Dundee
Health & Social Care
Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –**
23 FEBRUARY 2022

REPORT ON: **STRATEGIC AND COMMISSIONING PLAN 2019 – 2022 – STATUTORY**
REVIEW

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB6-2022**

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 and Commissioning Plan 2019-2022 and to recommend the current plan is extended for a further one-year period (2022/23).

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 and Commissioning Plan 2019-2022, including engagement with partners and the public (sections 4.4 and 4.5).

2.2   Conmplete that 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 extend the Strategic and Commissioning Plan 2019-2022 for a further one year period, to end on 31 March 2023, retaining the current vision and strategic priorities but including revised actions (section 4.5 and appendices 1,2 and 3).

2.3   Approve the Strategic Planning Advisory Group's recommendation to extend the Equality Outcomes and Manstreaming Framework 2019-2022 for a further one year period, to end on 31 March 2023 (section 4.6).

2.4   Instruct the Chief Officer to support the Strategic Planning Advisory Group to revise the action lists associated with each strategic priority within the current strategic and commissioning plan, undertake any other minor revisions required and submit the revised strategic and commissioning plan to the Integration Joint Board for approval on 20 April 2022 (section 4.7).

2.4   Note that until such times as a revised strategy has been produced, submitted and approved that the current Strategic and Commissioning Plan 2019-2022 will remain in place and continue to direct the work of the 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 2022. 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 June 2021 the IJB considered a paper relating to the impact of the pandemic on the implementation of the Partnership's Strategic and Commissioning Plan and plans for progressing the statutory review of the plan by 31 March 2022 (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 23 June 2021 refers). At that time the Chief Officer was instructed to provide further detail to the IJB regarding the confirmed approach and timeline for the statutory review having taken advice from the Strategic Planning Advisory Group. A detailed timeline was submitted to the IJB in October 2021 (Article XIV of the minute of the meeting of the Dundee Integration Joint Board held on 27 October 2021 refers).

4.3 The IJB's Strategic Planning Advisory Group has led the statutory review of the strategic and commissioning plan, with this having been an important focus of their activity since June 2021. The process that has been followed has reflected the reduced capacity available across all stakeholder organisations to focus on strategic activity whilst maintaining essential services in the context of the ongoing pandemic. The scale of engagement activity has also reflected the pandemic circumstances, including more restricted public engagement than would have been the case in normal circumstances (see section 4.4.2 for further details). In keeping with guidance from the Scottish Government regarding the completion of statutory reviews of integration schemes, a light-touch review has been carried out and the Strategic Planning Advisory Group has taken a proportionate approach that has made best use of existing information and available capacity within partner organisations.

4.4   Review Process

4.4.1 As set out to the IJB in October 2021 the Strategic Planning Advisory Group has undertaken the following key activities as part of the review process:

- Completion of the revised strategic needs assessment and analysis of key trends and information within this.

- Assessment of the impact of the COVID-19 pandemic on the delivery on actions within the current strategic and commissioning plan, with a particular focus on identifying delayed / outstanding actions.

- Consideration of the Scottish Government consultation on the establishment of a National Care Service for Scotland, identifying short-term impacts and implications for the Partnership.

- Revision of the Partnership's COVID remobilisation plan and consideration of priorities and actions contained within this and their alignment with the current strategic and commissioning plan.

- Desktop review of recently agreed plans across care group strategic planning groups and transformation and change programmes, such as the Primary Care Improvement Plan and Alcohol and Drug Partnership Action Plan for Change.

- Review of strategic and commissioning plans produced by other Health and Social Care Partnerships across Scotland and information published in relation to their own statutory reviews.

- Four consultation sessions with organisational stakeholders held in December 2021 focused on an initial recommendation from the Strategic Planning Advisory Group that the current plan be extended and revised to update actions contained within it. 47 participants attended these sessions from across the Partnership, including members of the internal workforce and representatives from partner bodies in the public, third and independent sectors.

- A public survey seeking views on the current vision and strategic priorities. The survey was launched in the first week of December 2021 and closed at the end of January 2022.

