• Workforce capacity and capability to plan and deliver communication and engagement across all relevant functions and with all stakeholders.</li> <li>• Restricted capacity of stakeholders to participate in communication and engagement processes, including service users and members of the public (competing priorities).</li> <li>• Multiple needs and requirements to ensure that processes and materials are effective and accessible for all stakeholders (one size fits all approach is not sufficient).</li> <li>• Insufficient acknowledgement and support of contributions, particularly the contributions of those participating on an unpaid basis.</li> <li>• Communication is not a delegated function to the IJB, therefore restricting levers and actions available to directly mitigate risks.</li> <li>• Limited visibility of IJB members and other leaders across all stakeholder groups.</li> </ul>		
<b>Resulting in:</b>		

- Strategic plans and service developments being ineffective in meeting local needs and preferences, resulting in poorer outcomes for people with health and social care needs.
- Reduced confidence and credibility of the IJB with stakeholders.
- Lack of realistic and shared expectations relating to strategic priorities and shifts, as well as availability and quality on services and supports.
- Potential challenges to decisions made by the IJB that were not properly informed by engagement and understanding of needs and impacts.

Current Mitigating Actions	Control Type
Focused engagement activity in place across a number of key processes / services - strategic plan, budget development, carers strategic plan, mental health and wellbeing strategic plan.	Preventive
Joint work with Dundee Partnership, Dundee City Council and NHS Tayside to make best use of all available engagement information.	Corrective
Ongoing recruitment to IJB Service User representative role.	Preventive
Support available from Healthcare Improvement Scotland to support engagement in relation to service change.	Preventive
Participation in Area Partnership Forums and other mechanisms to support workforce communication and engagement	Preventive
IJB visits to health and social care teams and services	Preventive
Planned Mitigating Actions	Control Type
Implementation of approach to service user and carer representative recruitment, support and development for the IJB.	Preventive / Corrective
Restructure of Business Support and Strategic Planning Team, including increased capacity to support communication and engagement	Corrective

Risk Ref: 11 IJB		Risk Title: Whole System Collaboration	
<b>Residual Score:</b> Within appetite	<b>Risk Category:</b> Performance / Quality		<b>Risk Appetite:</b> Cautious
<b>Risk Response:</b> Reduce and Share	<b>Related to Achievement of Strategic Priority</b>		For PAC a graphic of the risk matrix showing inherent and residual risk levels and risk appetite will be inserted here.
<b>Last Review:</b> February 2026	Inequalities		
<b>Next Review:</b> May 2026	Self-Care		
	Open Door		
	Planning Together		
	Workforce		
	Working Together	X	
<b>Risk Description:</b> There is a risk of the co-ordination of whole system planning and commissioning being insufficient to enable integration of health and social care services and improve outcomes for people.			
<b>Key Contributing Factors:</b> <ul style="list-style-type: none"><li>• Scale and complexity of network of relevant health and social care and community planning partners, including complexity of governance arrangements for health and social care.</li><li>• Limited strategic commissioning and planning capacity within the HSCP and other partner organisations.</li><li>• Differing planning requirements and processes used by different partners, driven by legislative requirements and national policy, funding and reporting arrangements.</li><li>• Differing cultures and priorities across partner organisations.</li><li>• Redesign of Mental Health and Learning Disability Services under the Whole System Change Programme and related scrutiny reports.</li></ul>			
<b>Resulting in:</b> <ul style="list-style-type: none"><li>• Compromised ability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework</li><li>• Poorer outcomes for people with health and social care needs, both in the short and long-term</li><li>• Impact on service user experiences of service delivery.</li></ul>			



- Inefficient use of total public sector resource due to duplication of effort and / or conflicting plans and unintended consequences.
- Increased potential for disintegration of health and social care services.

Current Mitigating Actions	Control Type
Participation in joint strategic planning groups for health and social care	Preventive
SPAG as key site for co-ordination of planning	Preventive
Participation in Community Planning Partnership	Preventive
Representation on national groups that influence planning arrangements and requirements (i.e. HSCS)	Preventive
Visibility and governance in relation to Tayside-wide Mental Health and Learning Disability Whole System Change Programme	Detective
Influence the delivery of new models of care and whole system change programme to promote & safeguard better outcomes	Preventive
Participation in Protecting People Committees	Preventive
Planned Mitigating Actions	Control Type
Ongoing review of the IJB's Strategic Commissioning Framework	Detective
Participation of Chief Officer and others in Mental Health WSPC and work to develop single mental health strategic plan for Tayside	Preventive / Corrective
Explore collaborative opportunities with other partners including Angus and Perth & Kinross IJBs	Corrective
Continued focus on strengthening participation in and work of the SPAG	Corrective
Restructure of Strategic Services, including increased capacity at interface with national planning and policy arrangements	Corrective

Table 2: Overview of Changes in Risk Scoring													
Risk	Risk Title	Inherent Risk	Feb 26	Mar 26	Apr 26	May 25	Jun 26	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26
1 IJB	Financial Sustainability	25	25										
2 IJB	Workforce Capacity	16	12										
3 IJB	Property Infrastructure	20	20										
4 IJB	Public Sector Reform	20	16										
5 IJB	Increased Service Demand	20	16										
6 IJB	External Provider Sustainability	16	12										
7 IJB	Data Quality	16	12										
8 IJB	Digital Infrastructure	20	16										
9 IJB	Information Governance	16	12										
10 IJB	Engagement	20	12										
11 IJB	Whole System Collaboration	16	12										



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 18 FEBRUARY 2026

**REPORT ON:** APPLICATION FOR TRANSFORMATION FUNDING FOR STOCK CONTROL TEST OF CHANGE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB3-2026

## **1.0 PURPOSE OF REPORT**

This paper seeks approval of the request for £80k of IJB Transformation Funding to enable a test of change for a Stock Controller role within Community Specialist Nursing Service and on the Royal Victoria Hospital site to improve stock governance and procurement.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Approve the request for £80k funding from the IJB Transformation Fund to support tests of change on stock control processes.
- 2.2 Instructs updates on progress to be provided as part of regular financial monitoring reports to the IJB.
- 2.3 Remits to the Chief Officer to issue directions as set out in Section 8 of this report.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The proposal is to utilise £80k from the IJB Transformation Funding as outlined in this report across a 18-month period. It is anticipated that recurring savings of approximately £100k per annum could be made by improving stock management arrangements.
- 3.2 The IJB Transformation Fund Reserve is currently £1500k, with £795k previously approved and committed for specific projects and tests of change. Approval of this request will increase this commitment to £875k.
- 3.3 The anticipated learning and outcomes from the planned work within Community Treatment and Care (CTAC) Service and across Royal Victoria Hospital (RVH) site will be shared with services across the HSCP for wider learning.

## **4.0 MAIN TEXT**

- 4.1 Dundee Health and Social Care Partnership (DHSCP) operate clinical services within several clinics in Community Treatment and Care (CTAC) service; this is a nationally endorsed model aligned to the 2018 GMS contract and Primary Care Improvement Plans (PCIP). DHSCP also supports the care and delivery of rehabilitation and support to Inpatient and Outpatient Units at Royal Victoria Hospital that requires stock that is commonly used across several clinical services. It is recognised that each clinical area across these identified services individually

procure via the NHS Tayside corporate procurement system for their clinical stores. Individualised area procurement can lead to over-ordering as multiple orders are procured resulting in multiple carriage costs, increased risk of waste due to stock going out of date, time efficiency required from ward and clinic-based staff to place orders and receive deliveries, removing them from their direct patient areas and roles.

