



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20 AUGUST 2025

REPORT ON: NATIONAL LEGISLATIVE AND STRATEGIC PLANNING DEVELOPMENTS FOR HEALTH AND SOCIAL CARE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB45-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an overview of recent national developments in relation to policy, legislation and strategy directly related to adult health and social care.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 BACKGROUND INFORMATION

- 4.1 Over recent months there have been a number of significant national policy, legislative and strategy developments in relation adult health and social care:
- Publication of Scotland's Population Health Framework 2025-2035 and the Health and Social Care Service Renewal Framework by the Scottish Government and COSLA (the Convention of Scottish Local Authorities) on 17 June 2025. These documents describe the national strategic direction to improve population health, reduce health inequalities, and improve experiences of health and social care services.
 - The Care Reform (Scotland) Bill completed Stage 3 of the parliamentary process on 10 June 2025 – this introduces a range of reforms in relation to the provision of support to unpaid carers, people with a disability and care home visiting. The Bill also includes provisions relating to the duties of Scottish Ministers in relation to Fair Work, independent advocacy, projection of social care needs and the state of the social care market.
 - The Children (Care, Care Experience and Services Planning) (Scotland) Bill was introduced on 17 June 2025 and is at Stage 1 of the parliamentary process – Part 2 of the Bill, if enacted, will create tripartite accountability between local authorities, health boards and IJBs in respect of children's services planning (preparing, reviewing, implementing, reporting and directions from Scottish Ministers). It is intended that this will strengthen whole system / whole family planning and outcomes, as well as improving experiences of transitions.

Appendices 1 to 4 of this report provide individual summaries of the content of these frameworks and Bills.

4.2 All of these developments will impact local arrangements for the planning and delivery of integrated adult health and social care services, including the role of the IJB, from 2025/26 onwards. However, due to the specific processes, content, and implications of each individual development there is a need to progress assessment of those implications in different ways. Planned next steps are set out below:

- Care Reform (Scotland) Bill – Officers are awaiting confirmation of the timeline for the Bill receiving Royal Assent and subsequently the commencement dates for various provisions within the Act (which, in some instances, will require regulations or secondary legislation to be introduced). It is anticipated that once commencement dates are set, there will be additional information available (either via regulations, secondary legislation, or guidance) that will enable a full assessment of local impact to be undertaken, and implementation plans to be developed where appropriate.
- The Children (Care, Care Experience and Services Planning) (Scotland) Bill - as part of the Stage 1 process for the Bill the Scottish Parliament has opened a call for views until 15 August 2025. Officers from the Partnership will contribute to the responses being collated by the relevant professional bodies and national networks.
- As part of the process of undertaking the statutory review of the IJB's Strategic Commissioning Framework, officers will work alongside members of the Strategic Planning Advisory Group to consider the implications of the Frameworks and Bills. Overall, the current format and content of the Strategic Commissioning Framework is well aligned with both the Population Health and the Renewal Framework, including in terms of vision, priorities, values, and language. However, a more detailed assessment, including of the planned national actions, is required to identify areas of alignment and potential gaps or conflicts that should be addressed through the statutory review process.
- As part of the ongoing work to revise a Caring Dundee 2, the IJB's Carers Strategy, the Carers Partnership will also consider the implications of the Population Health and Service Renewal Frameworks, as well as the implications of the Care Reform (Scotland) Bill. This will also be considered as part of the revision of the Mental Health and Wellbeing Strategic Plan.