4.4.2 The Strategic Planning Advisory Group acknowledges that there were significant limitations to both the partner and public consultation activity that was able to be carried out as part of the review. The three most significant elements of this were:

- Limitations on both paid staff and members of the public, including carers, in terms of their capacity to engage with sessions / surveys at the current time due to pressures associated with the escalating pandemic situation. Factors such as increased rates of absence, short-notice work pressures and increased caring responsibilities will have impacted across both groups in terms of the capacity they have had to engage with the consultation activities.

- Limitations in staff capacity available in the Strategy and Performance Service to support engagement activity due to reduced service capacity and other work pressures.

- Reliance on the use of digital platforms to support engagement. This was necessary due to public health guidance in place over the period, which meant that holding face-to-face sessions was not allowed / safe. The most significant impact of this will have been on public engagement – steps were taken to try to mitigate this where possible with an alternative method of contributing offered (via individual phone call) and support sought from service providers to ask them to do whatever they could (taking into account current circumstances) to support individuals / groups who wanted to engage with the survey but required support to do so.

4.5   Review Outcomes and Recommendation

4.5.1 Following their desktop review activity, detailed in section 4.4.1, the Strategic Planning Advisory Group reached an initial conclusion in October 2021 that the current strategic and commissioning plan remains largely fit for purpose. The vision 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 action lists supporting each of the strategic priorities within the current plan are no longer fit for purpose and require to be revised. Action lists written in 2019, pre-pandemic, do not reflect well enough the current areas of focus contained within remobilisation and strategic plans and emerging areas of focus identified through the desktop review. A full summary of the factors considered by the Strategic Planning Advisory Group in reaching their initial conclusion is provided in appendix 1.

4.5.2 During December 2021 and January 2022 the Strategic Planning Advisory Group focused on consulting with the public and other stakeholders across the health and social care system regarding their initial conclusions. In December 2021 four virtual consultation events with organizational stakeholders were held (see appendix 2 for full report). These gathered views directly about the SPAG's initial recommendation as well as on areas of focus within each of the four existing strategic priorities for the next 12 months. Some groups also had time to consider questions about the longer-term approach to strategic planning and format / content of the strategic and commissioning plan. Key outcomes from these sessions were:

- Unanimous support for the SPAG's initial recommendation to extend the plan, retain the vision and strategic priorities but to refresh action lists.

- Significant majority also supported proposal to focus in 2022/23 on taking forward the planning and engagement processes required to prepare a full replacement plan for 1 April 2023 onwards. However, there was some caution regarding the unpredictable impact of the pandemic and ongoing pressures on resources.

- In discussions related to priority areas of focus within each strategic priority for the next 12 months, key themes were: tackling poverty, disadvantage and health and social care inequalities; mental and physical health and wellbeing; engagement with support and co-production / involvement; hub models of service delivery; access; collaborative commissioning; partnership working; and, information and communication.

4.5.3   The public survey that ran during December 2021 and January 2022 generated 107 responses, although some respondents did not answwer every question. A high level summary of responses is provided below with a detailed analysis in appendix 2.

THE VISION -		
Question -Should the vision be changed?	**84** Stay the same	**19** Be changed
Health Inequalities -		
Question -Should this Priority be changed for our next strategic plan?	**61** Stay the same	**9** Be changed
Early Intervention and Prevention-		
Question -Should this Priority be changed for our next strategic plan?	**53** Stay the same	**14** Be changed
Locality Working and Engaging with Communities -		
Question -Should this Priority be changed for our next strategic plan**?**	**53** Stay the same	**15** Be changed
Models of Support, Pathways of Care -		
Question -Should this Priority be changed for our next strategic plan?	**54** Stay the same	**14** Be changed

A number of respondents also offered narrative responses to questions. This included:

- A number of respondents expressing that the current vision and strategic priority statements are not achievable /sustainable within available resources and should be revised to address this.

- A range of suggestions regarding specific changes to wording of the vision and strategic priorities to enhance focus on personalisation, promote independence and self-care, and focus on support rather than intervention.

- Responses reflecting on individual experiences of health and social care services and suports and suggestions for specific changes to services. This information has been shared with relevant services in an anonymised way.

4.5.4   Taking into account the outcomes of the desktop review activity and the views of stakeholders, including members of the public, the Strategic Planning Advisory Group recommends to the IJB that the current strategic and commissioning plan is extended for a further one-year period (revised end date 31 March 2023) retaining the current vision and strategic priorities but incorporating revised actions lists.