- 4.2 Evidence demonstrates that as there is a lack of co-ordination around ordering items that are high in cost and are low in usage e.g wound dressings, drain equipment. These stock items have no minimum order volume, which often leads to bulk ordering and invariably this results in some of the stock not being used before its expiry date creating waste. Stock control and procurement require expertise within the area that is not available within these services, the teams are unable to progress with any test of change to improve the current system as the teams are unable to release staff from direct patient care to receive the training and support necessary to undertake the role efficiently and effectively.
- 4.3 To address these challenges, a test of change is proposed: the introduction of dedicated Stock Controller roles to centralise and govern stock management across both these transfer sites. These roles will standardise ordering, ensure compliance with formulary and catalogue requirements, maintain par levels, rotate, and audit stock, and provide monthly dashboards for governance. The change is expected to release significant Health Care Support Worker and ward aid hours back to providing direct patient care, improved compliance and operational efficiency, and create a scalable model for wider DHSCP services.
- 4.4 Preparatory work with NHS Tayside's Logistics team who have explored the system reports that illustrate stock spending trends have identified immediate areas of efficiencies that could be easily implemented to deliver financial savings. Implementation requires investment via the Transformation Fund to enable service redesign and spend-to-save principles. Success will be measured through key performance indicators (KPIs) including reductions in spend and waste, stock-out incidents, emergency orders, and the release of Health Care Support Worker/ward aid time.
- 4.5 It is realised that to achieve maximum benefit that a staggered approach be implemented starting with Community Specialist Nursing Services. This would enable the test of change to be worked through and refined prior to commencing the same work on the RVH site. It is estimated that cost savings for each site will be £20-30k per annum on a recurring basis. It is anticipated that the savings that would be created from the initial two sites would exceed the investment necessary to maintain the roles of the stock controllers on a permanent basis. It is also envisaged that these stock controllers and model would be replicated to include other partnership services therefore offering the opportunity for wider financial savings to be built-up over time.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Non-adoption of testing change with approval for funding results in continued overspend on sundries, fragmented ordering, and reduced HCSW/ward aid care time.
<b>Risk Category</b>	Financial / Operational
<b>Inherent Risk Level</b>	Likelihood 5 x Impact 4 = 20 (High)
<b>Mitigating Actions</b> (including timescales and resources )	Approve test of change; implement centralised governance; monthly monitoring and corrective action.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = 9 (Moderate)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 2 = 6 (Moderate/Acceptable)

<b>Approval recommendation</b>	Recommend approval given low net financial risk and clear savings profile.
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<b>Risk 2 Description</b>	Implementation delay or insufficient capacity during transition causing short-term stock-outs or dual-running costs.
<b>Risk Category</b>	Operational / Project
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 3 = 12 (High)
<b>Mitigating Actions</b> (including timescales and resources)	Phased roll-out; temporary backfill for HCSW ordering during Month 1–2; clear SOP and escalation routes.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 2 = 6 (Moderate)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 2 = 4 (Low)
<b>Approval recommendation</b>	Proceed with structured implementation plan and milestones.

<b>Risk 3 Description</b>	Non-compliance with procurement/catalogue standards or poor data capture undermines savings and assurance.
<b>Risk Category</b>	Governance / Compliance
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 4 = 16 (High)
<b>Mitigating Actions</b> (including timescales and resources)	Mandatory catalogue compliance; monthly audit; exception reporting; training for staff on SOPs.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = 9 (Moderate)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 2 = 4 (Low)
<b>Approval recommendation</b>	Approval recommended with clear audit and reporting arrangements.

## 7.0 CONSULTATIONS

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

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

None

Christine Jones  
Acting Chief Finance Officer.

DATE: 15 January 2026

Elizabeth Smith  
Clinical Nurse Manager Community Nursing Specialist Services

Fiona Gibson  
Interim Senior Manager

Fiona Barnett  
Senior Manager Inpatient Services Manager

## DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD



1	Reference	DIJB3-2026
2	Date Direction issued by Integration Joint Board	18 February 2026
3	Date from which direction takes effect	18 February 2026
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Medicine for the Elderly, Specialist Palliative Care, Community Treatment and Care initially with further opportunities to be identified over the period of the project
7	Full text of direction	Delivery of Test of Change Stock Controller project in CTAC service and on RVH site
8	Budget allocated by Integration Joint Board to carry out direction	£80,000 (18 months)
9	Performance monitoring arrangements	To be measured through key performance indicators (KPIs) including reductions in spend and waste, stock-out incidents, emergency orders, and the release of HCSW/ward aid time.
10	Date direction will be reviewed	1 October 2028

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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
18 FEBRUARY 2026

**REPORT ON:** FINANCIAL MONITORING POSITION AS AT DECEMBER 2025

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB4-2026

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial position for delegated health and social care services for 2025/26.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content of this report including the projected operational financial position for delegated services for the 2025/26 financial year end as at 31<sup>st</sup> December 2025 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Note the continuing actions being led by Officers and Senior Management to deliver planned savings and address the current projected financial overspend position (as detailed in section 4.5 and 4.6).

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The financial position for Dundee Health and Social Care Partnership for the financial year to 31<sup>st</sup> March 2026 shows a projected operational overspend of £4,675k after the utilisation of £2,429k from IJB Reserves as agreed at the IJB's budget setting meeting in March 2025. The latest monitoring represents a further small improvement in the position, compared to previous reported projected overspend of £5,273k as at 31<sup>st</sup> October 2025 (DIJB90-2025 Article XIV of the minute of meeting of 10<sup>th</sup> December 2025 refers).
- 3.2 This unplanned overspend is reflective of the ongoing challenge to fully deliver the significant level of savings and efficiencies totalling £17,500k during 2025/26 while also managing demand and performance expectations. Officers and Senior Management continue to monitor, lead and support service areas to manage and mitigate these pressures with an aim of returning to overall financial balance and longer-term financial sustainability.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB's budget for delegated services was approved at the meeting of the IJB held on the 26 March 2025 (DIJB14-2025 Article IV of the minute of the meeting of 26 March 2025 refers). This

set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2025/26 financial year.

4.1.3 A further report was approved at the meeting of the IJB held on 18 June 2025 (Article IX of the minute of Dundee Integration Joint Board held on 18 June 2025 refers). This updated the 2025/26 plan following confirmation of the 2024/25 financial year-end and reserves position, and details of additional funding received via NHS Tayside at the end of financial year 2024/25.

4.1.4 An updated assessment of the status of the approved savings plan is set out in Appendix 4 of this report and further details of specific savings initiatives and service reviews are detailed in section 4.5.

## **4.2 Projected Outturn Position – Key Areas**

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

## **4.3 Operational Health and Community Care Services Delegated to Dundee IJB**

4.3.1 The financial position for services delegated to the IJB details an operational overspend of £4,646k for the financial year.

4.3.2 Older People Services contribute a significant portion of this, with a projected overspend of £2,197k.

- The majority of this is continues to be due to Care at Home demands and costs of care packages. This overspend continues to reflect significant levels of activity-led demand that has been experienced during the last 2 financial years. Enhanced pathway models have been further developed to address the overspend in a controlled and effective way whilst also supporting whole-system performance levels and mitigating the risk of harm to individuals who may be impacted by increased waiting times for packages of care in the community. The projected spend includes assumptions relating to the impact of this ongoing work, which will be continually reviewed as the work progresses.
- Externally commissioned Care at Home hours reached c.24.5k hours per week in June 2025, at which time enhanced efforts were initiated to consolidate and reduce runs to drive further efficiencies but without reducing current care packages or causing significant impact on whole-system pathways of care. The work through June to August resulted in a reduction to c.23.5k hours per week (average 100 hours of expenditure per week). It had been hoped to see this trend of continued reduction throughout the remainder of the financial year, however the effects of the reduction over the summer showed signs of impacting capacity and flow with a small decline in delayed discharge performance and increase in unmet need during this period. Following the pause in further spend reductions, the hospital capacity and flow performance stabilised and has shown an improvement in delayed discharge performance again which has been maintained through early winter period with commissioned hours remaining at around 23.5k per week. A further modest reduction during the remaining months of 25/26 has been built into projected spend and it is hoped this can be delivered in a managed way.
- Alternative opportunities to reduce the expenditure and demand continue to be explored, through reviewing how inter-departmental budgets can be pooled as per the Scottish Government guidelines to install level access showers in upper floor properties and earlier in the assessment where it is indicated this will be required within a 6-month period to reduce reliance on social care. Using Technology to enhance assessments reducing the risk of overstating packages required and risk of unnecessary admission to care homes and hospital by identifying deterioration earlier. Reviewing the tasks each service carries out to reduce duplication of effort and use more flexible approaches to service delivery such as the new MDT front door model and all social care staff carrying out medication administration to free up Community Nursing resources to support Community Treatment and Care Service long term conditions monitoring.

