



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

**REPORT ON:** SCOTTISH GOVERNMENT NHS RENEWAL FUNDING – URGENT AND UNSCHEDULED CARE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB58-2025

## **1.0 PURPOSE OF REPORT**

- 1.1 This report provides the Integration Joint Board with an overview of the Scottish Government's 2025/26 NHS Renewal – Additional Urgent and Unscheduled Care (UUSC) Funding and recommends that the Chief Officer issues Directions on behalf of the IJB to NHS Tayside and Dundee City Council to ensure the Scottish Governments' outcome expectations are delivered as they relate to Dundee delegated functions.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the detail of additional Scottish Government funding provided to NHS Tayside for Urgent and Unscheduled Care in 2025/26 to support whole system working.
- 2.2 Instructs the Chief Officer to issue Directions to NHS Tayside and Dundee City Council to ensure the Scottish Governments outcome expectations are delivered as they relate to Dundee delegated functions.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The Scottish Government has allocated a total of £6,143k additional funding during 2025/26 to NHS Tayside to support delivery of the NHS Scotland Operational Improvement Plan. The breakdown of this is shown in paragraph 4.3 below. Funding of £799k has been allocated for the delivery of additional Dundee Health and Social Care Partnership services as they relate to delegated functions. Given the integrated nature of the services provided, funding will be directed towards both health and social care provision.
- 3.2 The Scottish Government has stated that funding for Hospital at Home and Discharge Without Delay, Frailty Services will only be allocated based on delivery of expected outcomes leading to a potential risk of additional services provided but full funding not subsequently being provided.

## **4.0 MAIN TEXT**

- 4.1 The Scottish Government's strategic direction is now shaped by four national frameworks:
- **NHS Scotland Operational Improvement Plan (OIP)** – Immediate priorities including improved access, flow, and acute to community shift.

- **Service Renewal Framework (SRF)** – Long-term redesign focused on prevention, equity, people, and digital care models.
- **Population Health Framework (PHF)** – Reducing inequalities, enhancing public health and population outcomes.
- **Public Sector Reform (PSR)** – Emphasises collaboration, digital innovation, and workforce transformation.

4.2 As part of the Scottish Government's 2025/26 Budget, additional funding was announced to support Urgent and Unscheduled Care. The Scottish Government recently advised that funding of £6.1m has been allocated to NHS Tayside to deliver on a number of measurable outcomes including:

- 154 beds per night by December 2026.
- 60 Hospital at Home beds by March 2026.
- Discharge Without Delay delivery.
- Front-door frailty assessment at all acute sites.

4.3 In correspondence dated 26 June 2025, the Scottish Government confirmed a total allocation of £6,143,139 to support delivery of the NHS Scotland Operational Improvement Plan as follows:

- £2,540,611 has been designated as core unscheduled care funding and is fully committed to supporting NHS Tayside's Flow Navigation Centre.
- £700,000 has been earmarked to support Mental Health, Adults with Incapacity, and Learning Disabilities—specifically to enable three long-stay Learning Disability patients in P&K HSCP to transition into community-based care. This will be fully utilised within 2025–26.
- The remaining £2,902,528 has been allocated to support Hospital at Home (H@H) (£2,002,528) and Discharge Without Delay (DWD)/Frailty (£900,000) initiatives. This is notably less than the funding outlined in the final reprioritised plan submitted to the Scottish Government in May 2025.

4.4 This allocation is based on delivering the following priorities:

- Everyone over 65 years of age with markers of frailty are identified and have timeous access to Acute Frailty Team, 7 days per week.
- Funding should be used to develop Adult H@H services (older adults, OPAT, Respiratory, Heart Failure) across Tayside.
- Funding to be allocated in full to support scoping and development of paediatrics service.
- Expected delivery of a minimum of 60 H@H beds per night by end financial year 2025-26.

4.5 The Tayside Urgent and Unscheduled Care Board Leadership Team has reviewed the allocation and proposes to use the funding as follows:

**1. Core Unscheduled Care (£2,540,611):**

NHS Tayside currently receives a non-recurring allocation of approximately £2.5 million to support Urgent and Unscheduled Care. Over recent years, this funding has been instrumental in establishing and sustaining the Flow Navigation Centre and Injury Assessment Centre, both

of which are now embedded as core service models and are critical to maintaining current performance against the 4-hour Emergency Access Standard.

The continuation of this funding is essential. Without it, NHS Tayside would be unable to sustain current levels of Emergency Department (ED) attendance. If NHS Tayside were to experience attendance rates in line with the Scottish average, this would result in an estimated additional 29,700 attendances annually, equating to 81 more ED attendances per day, a volume the system is not currently resourced to absorb.

## **2. Discharge Without Delay / Frailty (£900,000):**

NHS Tayside aims to continue to achieve upper quartile performance in length of stay (LOS) by continuing to embed the principles of DWD and delivering seamless, timely care to emergency admissions. This approach is designed to minimise unnecessary hospital stays and ensure patients receive the right care, in the right place, at the right time.