4.5.5   Having reached this conclusion, the SPAG has also considered how best to address the detailed narrative feedback received through the public survey. The group believes that feedback regarding the overall sustainability of the vision and strategic priorities, as well as specific suggested changes of wording should be addressed through the process of preparing a full replacement plan that will follow on from the proposed extension of the current plan. Work to prepare a full replacement plan (required by 1 April 2023) would commence during the 2022/23 financial year and therefore provide an early opportunity for wider public discussions of the initial feedback provided. This would also allow sufficient opportunity to more fully engage other stakeholders including the health and social care workforce, in these discussions. The SPAG will seek to utilise responses reflecting on individual experiences and specific changes to service delivery in its work to refresh action lists aligned to each strategic priority should the

IJB approve the recommendation to extend the current plan. This provides an immediate opportunity for feedback to be addressed.

4.6   Equality Outcomes and Equality Mainstreaming Framework

4.6.1   The IJB approved its Equality Outcomes and Mainstreaming Framework 2019-2022 in March 2019 following an extensive review that was informed by public engagement with people with protected characteristics and their representatives. At that time the equality mainstreaming framework was aligned to the planning cycle for the strategic and commissioning plan.

4.6.2   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 and to publish a set of equality outcomes and a report showing progress being made in mainstreaming equality at intervals of not more than two years. The IJB is therefore required to substantively review its equality outcomes again by 31 March 2023 and to publish its next mainstreaming equality report on the same date.

4.6.3   The Strategic Planning Advisory Group has considered the current equality outcomes and mainstreaming framework as part of their work the review the strategic and commissioning plan, the two plans being mutually supportive. Based on the information available the SPAG recommends that the Equality Outcomes and Mainstreaming Framework 2019-2022 is extended for a further one-year period (revised end date 31 March 2023). Work to substantively review the equality outcomes and develop a full replacement mainstreaming framework will then be progressed during 2022/23 as part of the overall work to produce a full replacement strategic and commissioning plan.

4.7   Next Steps

4.7.1   If the IJB approve the recommendation of the Strategic Planning Advisory Group, completing the statutory review process, the key planned next steps are:

- o   The Strategic Planning Advisory Group will draft revised actions lists to support each strategic priority within the plan, utilizing feedback from stakeholders gathered through the review process as well as information generated during the desktop review stage.

- o   Draft any other minor revisions required to the plan text, include an addendum to the introduction to the plan noting its extension following the completion of the statutory review.

- o   Submit the revised plan to the IJB on 20 April 2022 for approval.

4.7.2   Work to revise action lists will include further public engagement. Sessions focused on 'what matters to you?' are being run during February to hear more from the public about their immediate priorities for change under each existing strategic priority. As well as offering a number of events at fixed dates and times, individual telephone calls are being made available and officers are participating in sessions being held by pre-existing community and interest groups.

4.7.3   Following the submission of the plan revisions for approval the Strategic Planning Advisory Group will focus on developing a workplan to support the production of a full replacement plan from 1 April 2023 onwards. It is intended that this activity will be closely aligned to the activity to be undertaken by the Dundee Partnership to review and replace the Dundee City Plan during 2022/23. This approach will make best value of available resources, taking into account ongoing pandemic impacts and pressures, and allow public engagement activity to be co-ordinated. The SPAG's workplan will also include activity to substantively review the IJB's equality outcomes and mainstreaming framework.

5.0   POLICY IMPLICATIONS

5.1   This report has been screened for any policy implications in respect of Integrated Impact Assessment. An Integrated Impact Assessment is attached.

6.0 RISK ASSESSMENT

Risk 1 Description	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.
Risk Category	Operational, Governance, Political
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	- Review of strategic and commissioning plan has been informed by full update of strategic needs assessment. - Consultation activity with health and social care stakeholders has been undertaken. - Some public engagement has been undertaken (within relevant public health restrictions) although t is acknowledged this has had limitations. - Commitment to undertake activity to develop full replacement plan during 2022/23 including more expansive and accessible public engagement.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Approval recommendation	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.

Directions 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.