- Older People Care Home spend incorporates both the 3 Council-run Care Homes and externally commissioned Care Home placements – the projected variance is principally a result of projected levels of supplementary spend during the year and assumptions relating to challenges to delivery £500k of savings through reduced overall placement levels. The trend through recent months shows this projected overspend continuing to reduce.
  - Psychiatry of Old Age (In Patient) overspend is mainly related to reduced assumed income levels from neighbouring HSCPs following recent changes to commissioned bed numbers. As part of 2025/26 budget, income was assumed as a result in increased demand for beds during 24/25 but this trend has reversed more recently. Operational leads continue to collaborate with neighbouring HSCPs to assess the local and regional demand for POA beds and ensure resources are managed effectively.
  - Underspends are recognised in Day Services and Respite, reflecting changing demands in these service areas. Operational reviews of these services are being considered, including potentially realigning resources.
- 4.3.3 Mental Health services contribute an overspend of £813k to the position, mainly as a result of demand for Care Home placements and Care at Home packages and resultant spend.
- 4.3.4 Learning Disabilities services contribute a further £1,131k overspend to the position, predominantly linked to staffing budgets for Day Services and Accommodation with Support. An improving trend over recent months has been noted against this projected overspend.
- 4.3.5 Projected spend against Physical Disability budgets is currently projecting an underspend of (£783k), mainly as a result of lower spend than budgeted for within Care Home placements.
- 4.3.6 Community Nurse Services / AHP / Other Adult Services and Drug and Alcohol Services groupings are showing a collective projected underspend of (£503k), however it is noted this includes an overspend of £465k linked to ongoing over-recruitment in Community Nursing Teams to help alleviate demand and staffing pressures, which is also anticipated to reduce reliance of bank staff to fill gaps. Community Nursing Teams continue to progress operational transformation work to restructure into Locality Teams and further enhance digital technologies to improve their operational efficiencies and address the overspend. A significant underspend is also included in this grouping for Physio & Occupational Therapy of (£840k) mainly due to vacancies.
- 4.3.7 Lead Partner Services managed by Dundee includes overspends within Specialist Palliative Care Services of £365k and Psychological Therapies of £200k. Both are linked mainly to staffing costs.
- Specialist Palliative Care services continue to progress the operational and strategic review of the Tayside-wide service and shifts towards enhanced community provision.
  - Tayside Psychological Therapies continues to face waiting time pressures across some specialties and as a result continues to be placed in Enhanced Support by Scottish Government. This is the result of not meeting the 18-week referral to treatment waiting times standard (where 90% of people given first appointments should have waited less than 18 weeks). An Improvement Plan has been documented and shared with Scottish Government colleagues and targeted recruitment is progressing to support this work. No additional resources have been provided as a result of Enhanced Support, with this being noted as a cost pressure in the financial position.
- 4.3.8 Other Support and Centralised Management budgets is showing an overspend of £1,628k – this is split between a projected underspend of (£707k) due to vacancies in other support services and the net impact of £2,335k relating to budget adjustment balances, unmet savings and anticipated reserves funding currently held in a centralised code pending final clarification about how these savings will be delivered and which specific budget values will be reduced.
- 4.3.9 Other Contractors includes General Medical Services and Family Health Services and is currently projecting a combined overspend of £680k. This includes an overspend relating to GP 2C practices.

- 4.3.10 GP and Other Family Health Services Prescribing continues to be monitored at a local and Tayside-wide basis due to the scale and complexity of the budget. The Prescribing financial plan for 2025/26 indicated a projected cost pressure of £830k as a result of anticipated volume and pricing growth. At this stage of the financial year, projected spend continues to report a considerably better position at (£659k) underspend with 7 months of confirmed data. (It is normal for data to be received 2 months in arrears to allow for national review and verification).
- 4.3.11 Key drivers of underspends across various services continue to be staffing vacancies, with ongoing challenges of recruitment and retention of staff. This is similar across a number of medical, nursing, Allied Health Professionals (AHPs), social care, social work and other staffing groups and across various bands / grades and skill-mixes. Recruitment activity continues to take place throughout the service areas to ensure patient demand and clinical risk is managed as best as possible, however due to financial constraints, governance procedures continue to be implemented to ensure recruitment is only progressed for critical and essential posts. This ongoing recruitment and retention challenge was recognised during the 2025/26 budget setting process with non-recurring slippages / vacancy factor savings targets implemented to reflect the reality of the current position.
- 4.3.12 In addition to the specific service overspends already highlighted, key drivers of overspends are mainly as a result of the premium cost of supplementary staffing (bank, agency or locum staff) to fill vacancies or cover due to staff sickness where patient acuity and / or safe-staffing levels necessitate the use of these additional staff. In addition, under recovery of income for chargeable social care services is also creating a cost pressure across various service budgets.
- 4.3.13 Supplementary spend during the first 9 months of 2025/26 totals £4,919k. This includes £800k on additional part-time hours and overtime, £1,601k on agency, and £2,519k on bank nursing / sessional staffing. There continues to be an improvement in spend compared to the comparable period in 2024/25 where the spend was £5,553k for the first 9 months (c.89% of previous year before adjusting for inflation / pay award increases). Absence rates for NHS employed staff within HSCP have averaged at 7.22% during the 9 months of 25/26. The cumulative working days lost for DCC employed staff within the HSCP for 9 months to December 2025 was 10.83%. While the overall position had been showing a downward trend in both absence levels and supplementary spend, recent months reflect a deterioration however it is hoped this was a reflection of winter illness rather than a trend change and the position will continue to be monitored. Efforts are ongoing to support staff wellbeing through return-to-work policies where possible and appropriate, which in turn should further address some of the spend relating to supplementary staffing. Specific service areas that continue to experience high levels continue to be challenged to understand and address their gaps. Graphs detailing the monthly spend on supplementary staffing and monthly absence levels are included in Appendix 6.

#### **4.4 Tayside-wide Delegated Services**

- 4.4.1 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the Lead IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of these adjustments to Dundee being an increased cost implication of £406k which mainly relates to a significantly higher spend within GP Out of Hours Service led by Angus IJB. As previously reported, the Out of Hours (OOH) Service continues to experience increased demand, resulting in a projected overspend of c£2,225k. This is largely due to workforce challenges and the need to deploy additional staff to meet service demand. The current year projected overspend will largely be offset by local non-recurring funding support held in an earmarked reserve allocated to Dundee IJB by NHS Tayside, intended to address system-wide demand pressures and support sustainability.
- 4.4.2 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health

and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Currently, there is no budget formally delegated to the IJBs for 2025/26. Due to the IJB's having strategic planning responsibility for the services, there is a requirement to show a delegated budget and spend position in the IJB's annual accounts. Given the unusual governance position around In-Patient Mental Health Services whereby there is a separation between strategic planning and operational delivery of the service, ongoing discussions are taking place to agree financial risk sharing arrangements amongst the 3 IJB's and NHS Tayside for the current financial year.

4.4.3 Interim Risk Share arrangements for In-Patient Mental Health Services for 2025/26 are anticipated to be similar to previous years and an updated financial projection for the current financial year has now been incorporated into this latest financial monitoring position. The service is projecting an overspend of £4.7m for 2025/26 (compared to £5.3m for 2024/24), and the additional cost pressure for Dundee IJB is showing as £589k.

4.4.4 Key drivers of the projected overspend in In-Patient Mental Health services continues to be the premium cost of medical locum staff (partially mitigated through a shift to Direct Engagement rather than via an external agency) and high nursing costs, including reliance on supplementary spend, due to high acuity, surge beds, delayed discharges, enhanced care areas and absence / vacancy levels.