In addition, further reports will be submitted to the IJB where appropriate as legislative and policy implementation progressed.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Local strategic and commissioning plans do not adequately reflect the requirements of recent national developments, taking into account local population needs and preferences.
Risk Category	Legal, Political
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a high Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • The implications of recent legislative and strategic developments for local strategic and commissioning plans will be fully considered as part of the statutory review of the IJB's Strategic Commissioning Framework, which must be completed by 31 March 2026.
Residual Risk Level	Likelihood 2 x Impact 2 = Risk Scoring 4 (which is a moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 2 = Risk Scoring 4 (which is a moderate Risk Level)

Approval recommendation	Given the moderate level of planned risk, the risk is considered to be manageable.
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Risk 2 Description	The requirements set out within recent legislative and strategic developments are not supported by additional resources and are therefore not able to be fully implemented.
Risk Category	Legal, Financial, Governance
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (which is an extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Officers from the Partnership have and will continue to contribute (including through national structures and networks) to assessments of financial implications and discussions regarding resource distribution. Officers will assess and prioritise requirements, including considering legislative duties and local population needs, to ensure that best use is made of available funding.
Residual Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12 (which is a high Risk Level)
Planned Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12 (which is a high Risk Level)
Approval recommendation	This strategic risk should continue to be monitored via the IJB Strategic Risk Register.

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.

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

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Chief Officer

DATE: 10 July 2025

Kathryn Sharp
Acting Head of Service, Strategic Services

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Appendix 1

Scotland's Population Health Framework 2025-2035- Summary

The Population Health Framework is available in full at: [Population Health Framework](#)

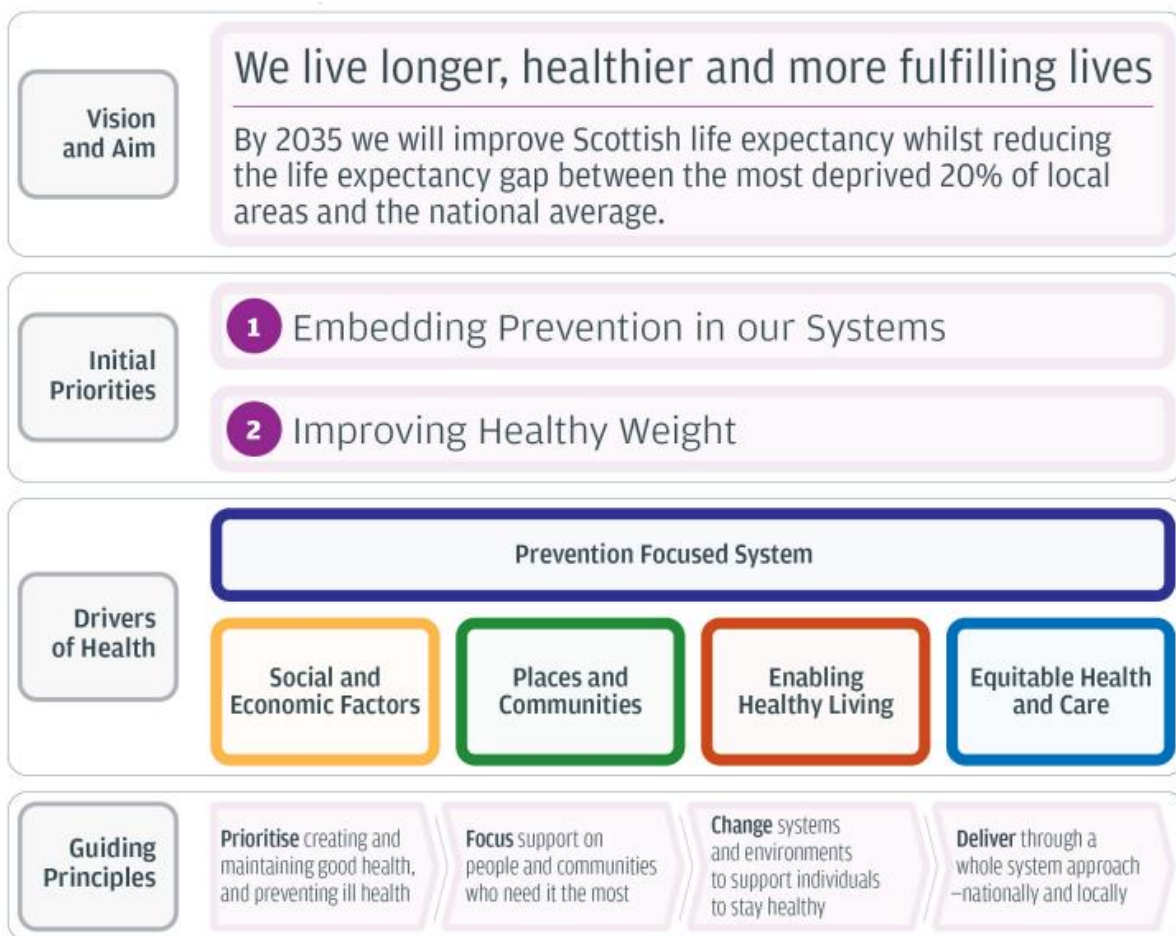
Population health is defined as an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.³