Vicky Irons   DATE: 1 February 2022
Chief Officer

Kathryn Sharp
Service Manager, Strategy and Performance

Joyce Barclay
Senior Officer, Strategy and Performance

Appendix 1

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, including principles set out in the NCS consultation, align with the existing vision and priorities.

- 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?
  - At this point in time and with the data available the revised strategic needs assessment does not identify any significant changes to patterns of need. However, it should be noted that data regarding the impact of the pandemic is limited and will continue to emerge over the next 12-24 months.

- Has the impact of the pandemic on health and social care needs and delivery arrangements significantly impacted on the relevance of the content of the current plan?
  - Assessment of the impact of the pancemic on the delivery of the existing actions within the plans indicates that change is required in terms of the detailed actions within the plan but that the overall vision and priorities continue to reflect the overall needs of the population emerging in response to the pandemic.

- 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 (drug and alcohol, carers and mental health) that content does not fully align to the overall vision and priorities, however content does indicate need to updated deatiled actions listed against priorities.

- 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 activity has been limited due to the pandemic however, carers engagement and community planning led engagement do 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 actions required to deliver the priorities.

- The developing understanding at a national and local level of the recovery and remobilisation period for health and social care services – including the recently submitted remobilisation plan for 2021/22 and increasing clarity at a national level that the formal recovery period (and associated supports, including financial supports) is likely to continue for a 2 year period until March 2023. It is also likely that over the period there will be a much clearer and comprehensive understanding of the impact of the pandemic on the health and social care needs of the population.

- The implications of the Independent Review of Adult Social Care – including the expectation that plans for the implementation of recommendations will not be confirmed until the post-election period (May 2022) and that detailed implications will continue to be understood over the following 12-24 month period.

- Decisions made within the other two IJBs across Tayside – the Angus IJB has agreed to extend its current strategic plan (due to end on 31st March 2022) to 31st March 2023 and Perth & Kinross IJB's recently revised plan is currently due to end on 31st December 2022. There may be advantages to aligning planning timescales across Tayside.

- Revision of the Dundee City Plan – a substantive review of the Dundee City Plan will take place during the 2022/23 financial year. There may be advantages to aligning the timescale for review of the strategic and commissioning plan with that of the City Plan.

- Limited resources available across all teams and partners, including the Strategy and Performance Team, to lead and contribute to activity over the next 12 months.

- The need for patient/service user and carer involvement in associated plans (including existing Care Group Strategic Planning) to adjust and re-develop after suspension of usual face to face activities.

In June 2021 the IJB considered the Annual Internal Audit Report 2021/22 which highlighted further considerations / recommendations relevant to the review of the strategic and commissioning plan:

- The review of the plan provides an opportunity to reflect on learning from the pandemic and consolidate into the strategic priorities, plans and activities of the Partnership.

- The need to improve monitoring and reporting of key transformation programmes – transformation activity should be woven into the strategic plan rather than being considered separately.

- The need to consider the impact the pandemic has on the assumptions on which the current strategic and commissioning plan is based (demand, resources and ways of working). This includes understanding the population health need, identifying changes to service delivery and the risks these may present, as well as identifying positives and potential service redesign from changed methods of working during the pandemic.

- The need for a supporting delivery plan to track progress in implementation.

- The plan should include assessment of risks to achievement.

Summary of Stakeholder Engagement Sessions

Strategic and Commissioning Plan Review

Stakeholder Consultation Session
December 2021

Summary of the 4 Stakeholder Sessions

Access

Barriers

No Wrong Door

Physical Health

Mental Health

Mental Wellbeing

Meet you where you are at

HUBS?

Creative Coproduction

Poverty Disadvantage Deprivation

Carers

Third Sector

Partnership

The participants advance booked sessions at a Teams Meeting and were sent information to read in advance. There was a brief presentation then participants were asked questions. Mentimeter was used to gather responses and participants had the opportunity to discuss their responses and those of others. Participants could record views or questions in the Teams Chat and the meeting had a facilitator and a note taker. Some questions required a yes/no answer (see below for results). On some occasions some participants did not answer and in one session Mentimeter failed so a show of hands was required. Overall 47 people participated with over 40 being able to stay for the full session.