#### **4.5 Progress to deliver 2025/26 Budget and Planned Savings**

4.5.1 Following the IJB's budget being set (as detailed in section 4.1), an updating report on progress was presented to August 2025 meeting (report DIJB46-2025, Article V on the meeting of 20 August 2025 refers), with progress updates to be provided at subsequent meetings.

4.5.2 Anticipated delivery of 2025/26 planned savings is summarised in Appendix 4 of this report. This highlights areas where the planned savings is expected to be delivered in full this year (green RAG status), where there is only partial delivery anticipated this year (amber RAG status) and where there is only minimal anticipated delivery this year (red RAG status). There are no reportable changes to the updated provided to the IJB in the December report.

#### **4.6 Actions to resolve Projected Financial Gap**

4.6.1 The 2025/26 Financial Plans and Budget setting report reflected a significant financial challenge with a funding shortfall of £17.5m. Significant progress is being made to address this gap with this report highlighting a projected overspend of £4,675k, indicating that around 82% of savings and efficiencies are currently anticipated to be met (breakdown included in Appendix 4).

4.6.2 The projected position is based on known spend and activity during the first 9 months of the year only, with projections based on anticipated trends and spend patterns for the remaining 3 months, including some assumptions around remaining winter pressure demand. There obviously continues to be a element of uncertainty and estimation in the projections, but this also allows time for further actions to be taken to help address some of the financial challenges in a planned and managed way.

4.6.3 The current financial position continues to be closely monitored at Senior and Extended Management Meetings, with actions being progressed to ensure both a robust understanding of financial drivers as well as implementing actions to improve the projected financial position.

4.6.4 Under the IJB's Integration Scheme, where an unplanned year end overspend is projected, a Recovery Plan must be presented to address the in-year overspends and any recurring overspends for future years. The Financial Recovery Plan 2025/26 was approved IJB on 22 October 2025 (DIJB73-2025, Article XIV on the minute of meeting refers). The Plan listed and highlighted a number of in-year actions that were being taken across services in the HSCP to manage spend and reduce the projected overspend, while also trying to minimise any detrimental impact to performance or capacity and flow for Dundee patients and service users.

- 4.6.5 A summary of the Financial Recovery Plan actions along with an updated assessment of the additional financial implications during the remaining months of 2025/26 is provided in the table in Appendix 5. At this stage, the planned actions continue to remain insufficient to fully cover the projected overspend, with a residual balance of c.£2.2m remaining. Should this remain at the end of the financial year, the Risk Share arrangements with Dundee City Council and NHS Tayside will then crystallise with additional funding being required to offset the resulting overspend balance.
- 4.6.6 Further to the previous Financial Recovery Plan report, it was proposed to utilise uncommitted funding from earmarked Reserves to partially offset the projected deficit. Officers continue to review all Earmarked and Ring-fenced reserves to consider if further opportunities to utilise the balances can be recommended to IJB.
- 4.6.7 As part of the Financial Recovery Plan, the IJB approved use of £500k Infrastructure Reserves to support and create operational conditions to progress efficiency initiatives and deliver longer-term benefits. The following table is provided to provide the IJB with an update as to how this funding is being utilised

Initial tranche of Community Nursing laptops (40)	£50k
Magic Notes licences (for Social Work client records)	£75k
Enhanced Co-Pilot licences (250)	£75k
Enhanced Power BI licences - provisional	tbc (£50k)
Project Business Manager post - earmark	tbc (£60k)
Further NHS laptops / Council devices - earmark	£150k
Admin / business support post	£40k
<b>TOTAL</b>	<b>£500k</b>

#### 4.7 Reserves Position

- 4.7.1 The IJB's reserves position was reduced at the year ended 31<sup>st</sup> March 2025 as a result of the unplanned operational overspend of £3,216k during 2024/25. This resulted in the IJB having total committed reserves of £11,091k and uncommitted reserves of £644k at the start of 2025/26 financial year. This provides the IJB with limited flexibility to respond to unexpected financial challenges and provides the opportunity for transition funding for transformation of services. The reserves position is noted in Table 1 below:

Table 1

Reserve Purpose	Closing Reserves @ 31/3/25	Anticipated Closing Reserves @ 31/3/26
	£k	£k
Mental Health	240	0
Primary Care	1,933	738
Drug & Alcohol	926	274
Strategic Developments	1,998	1,058
Revenue Budget Support	2,429	0
Service Specific	449	0
Systems Pressures funding	2,959	0
Other Staffing	155	55
<b>Total committed</b>	<b>11,091</b>	<b>2,127</b>
General	644	0
<b>TOTAL RESERVES</b>	<b>11,734</b>	<b>2,127</b>

- 4.7.2 Scottish Government funding in relation to specific allocations including Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances have been taken into

consideration for these funds by the Scottish Government when releasing further in-year funding.

- 4.7.3 The IJB's Reserves Policy seeks to retain Reserves of 2% of budget (approximately £6.5m) however it is recognised that this is particularly challenging to maintain within the current financial climate with many IJB's across the country having no reserves or below their respective reserves policies.
- 4.7.4 As part of the Financial Recovery Plan, a review of earmarked and committed reserves balances has been undertaken and the approved Plan includes some balances being decommitted and made available to support the current year overspend position.
- 4.7.5 An additional column has been added to the above table to note the anticipated closing Reserves available to the IJB, including planned and anticipated spend in-year against brought forward allocation and project funding and planned and approved use of funding to support the financial plan and financial recovery process.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
<b>Risk Category</b>	Financial
<b>Inherent Risk Level</b>	Likelihood 5 x Impact 5 = Risk Scoring 25 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised. Actions to be taken by Officers, Senior Management and Budget holders to manage overspending areas. Transformation and Strategic Delivery Plan to drive forward priorities towards a sustainable financial position
<b>Residual Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

## 7.0 CONSULTATIONS

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

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones  
Acting Chief Finance Officer

Date: 28 January 2026



		Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE		
PARTNERSHIP - FINANCE REPORT 2025/26		Dec-25
	Partnership Total	
	Net Budget £,000	Year End Overspend / (Underspend) £,000
Older Peoples Services	86,463	2,197
Mental Health	14,440	813
Learning Disability	38,416	1,131
Physical Disabilities	9,194	(783)
Drug and Alcohol Recovery Service	6,867	(38)
Community Nurse Services/AHP/Other Adult	20,613	(465)
Lead Partner Services	30,685	162
Other Dundee Services / Support / Mgmt	25,271	(707)
Centrally Managed Budgets	5,319	2,335
<b>Total Health and Community Care Services</b>	<b>237,267</b>	<b>4,646</b>
Prescribing & Other FHS Prescribing	35,988	(659)
General Medical Services	35,823	802
FHS - Cash Limited & Non Cash Limited	27,586	(122)
Large Hospital Set Aside	21,850	0
In-Patient Mental Health	12,884	589
<b>Total</b>	<b>371,398</b>	<b>5,256</b>
Net Effect of Lead Partner Services*	(5,998)	(581)
<b>Grand Total</b>	<b>365,400</b>	<b>4,675</b>
*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment		