The Framework recognises that improved population health is fundamental to achieving the outcomes set out within Scotland's Performance Framework, for example reducing inequality, improving economic growth, and reducing demand for public services. It is also fully aligned to the four key areas of work contained within the Health and Social Care Service Renewal Framework (see appendix 2 for further details): prevention, access, quality and person-led. The Framework articulates an approach that focuses on:

1. **Right to Health** – recognising that persistent health inequalities mean that the right to health is not experienced equally by everyone, and that inequalities impact on both individual and collective wellbeing across the whole population. There is a particular focus on enabling all children, regardless of background, the right to enjoy good health.
2. **Building Blocks of Health** – the wider determinants of health (linked to where we are born, grow-up, live, work and age), including prioritisation of early years, good education, fair work and income, healthy places, social networks, and appropriate public services. The Framework also recognises the impact of the unequal distribution of income, power and wealth between groups in society on health inequalities.
3. **Life Course Approach** – taking actions to improve the wider determinants of health that create health, not just prevent disease, across the whole lifespan. Adopting a life course approach that addresses protective and risk factors relevant to health and wellbeing.
4. **Prevention** – prevention and early intervention to improve years lived in good health and quality of life. The Framework adopts a Public Health approach to prevention, with a particular focus on 'primary prevention' that stops problems and inequalities from emerging in the first instance.

The Framework structure is summarised in the graphic below, with the drivers for action being:

- **Prevention Focused System** – strengthen collective accountability for population health outcomes and inequalities.
- **Social and Economic Factors** – improve the social and economic factors that support better health and reduce inequalities.
- **Planning and communities** – create healthy and sustainable places by working in and with communities.
- **Enabling Healthy Living** – develop supportive environments that promote health and wellbeing and reduce health harming activities.
- **Equitable Health and Care** – foster a health and social care system that delivers equity, prevention and early intervention.



Initial priorities, for the two-year period 2025-27, are focused on embedding prevention and improving healthy weight. Key action areas will include:

Embedding Prevention

- Improving prioritisation of prevention and addressing inequalities in planning.
- Developing resource allocation tools that give stronger weight to prevention, including within health and social care budgets.
- Developing stronger governance models for health and social care reform.
- Demonstrating behaviours that evidence working and planning together with partners and local communities.

Improving Healthy Weight

- Legislating to improve the food retail environment.
- Taking action to reformulate foods to reduce levels of fat, sugar and salt and improve the healthiness of the 'typical basket'.
- Acting across local government and the education sector to support the provision of healthy food in early years and school settings.
- Acting to support whole system approaches at all levels to improve healthy weight.