	Yes	No
Do you agree that the vision, principles and overall structure / content of the current plan remain fit for purpose for the immediate future?	47	0
Do you agree that the action lists require to be updated to reflect current circumstances and priorities?	47	0
Do you agree that the IJB should extend the current plan until 31 March 2023 incorporating revised action lists for each priority? Some third / independent sector participants highlighted that whilst they agreed with a one year extension from a strategic planning perspective, it should be noted that with regards to commissioning one year planning / funding creates challenges.	45	0
Do you agree that the Equality Outcomes should also be extended for a further year and be replaced in 2023? One person said no but changed opinion after learning that legal requirements will be fulfilled by outcomes relaced by 30th April 2023.	(46) 47	(1) 0
Do you agree that the focus in 2022/23 onwards should then be on co-production of a full replacement? Those who voted No did not disclose why. One person added information in chat to suggest we need creative new ways to support co-production as an alternative to delaying the development of a full replacement plan. Some other general comments indicated that people continue to feel uncertain about planning for the next 12 months and are unsure whether committing to work to develop a full replacement plan will be realistic.	45	2

What are the three most important actions / areas that we should focus on in 2022/23?

The question above was asked in turn about each of the 4 priority areas in the plan. ie Health Inequalities, Early Intervention and Prevention, Locality working and engaging with Communities and Models of Support/Pathways of Care.

Some clear themes emerged as well as notable individual reflections and information. The themes united across all 4 priorities and where each group placed the theme was different from the other. There was a lot of support for targeting actions and resources where it was needed most and was likely to be most effective.

The responses have been divided into Key Areas:

KEY AREAS

Poverty/Disadvantage/Deprivation (along with health and social care inequalities)
- Need to support those disadvantaged to access the support that is for them (sometimes people who are more assertive less disadvantaged access instead). One solution is universal support services with people who need it most providing vehicle to access further, enhanced services. Building relationships is key. We need to improve access to health services at first contact (alternative to GP). Unpaid carers very important have been carrying heavy responsibilities- more so since Covid (carers of adults with support needs as well as parents of children).
- Longer term physical and mental health needs are critical – we need whole system pathways. Long covid needs addressed.
- Health promotion and prevention important. Digital health and health promotion and prevention is important and digital routes to these are a key but not everyone can access and understand the info they get. Need accessible info and support when needed. Some groups more disadvantaged by our system include Homeless people who also find themselves digitally excluded. People who move around a lot - so transient families miss out on key information and access as so much of it is online now. Concerns about those with lower digital literacy and literacy in general. Whole sytem aproach is needed. (See also Partnership Working).
- Health Inequalities needs co-ordination through city plan.

Mental Health and Physical and Mental Wellbeing
- Mental Health was overwhelmingly identified as a critical need - for all ages including Workforce. Is part of every issue, homelessness, substance use, offending, violence, trauma etc. We need to prevent escalation of mental illness and focus on early support for mental wellbeing. Invest in Mental Health support for children and young people.We need to consider people who live alone.
- Health and wellbeing mental and physical have deteriorated across our population. Lack of confidence, mobility, ability to get out, poor motivation. Some thought mental health support should be a standard support for all.
- Waiting lists for formal services and for health assessments (including Mental Health) are long term issues.
- Low level supports early on needed (eg for autistic people had managed when services work normally) but also for others with health and social barriers to connecting with support.

- Healthy Weight needs partnership with others outside health-diabetes and pre diabetes health improvement focus is needed. Healthy weight impacts on so many long-term conditions- could we focus on early intervention/health promotion?.
- Younger people showing poor mental health in recent engagement – but may not have heard from/about older people and those who have shielded- stayed at home to keep safe as not digital involvement and not out and about—lost confidence, reduced mobility, lost motivation.

Engagement with support and re: Co-production/Involvement

- Examples of positive of pandemic working and co-operation which can be built on.
- Must meet people where they are at. We need to work together- on people's agendas not ours. How a person connects really depends on the person. Need some face to face co-production and use a range of ways to engage; share our intelligence across agency boundaries across sector boundaries and listen and share info.
- Consider how best to use existing infrastructure to support communities e.g. Community Centres and libraries.. People need reconnected with natural supports that they had before e.g. dropping into community centre.
- Encourage people to engage as no matter how many services we provide, if individuals wont or cant engage, how do we support them? Non-engagement with services is the basis for spiralling issues.
- Digital is not the answer to all engagement needs. Re: comms/engagement: we need all the options to reach more people.
- All front-line staff (including NHS and Council) have connections with the people they support- how can we make sure we capture what they learn/know. The 'Community Navigator' model has had success elsewhere.
- Learning from a lead professional model (like children and families service)should be considered.