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2025/26		Appendix 2	
		Dec-25	
		Partnership Total	
		Annual Budget £,000	Projected Year End Overspend / (Underspend) £,000
<b>1</b>			
	Psych Of Old Age (In Pat)	5,218	575
	Older People Serv. - Ecs	312	-45
	Integrated Discharge Team	1,178	-50
	Ijb Medicine for Elderly	5,925	323
	Stoke Neuro Rehab Unit (ward 4)	1,457	-50
	Medical ( P.O.A)	964	95
	Psy Of Old Age - Community	3,061	-55
	Medical (MFE)	2,798	-150
	Care at Home	35,209	1,827
	Care Homes	31,611	339
	Day Services	1,336	-356
	Respite	596	-579
	Accommodation with Support	199	29
	Other	-3,401	293
	<b>Older Peoples Services</b>	<b>86,463</b>	<b>2,197</b>
<b>2</b>			
	Community Mental Health Team	5,010	75
	Tayside Adult Autism Consultancy Team	406	100
	Care at Home	1,229	254
	Care Homes	691	760
	Day Services	65	-4
	Respite	-3	50
	Accommodation with Support	6,048	-16
	Other	994	-406
	<b>Mental Health</b>	<b>14,440</b>	<b>813</b>
<b>3</b>			
	Learning Disability (Dundee)	1,813	-75
	Care at Home	-543	608
	Care Homes	3,540	370
	Day Services	10,323	216
	Respite	549	-152
	Accommodation with Support	24,723	272
	Other	-1,989	-107
	<b>Learning Disability</b>	<b>38,416</b>	<b>1,131</b>
<b>4</b>			
	Care at Home	1,098	494
	Care Homes	2,390	-931
	Day Services	45	-116
	Respite	-10	-47
	Accommodation with Support	816	69
	Other	4,855	-252
	<b>Physical Disabilities</b>	<b>9,194</b>	<b>-783</b>
<b>5</b>			
	Dundee Drug Alcohol Recovery	5,253	50
	Care at Home	0	0
	Care Homes	401	136
	Day Services	70	-56
	Respite	0	0
	Accommodation with Support	364	-136
	Other	779	-31
	<b>Drug and Alcohol Recovery Service</b>	<b>6,867</b>	<b>-38</b>

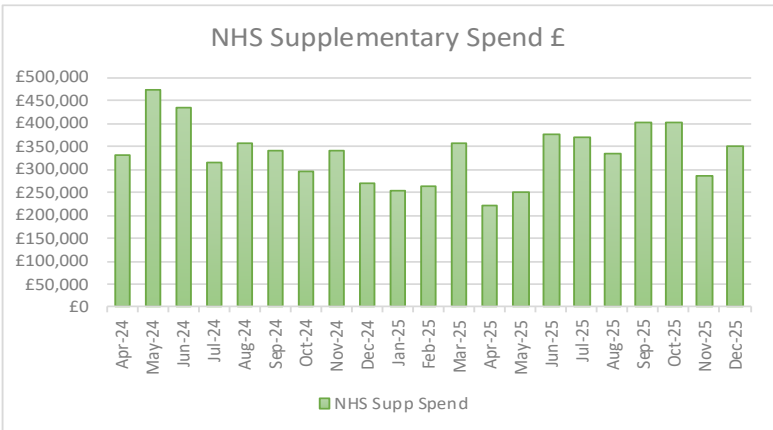
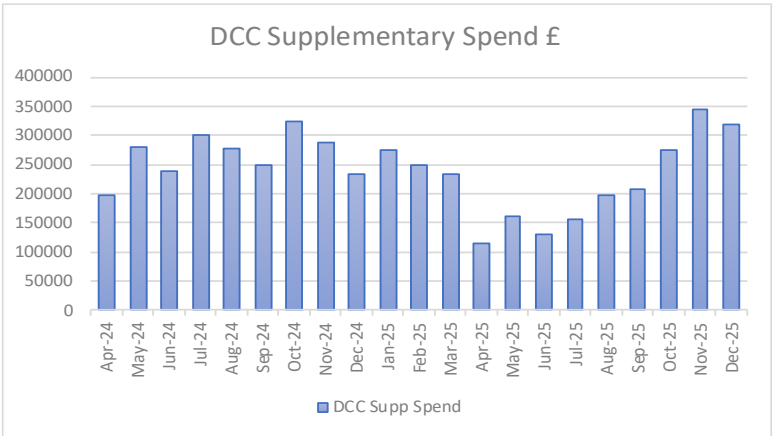
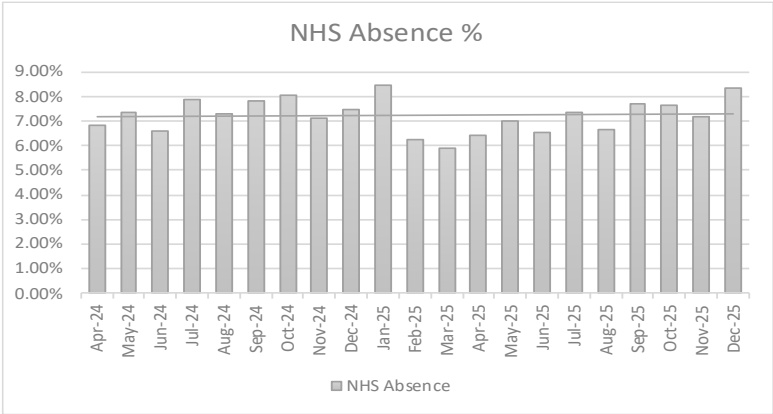
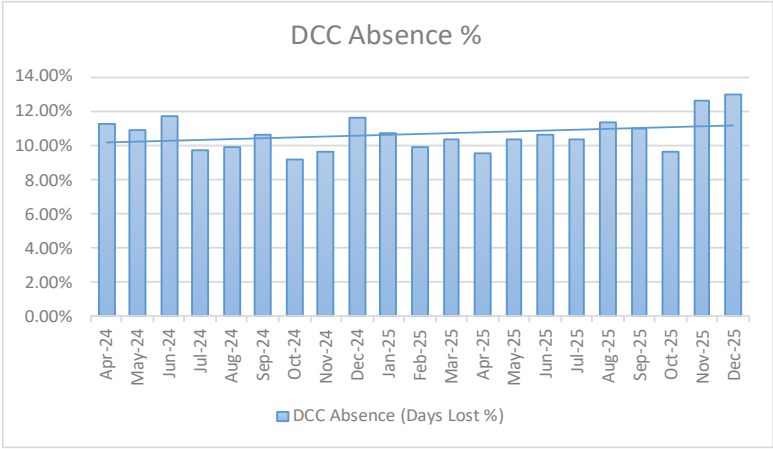
		Partnership Total	
		Annual Budget £,000	Projected Year End Overspend / (Underspend) £,000
6			
	A.H.P.S Admin	428	-35
	Physio + Occupational Therapy	8,666	-840
	Nursing Services (Adult)	10,727	465
	Community Supplies - Adult	343	73
	Anticoagulation	531	-125
	Other Adult Services	-83	-3
	<b>Community Nurse Services / AHP / Other Adult Services</b>	<b>20,613</b>	<b>-465</b>
7			
	Palliative Care - Dundee	3,903	290
	Palliative Care - Medical	1,967	100
	Palliative Care - Angus	493	-25
	Palliative Care - Perth	2,336	0
	Stroke Neuro Rehab Unit (ward 5)	2,245	-95
	Dietetics (Tayside)	4,890	258
	Sexual & Reproductive Health	2,898	65
	Medical Advisory Service	88	-13
	Homeopathy	45	-14
	Tayside Health Arts Trust	88	0
	Psychological Therapies	8,179	200
	Psychotherapy (Tayside)	1,417	-90
	Perinatal Infant Mental Health	655	0
	Learning Disability (Tay Ahp)	987	-140
	Lead Partner Centrally Managed	493	-374
	<b>Lead Partner Services</b>	<b>30,685</b>	<b>162</b>
8			
	Working Health Services	0	35
	The Corner	755	12
	Ijb Management	1,013	-65
	Partnership Funding	24,998	0
	Urgent Care	2,397	-143
	Community Health Team	213	-23
	Health Inclusion	1,523	-240
	Primary Care	1,011	-80
	Support Services / Management Costs	-6,638	-203
	<b>Other Dundee Services / Support / Mgmt</b>	<b>25,271</b>	<b>-707</b>
	Centrally Managed Budget	5,319	2,335
	<b>Total Health and Community Care Services</b>	<b>237,267</b>	<b>4,646</b>
	<b>Other Contractors</b>		
	FHS Drugs Prescribing	36,130	-693
	Other FHS Prescribing	-142	34
	General Medical Services	35,383	533
	Dundee 2c (gms) Services	440	269
	FHS - Cash Limited & Non Cash Limited	27,586	-122
	Large Hospital Set Aside	21,850	0
	In-Patient Mental Health	12,884	589
	<b>Grand H&amp;SCP</b>	<b>371,398</b>	<b>5,256</b>
	Lead Partner Services Recharges Out	-18,595	-98
	Lead Partner Services Recharges In	12,497	406
	Hosted Recharge Cost Pressure Investment	100	-888
	<b>Hosted Services - Net Impact of Risk Sharing Adjustment</b>	<b>-5,998</b>	<b>-581</b>
	<b>Grand Total</b>	<b>365,400</b>	<b>4,675</b>