The full DWD programme will be implemented during the 2025–26 financial year, with a focus on improving outcomes for frail older adults by reducing hospital-acquired dependency. This initiative will also support financial remodelling for 2026–27, aligning with Tayside's broader investment strategy in frailty care across the system.

The programme is targeted for completion by December 2025, providing a critical foundation for the Tayside Winter Plan 2025/26 and helping to protect elective capacity, particularly within the Perth Royal Infirmary (PRI) footprint.

A key milestone will be the optimisation of existing front-door Acute Frailty Unit DWD pathways by December 2025, ensuring timely assessment and intervention for older people at the point of admission.

## **3. Hospital at Home (Paediatrics) (£200,000):**

NHS Tayside will begin implementation of the Neonatal component of the Hospital at Home service in 2025–26. This initial phase will focus on enhancing AHP early intervention and continuity of care for neonatal patients, building on existing outreach nursing structures. While the Neonatal service is being established, partners will continue to fully scope and design the broader Paediatric Hospital at Home model. Recruitment will be carried out in a phased and strategic manner to ensure core service delivery is not destabilised, allowing for a safe, sustainable and integrated rollout.

Slippage in the allocation for paediatrics will be allocated to support H@H (Adults) for 2025-26, allowing the expected delivery of a minimum of 60 H@H beds per night by end of financial year 2025-26 to be achieved.

## **4. Hospital at Home (Adults) (£1,802,528):**

As outlined in the original Delivery Plan submitted to the Scottish Government, the Tayside system plans to expand the H@H service to operate from 8am to 8pm, seven days a week, enhancing capacity to deliver acute-level care in the community. To achieve this, services will require additional Advanced Nurse Practitioners (ANPs) and Allied Health Professionals (AHPs) to support the existing geriatrician-led model, along with increased Home First resources.

This expansion is essential to meeting our target of 60 H@H beds across Tayside by March 2026. In the event of recruitment delays, any in-year slippage in funding will be redirected to strengthen Home First, which has proven critical to the safe and effective delivery of care at home.

However, due to these workforce constraints and the reliance on slippage funding, it is unlikely that Tayside will deliver the Scottish Government's longer-term commitment laid out in the Operational Improvement Plan i.e. 2,000 H@H beds by December 2026 (NHS Tayside proportion, 154 beds per night).

Given the scale of the whole system funding shortfall in the Scottish Government's allocation for 2025-26, and the focus on specific priorities, some of which will not deliver whole-system impact, NHS Tayside requires to concentrate on delivering key performance indicators aligned to the funded workstreams. However, it is important to acknowledge that the broader system-wide improvements originally anticipated will not be achievable.

As a result, NHS Tayside must adopt a realistic position regarding the 4-hour Emergency Access Standard, which serves as a key indicator of whole-system performance. Accordingly, the performance trajectory for this standard has been revised downward to 90%.

Furthermore, the absence of dedicated funding for the Home First approach, particularly in relation to DWD and H@H for adults means that NHS Tayside will be unable to sustain progress toward its longer-term ambitions in these areas. Consequently, performance trajectories for DWD and H@H beyond 2025–26, will require significant revision.

## 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 Description	There is a risk that should performance targets not be reached that funding will not be released by the Scottish Government
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 (High Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> <li>Ensure implementation plans are robust and deliverable</li> <li>Ongoing engagement with Scottish Government around service delivery and financial risks</li> </ul>
Residual Risk Level	Likelihood 2 x Impact 4 = 8 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 4 = 8 (Moderate Risk)
Approval recommendation	Given the moderate level of residual / planned risk it is recommended that the IJB accepts the risk.

## 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:	
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	1. No Direction Required	
	2. Dundee City Council	X
	3. NHS Tayside	X
	4. Dundee City Council and NHS Tayside	

## 9.0 BACKGROUND PAPERS

9.1 None

Dave Berry  
Chief Officer

DATE: 24 JULY 2025

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**DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD**

1	Reference	DIJB58-2025
2	Date Direction issued by Integration Joint Board	20 August 2025
3	Date from which direction takes effect	20 August 2025
4	Direction to:	NHS Tayside & Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Unscheduled Care Services, Hospital at Home, Discharge Without Delay, Home First
7	Full text of direction	Dundee Integration Joint Board directs NHS Tayside and Dundee City Council to develop additional services and capacity to meet the Scottish Government's expectations as outlined in this report and in the joint letter from the Chief Operating Officer, NHS Scotland Directorate and Chief Operating Officer and Deputy Chief Executive, NHS Scotland dated the 26 June 2025 as they relate to delegated services to the IJB.
8	Budget allocated by Integration Joint Board to carry out direction	NHS Tayside - £533k for Discharge without Delay and Scaling up Hospital at Home Dundee City Council - £266k for Home First
9	Performance monitoring arrangements	Through regular financial monitoring reports to the Tayside Urgent & Unscheduled Care Board.
10	Date direction will be reviewed	31 March 2026 (end of funding period)

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