Hubs

- Hubs were discussed in every group. What do we mean by HUB?
- Some suggested a specific / distinct Community "Hub". Others felt that Community Centres and Café style drop in would be good, with an assertive outreach model hub for early support in communities. Could it be a borrowed space for a regular time of day in the week. Mutual support and friendships could form between those who visit regularly. Could have Health Hubs- or multidisciplinary hubs. Buildings and ownership, lease etc might be a challenge. Defining an overall approach would be an advantage- different "hubs" at present for different purposes.
- Some suggested Specific "hubs" for specific areas of support can be helpful – can work well "for those who work there". Targeted local drop-in support at particular needs was seen as good for particular groups in communities.

- With effective use of (underused) buildings in local areas – when the public engage we need to make the best of it. We need to be working in partnership across all Health and social Care including third sector but also recognise the importance of other colleagues (communities' officers etc).
- Easy access to community supports – remove stigma and base in places where we all go / areas people usually access e.g. medical practices.
- Engagement with target group should direct the choice of hub arrangements.
- Volunteers might helpfully support the provision.
- There does not always need to be a high cost to provide the structure of this potential spend to save option.
- We need to look at which services need to be provided really close to you and which services people are prepared to travel to- and are at no disadvantage if not in local areas.

Access-Barriers-No wrong door
- Access (or lack of access) was raised often. Service access is an issue especially for those impacted by stigma.
- A single point of contact system. Need to be more person centred than pathway centred. Many raised their concerns about people being passed/signposted again and again and being screened out due to service eligibility criteria. People feel stigmatised, and undeserving, don't feel motivated. It affects their wellbeing and means they give up. Many people only get help when they escalate to urgent/crisis. Barriers to access can be physical and psychological.
- Need to use more facilities that already there. All communities need to be able to access the same services throughout the city and not enough known about availability.
- We need wider opening hours – not just 9-5 Monday to Friday. We need to remember that people do not always fit in the boxes we try to view them in – this increases exclusion when person doesn't fit/want label. We need a wide variety of ways to connect and motivate.
- Some people could benefit from a more **holistic** approach- as they have a range of barriers, issues and health and social care needs.
- Place based approaches may be the way forward.
- Social Prescribing helpful approach. Holistic needs assessments and exploratory conversations helpful.
- Advocacy is a great tool to support people but in high demand. People are struggling to be listened to and to access the services they say they need. Many are having to fight more for what they feel they need. We need to remove barriers to access rather than increase services and support that people need to achieve access.
- Need greater access to recovery pathways for people with substance misuse including more housing support for homeless people.
- Again, digital information, advice and support is not right for all. Digital equipment does not mean people can use it – some have devices and no skills some have no devices- some

may never be able to learn and use digital info. For some people digital has been a good way to stay connected and be supported.

Collaborative Commissioning

- Short term funding from public bodies compounding recuitment and rentention issues. Some third sector agencies losing staff because they had no job security (the work they went to wasn't necessarily better paid but more secure).
- It is hard to have a longer term vision in your organisation under these circumstances- even 2 year funding would be good, but 4-5 year commitments would enable the third sector to better support developments in the City.
- Need for a infrastructure for commissioning to be able to apply successful test of change.
- Collaborative commissioning is needed instead of competitive commissioning- frustrating that successful work funding ends and passed to another.
- National agendas and funding have a big impact and we need to influence and connect with those responsible so they know impact.
- Anticipate NCS review impacting commissioning.

Partnership at all levels

- Public Health type of approach needed to tackle broader issues including poverty.
- We need to better understand assets in local communities.
- Joined-up, co-production, collaboration, partnership working all crucial.Some evidence of positive of pandemic working and co-operation.
- We need to be partners professionally and within the families who use our service- those with children and those without.
- Whole family / whole community approaches needed. Services should be about what suits the people and communities not what suits us as a workforce.
- Peer support and building peoples capacity for this is important.
- Previous HSCP plans relating to service delivery areas and localities will need adjustment with structural service changes and to meet future need.
- We need a whole system approach not just each service designing or redesigning their own service in a vacuum we need to know how best to inform these and talk between the systems/areas.
- Good communication with Hospitals seen as critical.