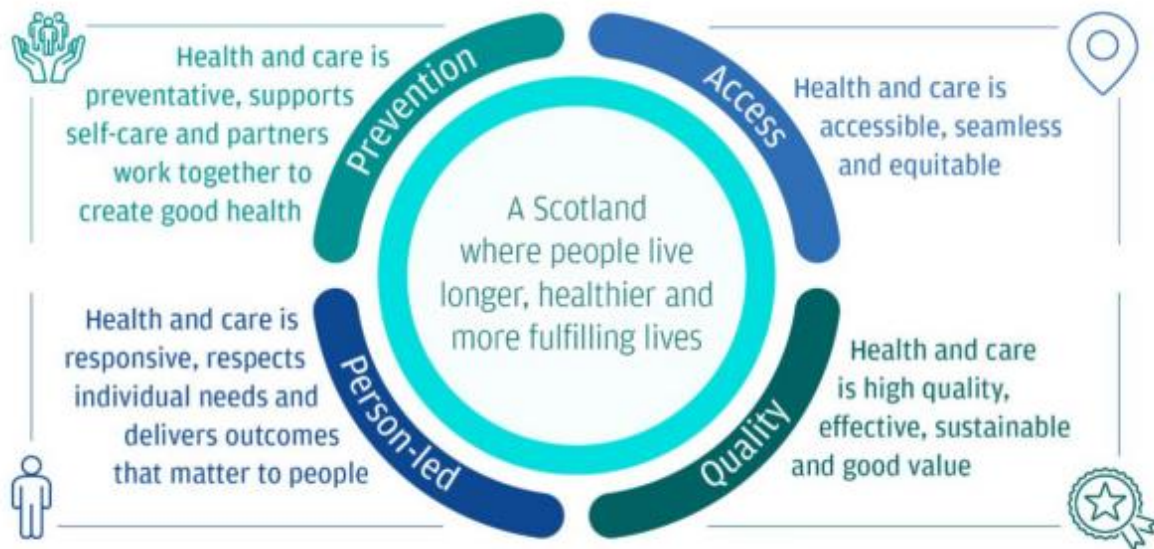
The Framework also articulates a set of actions to support the delivery of each of the five Drivers of Health for 2025-27. These actions reflect a whole system approach, with leadership and active participation required from all Community Planning partners. Sector summaries have also been developed for local government, the NHS, the community and voluntary sector and the business sector to outline in further detail the role and contribution of these sectors to improving population health and reducing inequalities. Sector summaries for local government and NHS are available at: [Local Government](#) and [NHS](#)

Appendix 2

Health and Social Care Service Renewal Framework 2025-2035 – Summary

The Renewal Framework is available in full at: [The Health and Social Care Service Renewal Framework](#)

The Service Renewal Framework is intended to provide “...a high-level guide for change, to ensure the sustainability, efficiency, quality and accessibility of health and social care services in Scotland.” supporting the delivery of the national vision for health and social care:



The Renewal Framework sets out a phased approach to delivering change over a ten-year period:

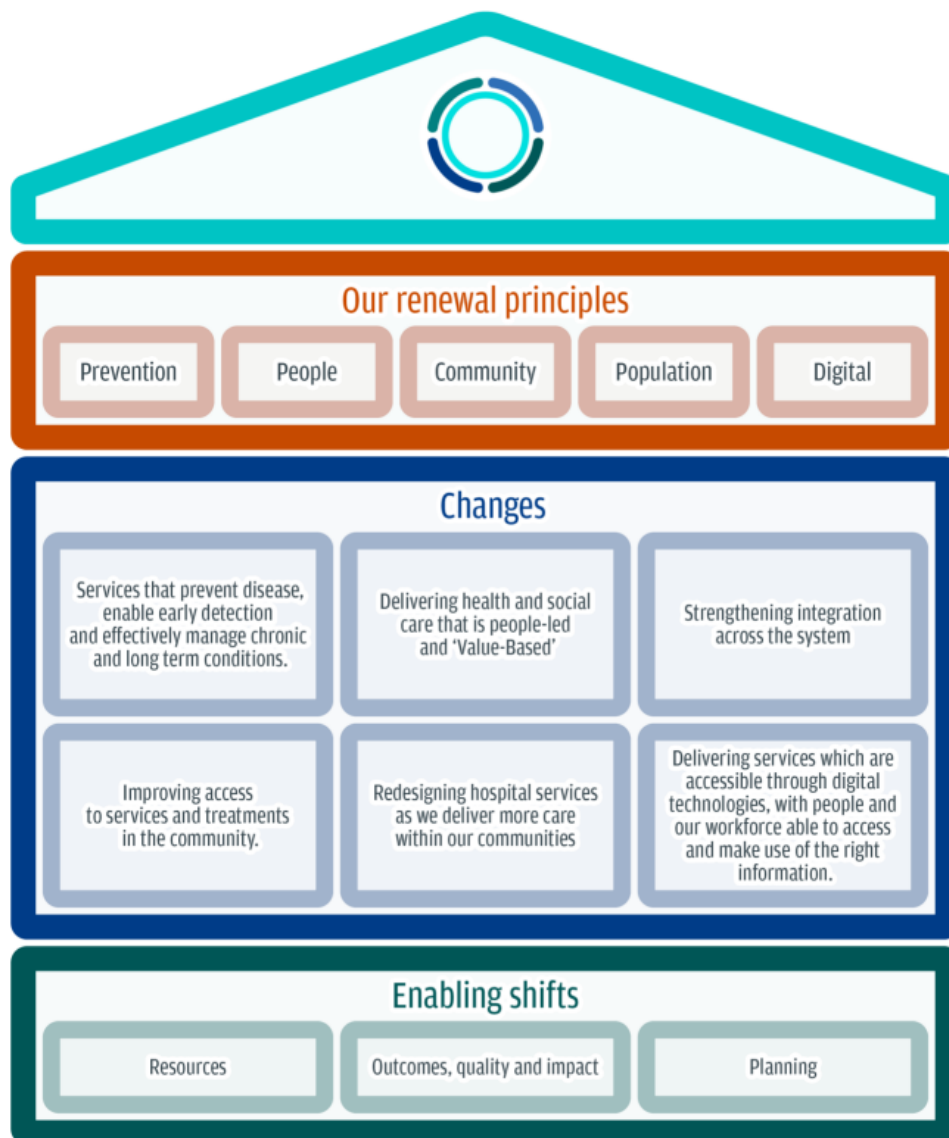
- Year 1 – Foundations for Transformation
- Years 2 to 5 – Systems Integration and Innovation
- Years 6 to 10 – A renewed health and social care system.

The framework aims to support positive improvements in experiences of health and social care services, including:

- Faster and fairer access to care (achieved via reduced waiting times for planned treatment and increased capacity in primary and community healthcare) so that people receive the right care, in the right place, at the right time.
- Person-led care, with more emphasis on choice and control. People will be more empowered to direct their care and better supported to manage self-care.
- More specialist clinical care will be available in local settings, for example optometry, to reduce pressure on hospitals and waiting times for more complex care.
- Improved digital access to information about their own health and care to enable people to record information, manage interactions with services and streamline elements of care co-ordination.

It also aims to have positive impacts on the workforce; including more support for collaboration, feasible work across territorial and organisational boundaries, and working in partnership with people receiving care.

The framework is made up of a set of principles, changes and ‘enabling shifts’:



A high-level overview of each principle and the major changes supporting them is provided below:

Prevention: Health and care is focused on prevention and proactive early intervention to realise long term wellbeing and reduce the burden of disease. All parts of the community and health and social care system will work together to maintain a better population health, and reduce inequalities and stigma.

- Continued alignment with the Population Health Framework, including focus on a new Health Inequalities Action Plan to tackle the root causes of poor health, and reduce differences in health outcomes.
- Support for national efforts to improve healthy weight through promotion of healthier lifestyles, and treatment of physical and mental health impacts.
- Implementation of the Mental Health and Wellbeing Strategy and updating the national delivery plan.
- Further enabling innovative and inclusive rehabilitation.
- Publishing a new Long Term Conditions Framework to improve the quality of care and support, help people manage their condition well, avoid complications and maintain independence.
- Publishing a Health and Work Action Plan to improve support for people with ill health who wish to return to work.
- Shifting funding and workforce capacity into primary and community care.
- Improving the use and analysis of data to identify key risk factors and target interventions.

People: Health and care is responsive, respects individual needs and delivers outcomes that matter to people. People will be more in charge of their own health and wellbeing as we enable self-care. People will have the information they need to share decision-making about their own physical, mental health and social care, and services will trust their choices. Services will be equitable (i.e. proportionate to need).

- Implementing the Getting It Right for Everyone (GIRFE) practice model across all areas of Scotland.
- Enhancing independent advocacy provision to support voice and participation.
- Creating digital health and care records to support ready access to information about people's own care and support.
- Improving complaints processes.

Community Care: Health and care is accessible, seamless and equitable across settings. People will be able to access more services and support in the community – and hospitals will focus on the most acute and complex procedures or levels of care.

- Setting out a clearer model of care that will work across home, community and hospital, with a focus on preventative approaches and closer integration of health and social care services.
- Setting out a detailed Primary Care Route Map to clarify the role of services to be delivered in the community and to support leadership and cohesion in community health services.
- Ensuring that future planning of community hubs considers opportunities for infrastructure co-location to support person-led care.
- Continuing to implement the Once for Scotland rehabilitation approach, treating people as close to home as possible and supporting recovery.
- Continuing to implement the Delayed Discharge Mission.
- Rolling out the use of technology currently only used in hospitals to community and home settings.
- Increasing collaboration between NHS 24 and the Scottish Ambulance Service.

Population: Our planning of services will be based on evidence-based, strategic assessments of population needs across Scotland, at national, sub-national and local level.

- Developing a clear strategic needs assessment of population needs to inform planning and investment decisions.
- Working with NHS Boards to co-develop a future hospital model and improved integrated pathways with primary and community care.
- Working with NHS Boards to ensure easy access to services is central to service planning and decision-making.
- Developing a core service offering to be applied consistently according to population need.
- Creating national referral guidance to improve the co-ordination of care.
- Aligning workforce planning with population-based service delivery and developing a strategic approach to estates and capital investment.

Digital: Using technology and innovation to change people's experience of how they interact with services and better manage their own wellbeing, whilst simultaneously maximising the use of data and technology to make services as modern, joined up and efficient as possible.

- Delivering the first iteration of the Digital Front Door and progressively expanding the services available.
- Embedding learning from the Digital Inclusion Programme across health and social care as part of person-centred care.
- Implementing Digital Prescribing and Dispensing across General Practice and then primary and community settings.
- Continuing the roll out of digital telecare to support a greater range of equipment and earlier, effective intervention.
- Accelerating the adoption of digital therapies within mental health pathways.
- Introducing an AI framework for safe, efficient and ethical application across services.

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Appendix 3

Care Reform (Scotland) Bill – Summary

Full details are available at: [Care Reform \(Scotland\) Bill | Scottish Parliament Website](#)

The Care Reform (Scotland) Bill, originally introduced as the National Care Service (Scotland) Bill in June 2022, completed Stage 3 of the parliamentary process on 10 June 2025. The Bill now requires Royal Assent before it can be enacted (no timeline available), and the commencement dates for various parts of the Bill / Act are still to be confirmed (with many requiring regulations or secondary legislation to be introduced).

The key provisions within the Bill include new duties for Local Authorities, Scottish Ministers and care home providers:

Local Authorities (and other care home providers)

- To provide “sufficient” breaks from caring for both adult and young carers, not subject to either local or national eligibility criteria.
- Set out plans to promote the uptake of financial and other supports by unpaid carers.
- To provide a service at least equivalent to that which was provided by the previous local authority where a disabled person moves home across a local authority boundary.
- Subject to Ministerial decisions, to prepare carers’ support plans and young carers’ statements, and to conduct social work assessments for persons with a terminal illness within prescribed timescales.
- To facilitate visits to and from care home residents (Anne’s Law).

Scottish Ministers

- To regulate for the provision and standard of independent advocacy services and advice and information services about social care, and to collect and report on this at least every five years.
- To create a digital integrated care record for every person receiving health and social care services, and to establish information sharing arrangements to make information about their care more readily accessible to people.
- To publish a strategy for monitoring and promoting fair work.
- To publish a national assessment of projected social care needs for a 10-year period and update this at least every 5 years.
- To publish a report at least every 3 years on the state of the social care market.
- A range of measures related to procurement and ethical commissioning.
- The creation of a National Social Work Agency, with the role of the National Social Work Adviser becoming a statutory provision.

Alongside the Bill the Scottish Government has established a non-statutory National Care Service: Interim Advisory Board to provide advice and suggest where improvements can be made to social care, social work and community health services to help to ensure consistency, fairness and high- quality across Scotland. The Board will also support work to widen participation. Susan Douglas-Scott has been appointed as the Chair of the Board, alongside individual members appointed due to their

experience of the health and social care system and a range of members appointed due to their role within key partner organisations.

Appendix 4

Children (Care, Care Experience and Services Planning) (Scotland) Bill – Summary

Full details are available at: [Children \(Care, Care Experience and Services Planning\) \(Scotland\) Bill | Scottish Parliament Website](#)

Although Dundee IJB is not a listed Corporate Parent under the Children and Young People (Scotland) Act 2014, both Dundee City Council and NHS Tayside are, and Dundee Health and Social Care Partnership must consider and comply with duties in the course of their operations. However, the IJB has an interest in being informed of and co-operating with work to support, protect and improve outcomes for care experienced young people from a variety of perspectives:

- In Scotland, care experienced young people have additional protections and entitlements in law up until their 26th birthday and therefore are likely to be accessing and supported by a range of adult health and social care services.
- Services commissioned by the IJB will support adults who are connected to care experienced children and young people, whether as part of whole family support or for Kinship and Foster Carers.
- An effective approach to supporting care experienced children and young people is essential to reducing the inequalities gap in terms of health and social care outcomes, and in doing so contributes to reducing future demand for adult health and social care services.

The main provision of the Bill, as introduced by the Scottish Government, relate to services and support provided to people in the children's care system, or who are care experienced. This includes:

- extension of eligibility to receive aftercare support;
- introduction of a right to advocacy for children, young people and adults with care experience;
- guidance in relation to 'care experienced';
- legislative steps to address issues around profit from residential care;
- strengthening the not-for-profit principle in relation to foster care;
- provision for a national register for foster carers; and,
- redesign of the Children's Hearing's System.

The Bill also contains a provision that, if enacted, would result in IJBs becoming jointly responsible for children's services planning alongside Local Authorities and Health Boards. This would apply to all IJBs, regardless of whether or not children's health and social care functions have been delegated to them via Integration Schemes.

Part 3 of the Children and Young People (Scotland) Act 2014 already defines Integration Authorities as "other service providers" who have functions in relation to children's services planning. This largely relates to co-operating with the planning process and paying due regard to the resultant plan when providing services to children and young people. Section 22 of the Bill will substantially change these arrangements, with Integration Joint Boards, Local Authorities and Health Boards acting jointly as the "lead children's services planning bodies". This will create a tripartite accountability between the three public bodies in respect of children's services plans (preparing, reviewing, implementing, reporting and directions from Scottish Ministers). The Financial Memorandum accompanying the Bill (available at:

[Financial Memorandum accessible](#)) states that the need for enhanced levels of IJB accountability arises from the IJB's responsibility for:

- *“Adult services key to the provision of holistic whole family support;*
- *The interrelationship between adult and children's services including transitions. Particularly in relation to disabled young people where transitions to adult services may involve wide-ranging complex needs requiring continued multi-agency support across health and social care; identifying and meeting the needs of young carers and care leavers; and,*
- *The impact of services provided to a parent, carer, or other significant adult, on child wellbeing (e.g. in relation to alcohol and drug use, or mental health).”*

It is also stated that the change will improve outcomes by enhancing collaboration and joined-up strategic planning across the system of adult and children's services. The financial memorandum states that there will be no additional costs for IJBs or any other public body as the Bill provision “...*does not introduce a new requirement but rather strengthens existing expectations.*”