<b>NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards</b>			<b>Appendix 3</b>
<b>Recharge to Dundee IJB</b>			
<b>Risk Sharing Agreement - Dec 25</b>			
	Annual Budget £000s	Projected End Over / (Underspend) £000s	Dundee Share of Variance £000s
<b>Lead Partner Services - Angus</b>			
Forensic Service	1,378	9	4
Out of Hours	10,391	2,225	877
Tayside Continence Service	1,627	428	168
Locality Pharmacy	3,288	0	0
Speech Therapy (Tayside)	1,830	(90)	(35)
<b>Sub-total</b>	<b>18,514</b>	<b>2,572</b>	<b>1,013</b>
Apprenticeship Levy & Balance of Savings Target	18	50	20
<b>Total Lead Partner Services - Angus</b>	<b>18,533</b>	<b>2,622</b>	<b>1,033</b>
<b>Lead Partner Services - Perth &amp; Kinross</b>			
Prison Health Services	5,718	(599)	(236)
Public Dental Service	3,269	(613)	(242)
Podiatry (Tayside)	4,121	(380)	(150)
<b>Sub-total</b>	<b>13,108</b>	<b>(1,592)</b>	<b>(627)</b>
Apprenticeship Levy & Balance of Savings Target	78	(1)	(0)
<b>Total Lead Partner Services - Perth&amp;Kinross</b>	<b>13,186</b>	<b>(1,592)</b>	<b>(627)</b>
<b>Total Lead Partner Services from Angus and P&amp;K</b>	<b>12,497</b>		<b>406</b>

Dundee IJB - Budget Savings List 2025-26			Appendix 4			
Agreed Savings Programme						
	Efficiency / Management Action	2025/26 Value £000	Risk of non-delivery	Anticipated 25/26 Delivery £000	%age	Unfunded cost pressure £000
	Recurring Actions					
1)	Dundee City Council Review of Charges – Additional Income	374	Low	374	100%	
2)	Additional Community Alarm Charge to DCC Housing	34	Low	34	100%	
3)	Removal of long-term vacant posts (staff slippage / vacancy factor)	1,300	Low	1,200	92%	
4)	Joint commissioning of POA beds with neighbouring IJB	971	Medium	486	50%	
5)	Review and reduction of High-Cost care packages and additional 1:1 support spend	200	Medium	100	50%	
6)	Maximising opportunities through alternative funding	200	Low	300	150%	
7)	Reduction in supplementary staffing spend (3% target)	225	Low	200	89%	
8)	Review and reduction of Senior Management Structure	500	Low	400	80%	
9)	Admin efficiency review	100	Medium	50	50%	
10)	Benefits from Pharmacy transformation workstream within NHST	500	Low	500	100%	
11)	Care at Home Efficiencies (to address existing overspend)	0	High			-3,500
	Total Recurring Operational Efficiency Initiatives	4,404				
	Non-Recurring Proposals					
12)	Further 0.25% operational efficiency target	507	Medium	380	75%	
13)	Management of natural staff turnover / vacancy management	200	Low	200	100%	
14)	Restructuring of funding to ADP	500	Low	500	100%	
	Total Non Recurring Initiatives	1,207				
	Total Operational Efficiencies and Non-Recurring Initiatives	5,610		4,724	84%	
	Savings	2025/26 Value £000	Risk of non-delivery	Anticipated 25/26 Delivery £000	%age	Unfunded cost pressure £000
	Recurring Proposals					
1)	Remove Demographic growth investment	2,046	Low	2,046	100%	
2)	Reduction in uplift funding provision to external providers	1,492	Low	1,492	100%	
3)	Reduction of Commissioned Care Home beds	500	Medium	200	40%	
4)	Third Party Commissioned Service	1,000	Low	842	84%	
5)	Housing with Care review	300	Low	300	100%	
6)	Community Meals Service review	100	Low	100	100%	
7)	Palliative Care and MfE service review	200	Medium	100	50%	
8)	Digital Transformation and Agile Working opportunities	1,000	High	0	0%	
9)	Charging policy review	200	High	0	0%	
10)	Whole system charging process, eligibility criteria and income maximisation	500	High	0	0%	
	Total Recurring Savings Proposals	7,338				
11)	Utilisation of IJB Reserves	550	Low	550	100%	
12)	Reduction of Transformation Reserve	1,500	Low	1,500	100%	
13)	Further utilisation of IJB Reserves	379	Low	379	100%	
14)	Whole-system cost pressure funding	2,171	Low	2,171	100%	
	Total Non-Recurring Proposals	4,600				
	Total Savings Proposals	11,938		9,680	81%	
	Total	17,548		14,404	82%	
	Unmet savings - Non-Recurring			-886		
	Unmet savings - Recurring			-2,258		
				-3,144		

Financial Recovery actions - estimated additional impact during remainder of 2025/26	@31/12/25	@ 31/8/25
	£k	£k
Projected 25/26 Shortfall (as at 31/10/25)	4,675	5,996
Use of General Reserves	-644	-644
Decommitment of earmarked and ring-fenced reserves	-425	-500
	3,606	4,852
Continued close scrutiny of recruitment requests*	0	nil
Discretionary Spend controls	-100	-100
Supplementary Staffing spend	-150	-300
Absence levels reduction	-100	-100
Delivery of savings balance, including income maximisation	-600	-1,500
Further reduction in Care at Home spend	-300	-500
Overspending service areas to be brought back within budgets	-100	tbc
Enhanced vacancy management criteria	-86	-208
Collaborative working to address Tayside-wide pressures and explore opportunities	0	tbc
Opportunities within individual service areas	0	tbc
Digital opportunities to further drive efficiencies	0	tbc
Ongoing review of earmarked reserves	0	tbc
Estimated Residual Financial Deficit	2,170	2,144
* Financial impact already incorporated into projections		

Supplementary Staffing Spend and Absence Data Monitoring



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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
18 FEBRUARY 2026

**REPORT ON:** DUNDEE IJB 2026/27 BUDGET OUTLOOK UPDATE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB6-2026

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this paper is to provide the Integration Joint Board (IJB) with an update of the IJB's delegated budget 2026/27.

## **2.0 RECOMMENDATIONS**

It is recommended that the IJB:

- 2.1 Notes the content of this report including the range of anticipated cost pressures impacting on the IJB's delegated budget 2026/27 including implications from the Scottish Government draft Budget statement, assumed funding levels from the partner bodies and resultant projected budget shortfall.
- 2.2 Notes the budget development progress including provisional savings actions and consultation process as detailed in sections 4.7 & 4.8.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The range of anticipated additional cost pressures likely to impact on the IJB's delegated budget for 2026/27 as well as the potential implications of new responsibilities and assumed associated Scottish Government funding is set out in sections 4.2 to 4.6 of this report and continue to be assessed and refined by Officers. Furthermore, the actual levels of funding to be received from the partner bodies and the detail of the additional Scottish Government funding for IJB's are subject to ongoing discussion and review. Once these are concluded, the Chief Finance Officer will be in a position to present a proposed budget to the IJB at its meeting in March 2026 for consideration. At this stage, the additional cost pressures are anticipated to be around £12.6m.
- 3.2 To address this anticipated gap, a range of operational efficiencies, management actions, ongoing initiatives and new savings proposals have been collated and are summarised in section 4.7,

## **4.0 MAIN TEXT**

- 4.1.1 Dundee Integration Joint Board was presented with a 5-year Financial Outlook at the meeting on 20 August 2025 (DIJB47-2025, Article VI of the minute of meeting refers). That report set out the range of potential financial gaps within the IJB's delegated budget over the coming years. Based on a range of assumptions at that time, it was reported that this could potentially result in savings totalling approximately £52m being required over the next five financial years (2025/26 to 2029/30), including a provisional £13.6m gap in 2026/27.
- 4.1.2 The initial financial planning for 2026/27 was presented to IJB in October (DIJB72-2025, Article XIII of the minute of 22 October 2025 refers) and involved bringing these assumptions up to date with information that was known at that point as well as assumptions on other elements.

These include the impact of agreed 2025/26 pay awards for both NHS and Council employed staff and relevant additional funding, emerging cost pressures experienced in 2025/26 and any ongoing impact, assumptions regarding national policy developments such as the potential for Adult Social Care workforce uplift to minimal hourly pay rate, agreed pay awards for 2026/27, prescribing cost pressures (activity volumes and pricing), and any other new commitments.

4.1.3 Work has continued during the intervening months with Officers and Senior Leadership team working with services and budget holders to understand and quantify opportunities, as well as consider the potential impact and risk of suggested actions; further refine anticipated and assumed cost pressures; and clarify the impact of announcements from the Scottish Government's draft Budget 2026/27 statement. IJB members have also been kept up to date with progress through additional development sessions.

4.1.4 The UK Government's Autumn Budget Statement was delivered on 26<sup>th</sup> November 2025 and the subsequent Scottish Government's Budget Statement was delivered on 13<sup>th</sup> January 2026, with this currently working its way through the parliamentary process to become statute. Additional funding is to be provided to both NHS Health Boards and to Local Government, however significant portions of this are already associated with planned additional expenditure and commitments. It should be noted that although Scottish Government recognised the additional demand pressures in Health and Social Care, no additional funding was explicitly identified to help manage these pressures. It should also be noted that the national budget announcements this year were around 1 month later than the previously assumed timetable, which has resulted in a tighter timetable for IJB's budget setting process.

#### 4.2 **Scottish Government budget – Anticipated NHS funding and implications**

4.2.1 NHS Boards are to receive 2% uplift on baseline funding, plus additional funding towards the costs of 2026/27 pay deals. Additional funding to support the continued implementation of Agenda for Change pay reform will also be distributed. It is currently assumed that a fair share of this uplift funding will be passed to Dundee IJB.

4.2.2 NHS Boards must work towards financial balance and have been advised that brokerage funding will not be available to support overspends. Some non-recurring sustainability funding is to be provided to reduce pressures and support actions towards delivering financial sustainability in their three-year financial plans. It is not currently assumed that any of this funding will flow to Dundee IJB.

4.2.3 The budget announcements are aimed at aligning to and supporting national improvement and reform priorities across the Operational Improvement Plan, Service Renewal Framework and Population Health Framework – where relevant costs are incurred within IJB delegated budgets to support this work (and where additional funding is being provided), it is assumed that appropriate additional funding will be passed through.

4.2.4 The Health and Social Care Portfolio is to transfer £167m to Local Government to support social care and integration, with uplifts towards adult social care workers pay to Real Living Wage and inflationary uplifts on Free Personal Social Care rates.

#### 4.3 **Scottish Government budget – Anticipated DCC settlement and IJB implications**

4.3.1 The Local Government Settlement includes additional £650m uplift from the last Budget publication. This includes baselining additional funding for employer National Insurance Contributions which was previously made available in 2025/26. A number of existing and planned commitments will need to be met from this increased funding settlement, including pay award, inflationary pressures, Real Living Wage in Social Care, Free Personal Nursing Care, free school meals and additional discretionary housing benefit. As noted above, the additional funding transferred for Adult Social Care Real Living Wage (£160m) and Free Personal Nursing Care (£7m) is incorporated into this uplift value, and it is assumed that a fair share of this funding will be passed through to Dundee IJB.

4.3.2 The Settlement provides council with full discretion over decisions on council tax, with no freeze and no cap – however councils are being asked to consider minimising any proposed increases.

- 4.3.3 While there had been a desire to support social care pressures, no additional funding has been explicitly ring-fenced for allocation towards this in the national budget statement, in line with the Verity House commitment to maximise fully flexible funding, with Councils being able to allocate revenue funding as they see fit.
- 4.3.4 To support external commissioned providers to pay at least Real Living Wage of £13.45 per hour from April 2026, an additional £160m is available for adult services (plus £22m for children services). Current funded Real Living Wage rates are £12.60 per hour and this will represent an increase in pay rates of 6.75% for employees working in the sector. However it is noted that the additional funding is provided to represent the increased cost from National Living Wage of at least £12.71 which employers would need to meet from April 2026 under statutory duties. Clarification of local share of this uplift funding and how this will be distributed to commissioned services will be confirmed in the Budget report to the IJB in March 2026.
- 4.3.5 IJB should also note that technical changes to the calculation methodology of Adult Social Care GAE (Grant Aided Expenditure) are also being implemented for 2026/27. The specific implications for Dundee City Council and therefore the pass-through of funding to Dundee IJB are still being clarified, but at present, it is assumed a similar share of national funding to previous years.
- 4.3.6 Following publication of the Scottish Government Budget, COSLA published its annual Budget Reality Statement. While it acknowledged the significant cash increase in Local Government funding, it identifies a number of existing and confirmed commitments against this funding. The statement then quantifies the additional uncommitted funding is £234.9m, albeit this is expected to cover 3.5% pay uplift, plus inflation and demand pressures. The financial implication for Dundee City Council is still be determined.

#### 4.4 **Audit Scotland report**

- 4.4.1 A joint report by Auditor General for Scotland and the Accounts Commission was published on 8<sup>th</sup> January 2026, titled “Delayed Discharges: A symptom of the challenges facing health and social care”. The full report can be obtained via the following link [Delayed discharges, a sign of wider challenges in health and social care | Audit Scotland](#)
- 4.4.2 The report acknowledges that delayed discharges from hospital can have ‘far-reaching impacts on people’s health and well-being’ and reducing delayed discharge is a ‘priority for the Scottish Government and their partners in health and social care’.
- 4.4.3 The report highlights the impact to individuals and whole-system functionality as a result of delayed discharges, and well as the financial consequences. It also details the underlying reasons for delayed discharges can be complex and varied, including rising demand and capacity constraints, financial pressures, recruitment and retention challenges and for some, not having Power of Attorney in place.
- 4.4.4 It recognises that significant activity is underway across the country with active targeting of delayed discharge pressures, however the limited progress in addressing the wider challenges in health and social care sector restricts further progress to reduce delays.
- 4.4.5 The report makes a number of recommendations including working collaboratively and sharing best practice, areas for improvement and assessment of effectiveness and value for money. The report also notes the long-term recognition of the need for extensive change to health and social care sector to improve outcomes, including a focus on prevention, shifting the balance of funding and better collaborative working across sectors and organisations.
- 4.4.6 The work undertaken in Dundee (and wider across Tayside) to target delayed discharges over the last two years has clearly had a significant and sustained improvement to local discharge without delay pathways, however the financial impact of this increased demand for social care continues to result in significant financial pressures for the IJB.

#### 4.5 **Anticipated Cost Pressures and Funding Gap**

- 4.5.1 A summary of the current pressures and assumed funding is noted in the table 1 below, with further context provided in the following sections.

Table 1

	Assumed value £m
Pay and Inflationary Uplifts	10.4
Demand and Demographic Growth	5.7
<b>Additional Cost Pressures</b>	<b>16.1</b>
Non-recurring 2025/26	5.8
<b>Total Cost Pressures</b>	<b>21.9</b>
Anticipated additional funding	(9.3)
<b>Funding Gap</b>	<b>12.6</b>

#### 4.6 Financial Outlook – Cost pressures

- 4.6.1 The combined impact of the revision of the assumptions and adjustments for known pressures for 2026/27 results in an updated estimated additional cost pressure of £21.9m, which is expected to be partially offset by the anticipated additional funding for NHS Tayside and Dundee City Council. The resulting Funding Gap is currently quantified at £12.6m. While this is still an estimated position at this stage, the IJB will need to consider a range of options to ensure it sets a balanced budget by the end of March 2026. The overall position also reflects current year's financial pressures which may not be able to be contained due to the demand lead nature of the expenditure.
- 4.6.2 The financial outlook makes the same assumptions as the partner bodies in relation to agreed pay uplifts for 2026/27, with Dundee City Council noting a 3.5% pay award and a 3.75% pay award applied for financial planning purposes for NHS services. The reported additional cost from 2026/27 pay awards is £4.4m.
- 4.6.3 The IJB commissions a significant amount of services from the independent and third sector, who continue to face similar cost pressures as the wider public sector. A main driving factor will be the Scottish Government's continued implementation of Fair Work in adult social care, with hourly pay rates to be increased from at least £12.60 to at least £13.45. As detailed in section 4.3.4, this has been partially funded from Scottish Government uplift funding. The increased cost associated with this is £2.0m
- 4.6.4 Any increase in Adult Social Care pay rate will also drive an increase in the costs of the National Care Home Contract weekly fee rate, which will also consider other inflationary pressures facing the care home sector. This new rate has not been agreed yet for 2026/27, but a provisional assumption of £3.5m has been included in the cost pressure calculation.
- 4.6.5 Primary care prescribing costs have continued to increase during 2025/26 across Scotland and this is expected to continue over 2026/27 with price and volume increases a major factor in this rise. Further work has been undertaken with Tayside colleagues to evaluate local implications and opportunities and an updated cost increase of £0.5m has been incorporated into the plan.
- 4.6.6 The current year cost pressures (particularly in relation to care at home demand) continue to be reviewed, with the option to recognise these pressures as strategic shifts and prioritise investment to sustain current (or increased) levels of demand and activity. The current projected cost pressures include the ongoing impact of £3.5m community and care at home demand pressure.
- 4.6.7 Making provision for demographic growth pressures across older people and adult services has been a feature of the IJB's budget for a number of years given the age profile and needs the city's population faces. Funding for demographic pressures is not provided by either of the partner bodies therefore the IJB has to manage this within its delegated budget. A provision of over £2.2m has been incorporated to fund such pressures for 2026/27.
- 4.6.8 The IJB's financial plan and budget for 2025/26 included reliance on various non-recurring savings, one-off funding from Reserves and additional one-off funding from NHS Tayside to support the position. This totalled £5.8m and alternative funding now needs to be identified to manage this gap in 2026/27.

## 4.7 Savings Proposals

- 4.7.1 In recognition of the anticipated significant financial gap for 2026/27, budget holders across the extended management team had been asked to review their service position and identify opportunities and implications that could be delivered if they faced a 5% reduction in funding, and also the impact if they had to deliver with a 10% reduction. Managers were encouraged to consider efficiencies, collaborative working, prioritisation and whole-system impact. Returns were collated and reviewed by senior management to consider options that should be progressed.
- 4.7.2 Following this evaluation, the following options and opportunities are proposed to be taken forward

	2026/27 Part Year Impact £m	Recurring benefit £m
Operational Efficiencies / Management Actions	4.85	4.43
Continuation of approved savings and actions from 2025/26	2.22	4.68
Anticipated impact of decisions taken by other bodies	0.6	0.6
New Proposals – for Consultation	3.92	5.44
Further actions to be identified	1.00	tbc
Total	12.64	15.19

- 4.7.3 These figures still include a degree of assumptions and continue to be refined. As a result the figures may require adjustment prior to the Budget meeting in March where the IJB will be asked to review and approve proposed actions.

## 4.8 Consultation

- 4.8.1 The public consultation for the 2026/27 budget launched on 03 February 2026 and will close on 03 March 2026 (available at: [Dundee IJB Budget Consultation | Dundee Health and Social Care Partnership](#)). The consultation process has been amended based on feedback received from stakeholders during the 2025/26 budget consultation. The main changes are:

- Further review of all consultation materials to shorten length and use accessible language. Online consultation webpages have also been revised and redesigned to improve accessibility.
- A facilitators pack has been developed and included in the consultation resources to support the development and submission of group responses (for example, from community groups or interest groups).
- A number of budget consultation sessions are being offered: five public drop-in sessions at community venues across the city, three online sessions for service providers and three online sessions for the health and social care workforce.

- 4.8.2 The public consultation includes seven proposals:

1. Funding for specific organisations – the IJB could stop funding Food Train and Bharatiya Ashram Lunch Club from April 2026.
2. Reduction in funding for services delivered by the third and independent sector – the IJB could reduce funding by up to 10% of the total value of current contracts (excluding Care at Home and Care Homes).
3. Tayside Nutrition and Dietetics Service – the IJB could reduce funding for the Tayside Nutrition and Dietetics Service.

4. Review of Physiotherapy and Occupational Therapy – the IJB could change how it funds Physiotherapy and Occupational Therapy services, following a review to identify efficiency savings or service reductions.
5. Provision of Equipment – Occupational Therapy – the IJB could stop funding for the provision of certain items of equipment.
6. Older People's Mental Health Services – Weekend Services – the IJB could reduce funding for Mental Health Nurses who provide weekend cover.
7. Review of The Corner – the IJB could change how it funds The Corner, following a review to find ways to reduce costs or increase funding from sources outwith the IJB.

4.8.3 The main purpose of the consultation is to identify the potential impacts of savings proposals on individuals and groups of people (both positive and negative), as well as potential mitigating actions. The information gathered via the process will be analysed and reported to the IJB at the budget setting meeting on 31 March 2026. It will also, alongside other sources of information, inform the development of Integrated Impact Assessments for any proposals that progress to submission to the IJB for approval. Separate processes are in place to support the clinical risk assessment of savings options.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Program be insufficient.
<b>Risk Category</b>	Financial
<b>Inherent Risk Level</b>	Likelihood 5 x Impact 5 = 25 (Extreme)
<b>Mitigating Actions</b> (including timescales and resources)	Developing a robust and deliverable Transformation Program Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 4 = 12 (High)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 4 = 12 (High)
<b>Approval recommendation</b>	Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2026.

## 7.0 CONSULTATION

7.1 The Chief Officer and the Clerk have been consulted on the content of this paper.

## 8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act

2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

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

## 9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones  
Acting Chief Finance Officer

**DATE:** 29<sup>th</sup> January 2026

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## DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2025 TO DECEMBER 2025

Organisation	Member	Meeting Dates January 2025 to December 2025						
		19/02	26/03	16/04	18/06	20/08	22/10	20/12
Dundee City Council (Elected Member) (Chair)	Cllr Ken Lynn	✓	✓	✓	✓	✓	✓	✓
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓	✓	✓	✓	✓	✓	✓
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓	✓	A	✓	✓	✓	✓
NHS Tayside (Non Executive Member (Vice Chair)	Bob Benson	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Non Executive Member)	Colleen Carlton	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Non Executive Member)	David Cheape	✓	✓	✓	✓	✓	✓	✓
Chief Officer	Dave Berry	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Registered Nurse)	Suzie Brown	✓	✓	✓				
Voluntary Sector	Christina Cooper	✓	✓	A	A	✓	✓	A/S
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	A	A				
Acting Chief Finance Officer	Christine Jones	✓	✓	✓	✓	✓	✓	✓
Dundee City Council (Chief Social Work Officer)	Glyn Lloyd	✓	✓	✓	✓	A	A	A
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	✓	✓	A	✓	✓	A
Trade Union Representative	Jim McFarlane	✓	✓	✓	A	✓	✓	A
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr Sanjay Pillai	✓	✓	✓	A	✓	A	A
Clinical Director	Dr David Shaw	✓	A	A	✓	✓	A	✓
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	A	✓	✓	✓
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)	Dr David Wilson	✓	✓	A	✓	✓	✓	✓
Service User Representative	Vacant							
NHS Tayside (Registered Nurse)	Jayne Smith							✓

✓ Attended

A Submitted Apologies

A/S Submitted Apologies and was Substituted

No Longer a Member and has been replaced / Was not a Member at the Time

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