Information/ Communications

- Lack of information about available supports was a common theme. Public, workforce, carers and service users need a way of knowing what is available.
- Directories can become outdated so quickly. Need an infrastructure for this.
- Info about supports needs to be combined with local knowledge and it is hard to know what supports are available, need ways of collating this info and sharing. Hubs across the city could resolve this?

- DHSCP needs own social media it can include updates on what is available. Need accessible info .

Other specific comments/ideas/solutions

Avoid duplication – co-ordinate services given in communities

Family support linked to schools

Revisit the Social Prescribing framework- Re learn the messages and apply now.

Beware of inverse care law

Increase availability of positive social activities and interactions

Peer support Mental Health

Continue Keep well check

Explore and mitigate impact of pandemic

GP shared care re drug services

Drug Treatment in Communities

Alcohol brief intervention programme

Co-ordinate responses when seeking public views

Community engagement as an ongoing conversation as well as consultation

HSCP more active involvement in LCPP

Maximise income and resolve debts

Employment and mental health and long-term conditions

Community outreach engagement

Sense check referral process and criteria

Include people who haven't come through formal process/pathways

Tackle digital divide

Anti- stigma

Extend FORT model

Respond in an integrated way to risk with public protection partners

Apply digital screening and harm prevention tools

Appendix 3

Summary of Public Survey Responses

We had 107 responses in total. Some respondents did not answer every question. The information about the purpose of the survey included relevant information and a link to the strategic plan. 12 respondents gave email addresses to indicate they want to be involved further and they have received a direct invitation to book focus groups.

THE VISION -		
Question -Should the vision be changed?	**84** Stay the same	**19** Be changed
Health Inequalities -		
Question -Should this Priority be changed for our next strategic plan?	**61** Stay the same	**9** Be changed
Early Intervention and Prevention-		
Question -Should this Priority be changed for our next strategic plan?	**53** Stay the same	**14** Be changed
Locality Working and Engaging with Communities -		
Question -Should this Priority be changed for our next strategic plan**?**	**53** Stay the same	**15** Be changed
Models of Support, Pathways of Care -		
Question -Should this Priority be changed for our next strategic plan?	**54** Stay the same	**14** Be changed

Detailed comments provided by respondents have been categorised in 3 ways:
- General comments about things that need to change.
- Comments about specific actions that are required to achieve the vision or priority.
- Specific comments about the vision of priority should be amended / what it should say.

Comments have not been included in full as they reflect personal experiences and information and participants did not consent to responses being published.

Vision – comment themes:
- Not an achievable / sustainable vision because there will never be sufficient resources available to provide this level of care and support. This was also reflected in realtion to individual strategic priorities. Highlighted a need to be more trasnparent and open about what can (and cannot) be delivered within available resources.
- Specific changes to wording to emphasise care (rather than support), personalised approach, clarify meaning of 'fulfilled life' and to promote independence and self-care rather than dependency.

Health Inequalities – comment themes:
- Conflicting views regarding distribution of resources / services / supports – some expressing view that there should be further prioritisation towards the most disadvantaged people within the population and others seeking a more equal distribution across all communities (majority expressing the former view).
- Specific changes to wording to promote independence and self-care rather than dependency.

Early Intervention and Prevention – comment themes:

- Widening access / eligibility and improving accessibility (including reducing time between first contact and provision of services / supports) is an area that requires further priority and improvement.
- Specific changes to wording to emphasise personalised approach and to focus on early support (rather than intervention).

Locality Working and Engaging with Communities – comment themes:
- No priority specifc themes.

Models of Support and Pathways of Care – comment themes:
- Focus on personalisation of services remains a key area for improvement, including less focus on set pathways and more on open door followed by person-centred journey.
- Need to meaningfully involve people who access services in co-production.
- Specific changes to wording to emphasise evidence-based and value-based services.

Committee Report No: DIJB6-2022

Document Title: Strategic and Commissioning Plan 2019-2022 - Statutory Review

Document Type: Other

New/Existing: New

Period Covered: 01/10/2021 - 31/01/2022

Document Description:
The report informs the IJB of the work undertaken by the Strategic Planning Advisory Group to complete the statutory review of the Strategic and Commissioning Plan 2019 -2022, the findings of the review and recommended actions. It also make recommendations regarding the IJB's Equality Outcomes and Mainstreaming Framework 2019 - 2022.

Intended Outcome:
To support the IJB to make a decision regarding whether to extend, revise or replace the strategic and commissioning plan and the equality outcomes and mainstreaming framework.

How will the proposal be monitored?:
Not applicable.

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A. Equality and Diversity Impacts:

Age: No Impact
Disability: No Impact
Gender Reassignment: No Impact

Marriage and Civil Partnership: No Impact
Pregnancy and Maternity: No Impact
Race/Ethnicity: No Impact
Religion or Belief: No Impact
Sex: No Impact
Sexual Orientation: No Impact

Equality and diversity Implications:
The recommendation to extend the strategic and commissioning plan and the equality outcomes and mainstreaming framework is assessed as having a neutral impact on protected groups. The existing plans have a specific focus on inequalities and this will continue within an extended plan.

Proposed Mitigating Actions:
Supporting actions are to be revised to ensure that work continues over the next 12 months to address equalities aspects of the plan and these will be informed by stakeholder, including public consultation.

Is the proposal subject to a full EQIA? : No

The recommendation to extend the strategic and commissioning plan and the equality outcomes and mainstreaming framework is assessed as having a neutral impact on protected groups. The existing plans have a specific focus on inequalities and this will continue within an extended plan.

B. Fairness and Poverty Impacts:

Geography
    Strathmartine (Ardler, St Mary's and Kirkton): No Impact
    Lochee(Lochee/Beechwood, Charleston and Menzieshill): No Impact
    Coldside(Hilltown, Fairmuir and Coldside): No Impact
    Maryfield(Stobswell and City Centre): No Impact
    North East(Whitfield, Fintry and Mill O' Mains): No Impact
    East End(Mid Craigie, Linlathen and Douglas): No Impact

    The Ferry: No Impact

    West End: No Impact

Household Group
    Lone Parent Families: No Impact
    Greater Number of children and/or Young Children: No Impact
    Pensioners - Single/Couple: No Impact
    Single female households with children: No Impact
    Unskilled workers or unemployed: No Impact
    Serious and enduring mental health problems: No Impact
    Homeless: No Impact
    Drug and/or alcohol problems: No Impact
    Offenders and Ex-offenders: No Impact
    Looked after children and care leavers: No Impact

Carers:	No Impact

Significant Impact

Employment:	No Impact
Education and Skills:	No Impact
Benefit Advice/Income Maximisation:	No Impact
Childcare:	No Impact
Affordability and Accessibility of services:	No Impact

Fairness and Poverty Implications:

The proposal to extend both plans is assessed as having a neutral impact of fairness and poverty groups within the population. The existing plans contain priorities in relation to equalities and fairness and poverty and these will continue during the extended period.

Proposed Mitigating Actions:

Supporting actions within the plan are to be revised to support activity over the period of extension - these will be informed by the views of stakeholders, including public consultation and engagement.

C. Environmental Impacts

Climate Change
    Mitigating greenhouse gases: Not Known
    Adapting to the effects of climate change: Not Known

Resource Use
    Energy efficiency and consumption: Not Known
    Prevention, reduction, re-use, recovery or recycling waste: Not Known
    Sustainable Procurement: Not Known

Transport
    Accessible transport provision: Not Known
    Sustainable modes of transport: Not Known

Natural Environment
    Air, land and water quality: Not Known
    Biodiversity: Not Known
    Open and green spaces: Not Known

Built Environment
    Built Heritage: Not Known
    Housing: Not Known

Is the proposal subject to Strategic Environmental Assessment

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Proposed Mitigating Actions:

None.

Environmental Implications:

Unknown.

D. Corporate Risk Impacts

Corporate Risk Implications:
The risk implications associated with the subject matter of this report are 'business as normal' risks. The subject matter is routine and has happened many times before without significant loss. There is comfort that the risks inherent within the activity are either transferred to another party, shared equally and fairly between the Council and another party or are negligible.

Corporate Risk Mitigating Actions: