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

City Chambers
DUNDEE
DD1 3BY

12th August, 2025

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 remotely on Wednesday, 20th August, 2025 at 10.00 am.

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.

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 by 12 noon on Monday, 18th August, 2025.

Yours faithfully

DAVE BERRY
Chief Officer

A G E N D A

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 18th June, 2025 is submitted for approval.

(b) ACTION TRACKER - Page 7

The Action Tracker (DIJB61-2025) for meetings of the Integration Joint Board is submitted for noting and updating accordingly.

4 FINANCIAL MONITORING POSITION AS AT JUNE 2025 - Page 9

(Report No DIJB49-2025 by the Chief Finance Officer, copy attached – for noting).

5 2025/2026 BUDGET AND SAVINGS DELIVERY PROGRESS UPDATE - Page 23

(Report No DIJB46-2025 by the Chief Finance Officer, copy attached – for decision).

6 5 YEAR FINANCIAL OUTLOOK 2025/26-2029/30 - Page 49

(Report No DIJB47-2025 by the Chief Finance Officer, copy attached – for decision).

7 DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE - Page 57

(Report No DIJB57-2025 by the Chief Officer, copy attached – for decision).

8 APPLICATION FOR TRANSFORMATION FUNDING FOR CONTINUITY OF CARE IN GENERAL PRACTICE - Page 83

(Report No DIJB59 -2025 by the Chief Officer, copy attached – for decision).

9 ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE GROUP 2024-2025 - Page 115

(Report No DIJB54-2025 by the Clinical Director, copy attached – for noting).

10 PERFORMANCE AND AUDIT COMMITTEE ANNUAL REPORT 2024/2025 - Page 133

(Report No DIJB48-2025 by the Chief Finance Officer, copy attached – for noting).

11 LEARNING DISABILITY INPATIENT TRANSITION QUARTERLY REPORT - Page 137

(Report No DIJB63-2025 by the Chief Officer, copy attached – for decision).

12 MENTAL HEALTH AND WELLBEING STRATEGIC PLANNING - Page 193

(Report No DIJB51-2025 by the Chief Officer, copy attached – for decision).

13 REDUCING HARM FROM DRUG AND ALCOHOL USE – UPDATE REPORT - Page 265

(Report No DIJB50-2025 by the Independent Chair, Dundee Drug & Alcohol partnership, copy attached – for decision).

14 SCOTTISH GOVERNMENT NHS RENEWAL FUNDING - URGENT AND UNSCHEDULED CARE - Page 309

(Report No DIJB58-2025 by the Chief Officer, copy attached – for decision).

15 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024/25 - Page 317

(Report No DIJB55-2025 by the Associate Director of Public Health, copy attached – for noting).

16 NATIONAL LEGISLATIVE AND STRATEGIC PLANNING DEVELOPMENTS FOR HEALTH AND SOCIAL CARE - Page 421

(Report No DIJB45-2025 by the Chief Officer, copy attached – for noting).

17 ANNUAL PERFORMANCE REPORT 2024/2025 – DIJB52-2025

Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that Integration Authorities must prepare an annual performance report for each reporting year, with reports being required to be published by 31 July each year. The eighth annual report of the Dundee Integration Joint Board (for 2024-25) was therefore due for publication by 31st July, 2025.

As the statutory timescale for publication preceded the meeting of the IJB on 20th August, 2025 the IJB's Scheme of Delegation process regarding urgent matters was used to secure approval of the Annual Performance Report prior to publication. The Chief Officer in consultation with the Chair, Vice Chair, Chief Finance Officer and Clerk and Standards Officer approved the report on behalf of the IJB in order to meet the statutory publication timescale. The Annual Performance Report 2024-25 was published on 30 July 2025 and is available at: https://www.dundeehscp.com/sites/default/files/2025-07/DHSCP%20Annual%20Performance%20Report%202025.pdf

Due to the availability of data for National Health and Wellbeing Indicators 11 to 20, which are produced and published by Public Health Scotland, it was not possible to include financial year data (2024-25) for all indicators within the published report. The Annual Performance Report therefore contains financial year data for indicators 15, 17 and 19 (last 6 months of life, care services gradings and delayed discharge), with all other indicators in this subset being reported against the 2024 calendar year. The report will be updated as soon as financial year data is made available by Public Health Scotland for all indicators.

The Annual Performance Report has been formally submitted to the Scottish Government and will be submitted to Dundee City Council and NHS Tayside, as well as being electronically distributed to organisational stakeholders under the direction of the Strategic Planning Advisory Group.

The Annual Performance Report will be submitted to the Performance and Audit Committee on 24th September, 2025 to provide an opportunity for further scrutiny and discussion by members.

The IJB is asked to note the approval and publication of the Annual Performance Report and the planned submission of the report to the Performance and Audit Committee.

18 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP DELIVERY PLAN OCTOBER 2024-MARCH 2026 UPDATE - Page 435

(Report No DIJB60-2025 by the Chief Officer, copy attached – for noting).

19 STATUTORY REVIEW OF THE STRATEGIC COMMISSIONING FRAMEWORK - Page 447

(Report No DIJB53-2025 by the Chief Officer, copy attached – for noting).

20 MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES - Page 453

A copy of the attendance return (DIJB62-2025) for meetings of the Integration Joint Board held over 2025 is attached for information.

21 IJB DEVELOPMENT SESSIONS

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

27th August – Adult Support & Protection/Statutory Review of the Strategic Commissioning Framework
17th September – Engagement and Co-production
29th October – 2026/27 Budget Development Process
26th November – Equality Matters
17th December – 2026/27 Budget Development Process.

All sessions will be held in Meeting Room DH1-1, Dundee House between 10am – 12 noon. There will be an option to join remotely for those unable to attend in person.

22 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held on Wednesday, 22nd October, 2025 at 10.00am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED JUNE 2025)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
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
NON VOTING MEMBERS	
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	Vacant
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
PROXY MEMBERS	
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

Organisation	Recipient
NHS Tayside (Chief Executive)	Nicky Connor
NHS Tayside (Director of Finance)	Stuart Lyall
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)	Elaine Holmes
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)	Richard Smith
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
NHS Tayside	Simon Dunn

ITEM No …3(a)……..

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 18th June, 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
Simon HILTON	Associate Director of Public Health
Christine JONES	Acting Chief Finance Officer
Glyn LLOYD	Chief Social Work Officer
Dr David SHAW	Clinical Director
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:-

Peter ALLAN	Dundee City Council
Jocelyn LYALL	Chief Internal Auditor
Sheila MCMAHON	Dundee City Council
Kathry SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership
Representatives of the Fairness Leadership Panel	

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
Jim McFarlane	Trade Union Representative
Raymond Marshall	Staff Partnership Representative
Dr Sanjay Pillai	Registered Medical Practitioner (not providing primary medical services)
Martyn Sloan	Person providing unpaid care in the area of the local authority

II DECLARATION OF INTEREST

Councillor McHugh declared an interest in the item of business at Article X of this minute by virtue of having been part of the Fairness Commission and the Third Sector Support Group.

III MINUTE OF PREVIOUS MEETING

(a) The minute of previous meeting of the Integration Joint Board held on 16th April, 2025 was submitted and approved.

(b) ACTION TRACKER

The Action Tracker (DIJB42-2025) for meetings of the Integration Joint Board was submitted and noted.

Following questions and answers the Integration Joint Board agreed:-

(i) to note that the Chief Officer would look at the suitability of meeting rooms to allow for meetings of the Integration Joint Board to be held in a hybrid format and report back at the next meeting; and

(ii) to note that Kathryn Sharp would arrange to invite Raymond Marshall to meetings of the Strategic Planning Advisory Group.

IV APPOINTMENTS COMMITTEE MINUTE OF MEETING – 30TH MAY, 2025

The minute of meeting of the Appointments Committee held on 30th May, 2025 was submitted for information and record purposes.

V PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB40-2025 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 DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2024/2025

There was submitted Report No DIJB37-2025 by the Acting Chief Finance Officer advising of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2024/2025.

The Integration Joint Board agreed:-

(i) to note the content and findings of the Internal Audit Annual Report 2024/2025 D03/26 (incorporating Report D03/25 – Internal Control Evaluation 2024/25) which was attached to the report as Appendix 1; and

(ii) to instruct the Chief Finance Officer to report progress towards meeting the findings of the Internal Control Evaluation report to the Performance and Audit Committee.

Following questions and answers the Integration Joint Board agreed to note that the Chief Officer was looking at bringing forward the commencement of the budget process for 2025/2026.

VII UNAUDITED ANNUAL ACCOUNTS 2024/2025

There was submitted Report No DIJB41-2025 by the Chief Finance Officer presenting the Integration Joint Board's Unaudited Annual Statement of Accounts 2024/2025.

The Integration Joint Board agreed:-

(i) to consider and agree the content of the Unaudited Final Accounts Funding Variations as outlined in Appendix 1 of the report;

(ii) to approve the Draft Dundee Integration Joint Board Annual Corporate Governance Statement as outlined in Appendix 2 of the report;

(iii) to note the Integration Joint Board's Unaudited Annual Statement of Accounts 2024/2025 as outlined in Appendix 3 of the report;

(iv) to note additional sustainability funding received from NHS Tayside (from Scottish Government allocation) and approve earmarking this within IJB Reserves to support whole-system and financial pressures in 2025/2026, as detailed in paragraph 3.3 of the report; and

(v) to instruct the Chief Finance Officer to submit the Unaudited Accounts to the IJB's external auditors (Audit Scotland) by 30th June, 2025 to enable the audit process to commence.

VIII FINANCIAL MONITORING POSITION AS AT MARCH 2025

There was submitted Report No DIJB38-2025 by the Acting Chief Finance Officer providing the Integration Joint Board with an update of the year-end financial position for delegated health and social care services for 2024/2025.

The Integration Joint Board agreed:-

(i) to note the content of the report including the year-end operational financial position for delegated services for the 2024/2025 financial year end as at 31st March, 2025 as outlined in Appendices 1, 2, and 3 of the report; and

(ii) to note the receipt of additional funding from NHS Tayside (from Scottish Government allocations) during 2024/2025 to support whole system pressures and sustainability, and note approval had been sought as part of the earlier report on Unaudited Annual Accounts 2024/2025 (Article VII on this agenda – report number DIJB41-2025) to earmark this within IJB Reserves to support whole-system and financial pressures in 2025/2026.

IX DUNDEE INTEGRATION JOINT BOARD BUDGET UPDATE 2025/2026

There was submitted Report No DIJB39-2025 by the Acting Chief Finance Officer providing an update on the delegated budget for 2025/2026 and implications for the range of investments and interventions to set a balanced budget for Dundee Health and Social Care Partnership for 2025/2026.

The Integration Joint Board agreed:-

(i) to note the improved financial position from 2024/2025 which had resulted in an increased level of General Reserves held to support financial planning and contingencies, as detailed in paragraph 4.2 of the report;

(ii) to note the receipt of additional funding from NHS Tayside (from Scottish Government allocations) to support whole system pressures and sustainability during 2024/2025 leading to an improvement in the IJBs reserves position, as detailed in paragraph 4.3 of the report;

(iii) to approve the application of these additional reserves to support the IJB's financial position in 2025/2026 and approve the revised savings and efficiency plans for 2025/2026 as detailed in paragraph 4.4, and also in Appendices 1, 2 & 3 of the report;

(iv) to approve further changes to updated External Commissioning plans, as detailed in paragraph 4.5 and Appendix 4 of the report; and

(v) to note that NHS Tayside set its budget on 24th April, 2025 and delegated budgets to Dundee IJB are in line with planning assumptions for 2025/2026.

X FAIRNESS LEADERSHIP PANEL REPORT 2025

There was submitted Report No DIJB33-2025 by the Chief Officer presenting the latest report from the Dundee Fairness Leadership Panel (FLP) and seeking support in implementing its recommendations in collaboration with other community planning partners.

The Chair welcomed members of the Leadership Panel to the meeting who spoke to the report. After questions and answers they were thanked for their attendance and contribution and withdrew from the meeting.

The Integration Joint Board agreed:-

(i) to endorse the report and the recommendations of the Dundee Fairness Leadership Panel (attached as Appendix 1 to the report);

(ii) to instruct the Chief Officer to ensure that the implementation of recommendations was supported by Dundee Health and Social Care Partnership, including through active participation in the Dundee Partnership's Child Poverty and Income, Attainment and Health Inequalities Strategic Leadership Group; and

(iii) to instruct the Chief Officer to ensure that the Strategic Planning Advisory Group considered the recommendations as part of their work to review the IJB's Strategic Commissioning Framework during 2025/2026.

XI HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 – STATUTORY ANNUAL REPORT

There was submitted Report No DIJB35-2025 by the Chief Officer seeking approval of the Integration Joint Board's first statutory annual report in relation to the Health and Care (Staffing (Scotland) Act 2019.

The Integration Joint Board agreed:-

(i) to note the requirement on Dundee Integration Joint Board to produce and publish an annual report under Section 3 (6) of the Health and Care (Staffing) (Scotland) Act 2019 by 30th June, 2025 (sections 4.2 and 4.3 of the report);

(ii) to approve the proposal that the Dundee Integration Joint Board and Dundee City Council produce and publish a joint annual report covering all aspects of social care and social work services (including early years services and housing support services) (section 4.4 of the report);

(iii) to approve the content of the draft annual report (attached as Appendix 1 to the report) as this related to the functions of the IJB and to note the content within the report that related to the functions of Dundee City Council would be considered at the City Governance Committee on 23th June, 2025; and

(iv) to note the planned approach to publication of the report following its approval by both the IJB and Dundee City Council (section 4.6 of the report).

XII CATEGORY 1 RESPONDER – ANNUAL REPORT 2024/25

There was submitted Report No DIJB43-2025 by the Chief Officer presenting an annual report of activity related to its status as a Category One Responder under the Civil Contingencies Act 2004.

The Integration Joint Board agreed:-

(i) to note the contents of the report;

(ii) to instruct the Chief Officer to bring forward a further annual report, for the period 2025/2026, in twelve-months in addition to any relevant reporting on Category 1 Responder activity made during the year; and

(iii) to note the current strategic risk would now be removed from the risk register.

XIII ANNUAL COMPLAINTS AND FEEDBACK REPORT 2024/25

There was submitted Report No DIJB36-2025 by the Chief Officer providing an analysis of complaints and feedback received by the Dundee Health and Social Care Partnership over the past financial year, 2024/2025. This included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure, and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Integration Joint Board agreed to note the analysis of Dundee Health and Social Care Partnership's complaints performance during 2024/2025, improvement actions and service compliments as outlined in the report.

Following questions and answers the Integration Joint Board agreed to note that Kathryn Sharp would further review the table in the report for completeness.

XIV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2025-28

There was submitted Report No DIJB34-2025 by the Chief Officer seeking approval of the Dundee Health and Social Care Partnership Plan 2025-2028.

The Integration Joint Board agreed:-

(i) to note the work undertaken to fully review and update the Dundee Health and Social Care Partnership Workforce Plan, including incorporating feedback and recommendations from national guidance and recent Audit work (sections 4.1 to 4.6 of the report;

(ii) to approve the Workforce Plan which was attached as Appendix 1 to the report; and

(iii) to instruct the Chief Officer to provide an update report to the IJB on a minimum of an annual basis, setting out progress towards achieving the actions set out within the plan.

XV MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB44-2025 for meetings of the Integration Joint Board held to date over 2025.

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

Following questions and answers the Integration Joint Board agreed:-

(i) to note the advice of the Chief Officer that work was ongoing to secure appointment to vacant positions of Service User Representative and Director of Public Health positions;

(ii) to note that Simon Hilton would check the position on submission of Annual Report on Public Health to the Integration Joint Board; and

(iii) to note that the Chief Officer would consider the possibility of Annual Reports being provided to the Integration Joint Board in advance of scheduled date of issue.

XVI IJB DEVELOPMENT SESSIONS

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

27th August – Mental Health and Adult Support & Protection
17th September – Engagement and Co-production
29th October – Equalities
26th November – topic to be confirmed
17th December – Budget.

All sessions would be held in Meeting Room DH1-1, Dundee House between 10am – 12 noon. There would be an option to join remotely for those unable to attend in person.

XVII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held on Wednesday 20th August, 2025 at 10.00am.

Ken LYNN, Chairperson

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 18TH JUNE, 2025

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	11/12/24	XVII	PROGRAMME OF MEETINGS OF INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE 2025	that a discussion would be arranged about options for a move to hybrid meetings and feedback would be provided.	Chief Officer	~~March 2025~~ June 2025	In Progress	Update will be provided at the IJB meeting on 20 August 2025.
2	19/02/25	VI	DUNDEE IJB PROPERTY STRATEGY UPDATE	that an update on the digital information that sits under the Property Strategy would be brought to a future IJB meeting.	Head of Health and Community Care	October 2025	In Progress	This has been added to the IJB report tracker as part of the property strategy update to be submitted in October 2025.
3	26/03/25	III	ACCOUNTS COMMISSION – IJB FINANCE BULLETIN 2023/2024	that consideration would be given to bringing a report to a future meeting about how integration was working including governance and accountability.	Chief Officer	October 2025	Complete	The IJB Development Session on 11 June on Assurance and Risk included a focus on arrangements for integrated working.
4	26/03/25	IV	DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2025/2026	that a report would be brought to a future IJB meeting reflecting on the consultation process.	Chief Officer	October 2025	Complete	Please see report DIJB53-2025 submitted for the 20 August 2025 meeting.
5	16/04/25	VIII	STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE	that the request from Raymond for Trade Union or Partnership colleagues in health to be represented would taken back to the SPAG for consideration.	Acting Head of Service, Strategic Services	June 2025	Complete	Membership has been confirmed and invites issued.
6	18/06/25	XIII	ANNUAL COMPLAINTS AND FEEDBACK REPORT 2024/25	that the table in the report would be further reviewed for completeness.	Acting Head of Service, Strategic Services		Complete	Incomplete data reflects data quality issues in the complaint's information recorded and subsequently reported by NHS Tayside. Staff working within the Partnership will continue to be reminded of the importance

								of accurate recording of complaints activity.
7	18/06/25	XV	ATTENDANCES	that consideration would be given to the possibility of Annual Reports being provided to IJB members in advance of the scheduled date of issue.	Chief Officer		Complete	Wherever possible reports that are in the public domain will be issued to IJB members for information as soon as they become available. Some IJB specific annual reports may also be able to be released to IJB members as part of the drafting process (timeline dependent). IJB members should note that some reports might subsequently require to be reissued as part of IJB papers.

ITEM No …4……..

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

REPORT ON: **FINANCIAL MONITORING POSITION AS AT JUNE 2025**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB49-2025**

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 30th June 2025 as outlined in Appendices 1, 2, and 3 of this report.

2.2 Note the actions being taken by Officers and Senior Management to address the current projected financial overspend position, with a report on progress and implications to develop a formal Financial Recovery plan to be presented at next IJB meeting (as detailed in section 4.5).

3.0 FINANCIAL IMPLICATIONS

3.1 The financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2026 shows a projected operational overspend of £4,946k after the utilisation of £2,429k from IJB Reserves as agreed at the IJB's budget setting meeting in March 2025.

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 and return to overall financial balance.

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 (Article IV of the minute of the meeting of 26 March 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.

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 £4,504k for the financial year.

4.3.2 Older People Services contribute a significant portion of this, with a projected overspend of £2,995k.

- The majority of this is 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 in recent months to continue 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.

- 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 remaining 9 months and initial assumptions relating to challenges to delivery £500k of savings through reduced overall placement levels.

- Psychiatry of Old Age (In Pat) 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 £1,005k to the position, mainly as a result of demand for Care Home placements and resultant spend.

4.3.4 Learning Disabilities services contribute a further £2,330k overspend to the position, predominantly linked to staffing budgets for Day Services and Accommodation with Support.

4.3.5 Projected spend against Physical Disability budgets is currently projecting an underspend of £744k, 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 are showing a projected overspend of £303k, predominantly linked to ongoing over-recruitment in Community Nursing Teams (£525k) 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. Consideration is also being given to recognising the increased community demands being experienced by the service.

4.3.7 Lead Partner Services managed by Dundee includes overspends within Specialist Palliative Care Services of £403k and Psychological Therapies of £200k. Both are linked mainly to staffing costs. Palliative Care services continue to progress the operational and strategic review of the Tayside-wide service and shifts towards enhanced community provision. Psychological Therapies continues to experience waiting times pressures with focussed recruitment to address this.

4.3.8 Other Support and Management budgets contribute an underspend of (£1,568k) through vacancies and the net impact of budget adjustment balances and anticipated reserves funding currently held in a centralised code.

4.3.9 Other Contractors includes General Medical Services and Family Health Services and is currently projecting a combined overspend of £519k. This includes an overspend relating to GP 2C practices.

4.3.10 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.

4.3.11 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.

4.3.12 Supplementary spend during the first 3 months of 2025/26 totals £1,186k. This includes £239k on additional part-time hours and overtime, £290k on agency, and £657k on bank nursing / sessional staffing. Absence rates for NHS employed staff within HSCP have averaged at 6.56% during the 3 months of 25/26. The working days lost for DCC employed staff within the HSCP for 3 months to June 2025 was 10.17%. Efforts are ongoing to support staff wellbeing through return-to-work policies where possible and appropriate, which in turn should address some of the spend relating to supplementary staffing.

4.3.14 GP and Other Family Health Services Prescribing continues to be monitored as 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 early stage of the financial year, projected spend is reporting better at £416k overspend. (It is normal for data to be received 2 months in arrears to allow for national review and verification, therefore at this stage, the figures include only one month of verified data).

4.3.15 2025/26 Pay Awards for both NHST staff and Dundee City Council staff are now known – 4.25% for NHS Agenda for Change, 4.0% for Medical and 4.0% for Council. These figures exceed the 2025/26 budget planning assumptions (which was calculated at 3%). It is assumed additional funding will be provided from Scottish Government to offset these increased costs and passed on in full by the partner bodies to the IJB therefore at this stage no additional cost pressure has been incorporated into the project position. Should it transpire that insufficient funding is received in due course, the impact of this will be highlighted in future reports.

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 £506k which mainly relates to a significantly higher spend within GP Out of Hours Medical Service led by Angus IJB. The Out of Hours overspend is as a direct result of changes to the patient pathway now embedded in the service model following Covid-19 pandemic and subsequent recovery. Work continues within the service to develop a financial recovery plan and future sustainable service delivery model, however the scale of the challenge to address the overspend has been recognised as a potential whole-system pressure and additional non-recurring funding has been provided by NHS Tayside to support the required time-scales to facilitate the required work in a sustainable manner. The benefit of this additional funding is incorporated into the financial report.

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 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.

4.5 Actions to resolve Projected Financial Gap

4.5.1 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 £4.9m, indicating that around 70% of savings and efficiencies are currently anticipated to be met.

4.5.2 At this stage of the financial year, the projected position is based on known spend and activity during the first 3 months of the year only, with projections based on anticipated trends and spend patterns for the remaining 9 months. This highlights a degree of uncertainty and estimation in the projections, but also allows time for actions to be taken to help address some of the financial challenges in a planned and managed way.

4.5.3 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.

4.5.4 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 key features of the 2024/25 Financial Recovery Plan alongside the 2025/26 Budget Proposals continue to be the key principals determining overall financial

management and these alongside other identified actions will be brought to the next IJB meeting as a formal 2025/26 Financial Recovery Plan.

4.5.5 It should be recognised that the IJB currently holds £644k of uncommitted general reserve funding (as detailed below in Table 1 of 4.6) and this will likely need to be utilised to offset any unplanned overspend that cannot be resolved through financial recovery action. Under the IJB's Integration Scheme, any overspend that cannot be resolved through financial recovery and use of reserves will invoke the risk share agreement with the IJB's Partner Bodies (NHS Tayside and Dundee City Council) to proportionately fund the remaining overspend.

4.6 Reserves Position

4.6.1 The IJB's reserves position was reduced at the year ended 31st 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
	£k
Mental Health	240
Primary Care	1,933
Drug & Alcohol	926
Strategic Developments	1,998
Revenue Budget Support	2,429
Service Specific	449
Systems Pressures funding	2,959
Other Staffing	155
Total committed	**11,091**
General	644
TOTAL RESERVES	**11,734**

4.6.2 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.

4.6.3 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.

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	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (which is an Extreme Risk Level)
Mitigating Actions (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
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level)
Approval recommendation	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: 25/07/25

Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2025/26

Jun-25

	Partnership Total	
	Net Budget £,000	Year End Overspend / (Underspend) £,000
Older Peoples Services	78,108	2,995
Mental Health	13,670	1,005
Learning Disability	36,884	2,330
Physical Disabilities	8,733	(744)
Drug and Alcohol Recovery Service	6,425	150
Community Nurse Services/AHP/Other Adult	19,302	154
Lead Partner Services	29,060	183
Other Dundee Services / Support / Mgmt	30,642	(1,308)
Centrally Managed Budgets	5,484	(261)
Total Health and Community Care Services	**228,307**	**4,504**
Prescribing & Other FHS Prescribing	36,363	314
General Medical Services	33,492	709
FHS - Cash Limited & Non Cash Limited	27,586	(88)
Large Hospital Set Aside	21,850	0
In-Patient Mental Health	0	0
Total	**347,598**	**5,439**
Net Effect of Lead Partner Services*	(5,494)	(493)
Grand Total	**342,104**	**4,946**

*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment

This page is intentionally left blank

			Appendix 2
	DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2025/26		**Jun-25**
		Partnership Total	
		Annual Budget £,000	**Projected Year End Overspend / (Underspend) £,000**
1			
	Psych Of Old Age (In Pat)	5,218	571
	Older People Serv. - Ecs	312	-40
	Integrated Discharge Team	1,116	-90
	Ijb Medicine for Elderly	5,923	525
	Stoke Neuro Rehab Unit (ward 4)	1,457	-10
	Medical (P.O.A)	928	115
	Psy Of Old Age - Community	3,006	-50
	Medical (MFE)	2,680	-88
	Care at Home	29,508	1,102
	Care Homes	29,743	1,401
	Day Services	1,300	-322
	Respite	540	-521
	Accommodation with Support	1,194	16
	Other	-4,818	385
	Older Peoples Services	78,108	2,995
2			
	Community Mental Health Team	4,745	110
	Tayside Adult Autism Consultancy Team	406	97
	Care at Home	1,152	-81
	Care Homes	643	787
	Day Services	65	-2
	Respite	-3	49
	Accommodation with Support	5,818	153
	Other	844	-107
	Mental Health	13,670	1,005
3			
	Learning Disability (Dundee)	1,795	-40
	Care at Home	-320	513
	Care Homes	3,321	446
	Day Services	9,802	945
	Respite	480	-106
	Accommodation with Support	23,975	811
	Other	-2,169	-239
	Learning Disability	36,884	2,330
4			
	Care at Home	1,101	190
	Care Homes	2,238	-606
	Day Services	76	44
	Respite	-43	-29
	Accommodation with Support	813	66
	Other	4,548	-409
	Physical Disabilities	8,733	-744
5			
	Dundee Drug Alcohol Recovery	4,929	100
	Care at Home	0	0
	Care Homes	380	169
	Day Services	70	-27
	Respite	0	0
	Accommodation with Support	350	-133
	Other	696	41
	Drug and Alcohol Recovery Service	6,425	150

		Partnership Total	
		Annual Budget £,000	Projected Year End Overspend / (Underspend) £,000
6			
	A.H.P.S Admin	543	-18
	Physio + Occupational Therapy	8,320	-265
	Nursing Services (Adult)	9,657	525
	Community Supplies - Adult	343	65
	Anticoagulation	531	-50
	Other Adult Services	-93	-104
	Community Nurse Services / AHP / Other Adult Services	19,302	154
7			
	Palliative Care - Dundee	3,867	245
	Palliative Care - Medical	1,800	120
	Palliative Care - Angus	493	13
	Palliative Care - Perth	2,336	25
	Stroke Neuro Rehab Unit (ward 5)	2,244	-40
	Dietetics (Tayside)	4,685	200
	Sexual & Reproductive Health	2,851	73
	Medical Advisory Service	88	-8
	Homeopathy	43	13
	Tayside Health Arts Trust	88	0
	Psychological Therapies	7,410	125
	Psychotherapy (Tayside)	1,320	-55
	Perinatal Infant Mental Health	221	0
	Learning Disability (Tay Ahp)	987	-150
	Lead Partner Centrally Managed	627	-377
	Lead Partner Services	29,060	183
8			
	Working Health Services	0	45
	The Corner	697	-10
	Ijb Management	908	-65
	Partnership Funding	25,100	0
	Urgent Care	1,823	-70
	Community Health Team	213	-65
	Health Inclusion	1,407	-110
	Primary Care	852	10
	Support Services / Management Costs	-359	-1,043
	Other Dundee Services / Support / Mgmt	30,642	-1,308
	Centrally Managed Budget	5,484	-261
	Total Health and Community Care Services	**228,307**	**4,504**
	Other Contractors		
	FHS Drugs Prescribing	36,486	416
	Other FHS Prescribing	-123	-102
	General Medical Services	33,028	509
	Dundee 2c (gms) Services	463	200
	FHS - Cash Limited & Non Cash Limited	27,586	-88
	Large Hospital Set Aside	21,850	0
	In-Patient Mental Health	0	0
	Grand H&SCP	**347,598**	**5,439**
	Lead Partner Services Recharges Out	-17,610	-111
	Lead Partner Services Recharges In	12,016	506
	Hosted Recharge Cost Pressure Investment	100	-888
	Hosted Services - Net Impact of Risk Sharing Adjustment	**-5,494**	**-493**
	Grand Total	**342,104**	**4,946**

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - Jun 25			
	Annual Budget £000s	Projected End Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,376	28	11
Out of Hours	10,391	1,912	753
Tayside Continence Service	1,627	521	205
Locality Pharmacy	2,417	0	0
Speech Therapy (Tayside)	1,651	92	36
Sub-total	**17,462**	**2,553**	**1,006**
Apprenticeship Levy & Balance of Savings Target	18	48	19
Total Lead Partner Services - Angus	**17,480**	**2,601**	**1,025**
Lead Partner Services - Perth & Kinross			
Prison Health Services	5,718	(512)	(202)
Public Dental Service	3,349	(458)	(180)
Podiatry (Tayside)	4,121	(344)	(136)
Sub-total	**13,188**	**(1,314)**	**(518)**
Apprenticeship Levy & Balance of Savings Target	(170)	(2)	(1)
Total Lead Partner Services - Perth&Kinross	**13,018**	**(1,316)**	**(519)**
Total Lead Partner Services from Angus and P&K	**12,016**		**506**

This page is intentionally left blank

	Dundee IJB - Budget Savings List 2025-26		Appendix 4
	Agreed Savings Programme		
	Efficiency / Management Action	**2025/26 Value £000**	**Risk of non-delivery**
	Recurring Actions		
1)	Dundee City Council Review of Charges – Additional Income	374	Low
2)	Additional Community Alarm Charge to DCC Housing	34	Low
3)	Removal of long-term vacant posts (staff slippage / vacancy factor)	1,300	Low
4)	Joint commissioning of POA beds with neighbouring IJB	971	Medium
5)	Review and reduction of High-Cost care packages and additional 1:1 support spend	200	Medium
6)	Maximising opportunities through alternative funding	200	Low
7)	Reduction in supplementary staffing spend (3% target)	225	Low
8)	Review and reduction of Senior Management Structure	500	Low
9)	Admin efficiency review	100	Medium
10)	Benefits from Pharmacy transformation workstream within NHST	500	Medium
11)	Care at Home Efficiencies (to address existing overspend)	0	Medium
	Total Recurring Operational Efficiency Initiatives	**4,404**	
	Non-Recurring Proposals		
12)	Further 0.25% operational efficiency target	507	Medium
13)	Management of natural staff turnover / vacancy management	200	Low
14)	Restructuring of funding to ADP	500	Low
	Total Non Recurring Initiatives	**1,207**	
	Total Operational Efficiencies and Non-Recurring Initiatives	**5,610**	

	Savings	**2025/26 Value £000**	**Risk of non-delivery**
	Recurring Proposals		
1)	Remove Demographic growth investment	2,046	Low
2)	Reduction in uplift funding provision to external providers	1,492	Low
3)	Reduction of Commissioned Care Home beds	500	Medium
4)	Third Party Commissioned Service	1,000	Medium
5)	Housing with Care review	300	Low
6)	Community Meals Service review	100	Low
7)	Palliative Care and MfE service review	200	Medium
8)	Digital Transformation and Agile Working opportunities	1,000	High
9)	Charging policy review	200	High
10)	Whole system charging process, eligibility criteria and income maximisation	500	Medium
	Total Recurring Savings Proposals	**7,338**	
11)	Utilisation of IJB Reserves	550	Low
12)	Reduction of Transformation Reserve	1,500	Low
13)	Further utilisation of IJB Reserves	379	Low
14)	Whole-system cost pressure funding	2,171	Low
	Total Non-Recurring Proposals	**4,600**	
	Total Savings Proposals	**11,938**	

This page is intentionally left blank

ITEM No …5……..

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

REPORT ON: **2025/26 BUDGET AND SAVINGS DELIVERY PROGRESS UPDATE**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB46-2025**

1.0 PURPOSE OF REPORT

1.1 To provide the Integration Joint Board with a progress report and update to actions and reviews being undertaken to deliver the 2025/26 Financial Plan and Balanced Budget

2.0 RECOMMENDATIONS

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

2.1 Notes the progress to deliver the required actions and reviews in Section 4 of this report

2.2 Instructs Chief Finance Officer to provide a further update on ongoing and outstanding reviews no later than 31 December 2025.

2.3 Approves recommendation to progress recommissioning of Rockwell Housing with Care provision, as detailed in section 4.3 and Appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 This report provides an update to the proposals set out and previously approved for an overall budget for 2025/26 for Dundee Integration Joint Board of £322m.

4.0 MAIN TEXT

4.1.1 The IJB's 2025/26 budget for delegated services was approved at the meeting of the IJB held on 26 March 2025 (Article IV of the minute of the Dundee Integration Joint Board held on 26 March 2025 refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balance budget position going into 2025/26 financial year, based on information available to Officers at that time.

4.1.2 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.

4.1.3 The budget report included proposals to undertake a number of service reviews with an anticipation of being able to deliver efficiencies and savings as part of the 2025/26 financial plan. An update to each of these is noted in the following sections.

4.1.4 An update to each of these is noted in the following sections, along with further detailed information in the associated appendices

4.2 <u>Community Meals Review (25/26 planned savings of £100k)</u>

4.2.1 The Community Meals Service prepares and delivers meals twice a day to citizens who are unable to prepare meals for themselves. In March 2025 paper DIJB14-2025 Appendix 9A (Article IV of the minute to the Dundee Integration Joint Board held on 26 March 2025 refers) was submitted to the IJB and approval was given to conduct a review of the current model for the Community Meals Service with a view to reducing revenue costs by £100k during 2025/26.

4.2.2 Substantial progress has been made with the review process:

- Further analysis of recent data from the service has been undertaken to better understand patterns of demand and reasons for variations experienced over the last three-year period. This has included further analysis of the demographic profile of services users and of their health and social care needs.

- A comprehensive and respectful consultation has been undertaken with service users and, where appropriate, their families and representatives. The purpose of this consultation was to: ensure transparency around the review; gather feedback on the potential impact of any service redesign; and, uphold the dignity and voice of each service user within the review process. This significantly enhances the information already available from the IJB's previous Budget Consultation exercise.

- Workforce engagement has taken place, supported by Trade Unions. As well as having important experience and expertise to inform the development of proposals for a new model provision, there will also be engagement in line with Dundee City Council's organisational change policies in terms of impact on individual employees.

- Analysis of the efficiency of individual meal delivery routes has been undertaken. Each delivery route has been carefully evaluated to identify opportunities for streamlining operations without compromising service quality or coverage. This has led to the identification of changes to optimise travel time, reduce duplication and improve overall logistical efficiency within the current service model, as well as contributing to the wider review process.

- In-depth review of the delivery model for sheltered housing sites. This has also led to the identification of changes to improve overall logistical efficiency within the current service model.

- Engagement with Environmental Health Officers at Dundee City Council has been progressed to identify changes to practices to reduce food wastage and associated costs.

- Work has begun to understand the interdependencies between the Community Meals Service and other services, with a particular focus on social care services.

4.2.3 It is currently anticipated that the review will conclude and recommendations made to the IJB by 31 December 2025 at the latest.

4.3 <u>Housing with Care Review (25/26 planned savings of £300k) (further information in Appendix 1 and IIA in Appendix 2)</u>

4.3.1 Housing with Care is delivered at nine sites across Dundee; three sites are internal services delivered by the Partnership and six are externally commissioned services (total commissioned resource of 1000 hours). Internal Housing with Care provision is based on Baluniefield and Brington (working in tandem) and at Rockwell Gardens.

4.3.2 The review of the Housing with Care Service is now complete and a full report, including outcomes and recommendations is attached as Appendix 1 for consideration by the IJB.

4.3.3 Net anticipated budget savings of £540k per annum are anticipated from the Housing with Care Review, as detailed in Appendix 1.

4.4 Palliative Care Review (25/26 planned savings of £100k)

4.4.1 In March 2025 paper DIJB14-2025 Appendix 10 (Article IV of the minute to the Dundee Integration Joint Board held on 26 March 2025 refers) was submitted to the IJB and approval was given to conduct a whole service review that would consider alternative models of care with a primary aim of identifying revenue savings of £100k in 2025/26 whilst also considering how to reduce demand on inpatient beds where appropriate.

4.4.2 In August 2024 the IJB agreed Transformation funding of £115k to allow the recruitment of a Project Officer / Manager to review palliative care services on a whole system basis (item 7 of the minute of the meeting of the Dundee Integration Joint Board held on 21 August 2024 refers) which aligns to Tayside Together priorities and the National Palliative Care Strategy. This Project Manager has now commenced in post and an initial high level programme plan has been produced with workplan and scoping exercises to follow-on from this. A Steering Group and Operational Improvement Group have also been established.

4.4.3 Planned future review activity includes:

- Day of Care Audits for both inpatient units in August 2025 to understand the patient group that are currently within the inpatient units on that given day. This enables a full multi-disciplinary discussion to understand the circumstances around each admission and what could potentially have prevented that admission and/or what would be needed to support patients at home. This rich data offers a live review of what the service provides whilst equally understanding where gaps in community-based services maybe, consideration of unmet needs and appropriateness of inpatient admission. It is important to note that this information although rich is not totally representative of the needs of the population as only reviews the inpatients who are present on that day.

- A patient eco mapping exercise is being planned to identify where patients and staff consider any gaps in service provision are and any improvements that can be made.

4.4.4 Whilst the review process progresses other work is continuing to manage ongoing budget pressures includes:

- Recruitment to all medical posts is now complete, with significant reduction in long term sickness absence. International medical trainee placements will come to an end in August so will no longer incur additional costs.

- Senior Charge Nurse is utilising electronic safe staffing daily tools to illustrate patient dependency and ensure that staffing meets obligations in relation to safer staffing legislation. All sickness absence is being managed within the agreed policies with a reduction noted in short term absence in the first quarter of the year. Supplementary staffing usage over this quarter has reduce by 44% compared to the same period in 24/25.

- The Principal Pharmacist continues to work within the service to ensure there is safe and cost-efficient prescribing of medicines. It is recognised that the cost of medications per month can fluctuate depending on the patient group who are within the inpatient service at the time.4.4.5

4.4.5 It is currently anticipated that the review will conclude and recommendations made to the IJB by 31 December 2025 at the latest.

4.5 Medicine for the Elderly Review (25/26 planned savings of £100k)

4.5.1 In March 2025 paper DIJB14-2025 Appendix 11 (Article IV of the minute to the Dundee Integration Joint Board held on 26 March 2025 refers) was submitted to the IJB and approval was given to review Medicine for the Elderly services to ensure sustainable use of resources and with a view to reducing revenue costs by £100k.

4.5.2 To support the review process the following areas of work have been progressed by the service:

- Ongoing review of bed base and ward configuration alongside the wider system demands, capacity and flow and Discharge without Delay priorities. This includes consideration of clinical risks arising from the current ward configuration.

- Creation of a Planned Date of Discharge Workstream, including learning and development materials for ward staff and a focus on supporting Patient Centred Discharge Planning. The interface with Care Homes is also being reviewed to better support morning and weekend discharges.

4.5.3 Whilst the review process progresses other work is continuing to manage ongoing budget pressures. In particular, all vacancies will be fully recruited to by end of September 2025 when the full allocation of Newly Graduated Practitioners will take up post across the 3 ward areas. It is anticipated that this will subsequently significantly reduce supplementary staffing spend for the remainder of 2025/26.

4.5.4 It is currently anticipated that the review will conclude and recommendations made to the IJB by 31 December 2025 at the latest.

4.6 Charging and Income Maximisation Review (25/26 planned savings of £700k)

4.6.1 In March 2025 paper DIJB14-2025 Appendix 1 (Article IV of the minute to the Dundee Integration Joint Board held on 26 March 2025 refers) was submitted to the IJB and approval was given to conduct a review and work with Dundee City Council to further review charges for social care services, with a view to improving the revenue position by £700k.

4.6.2 Significant progress has been made with a core working group with a number of sub-groups from across HSCP services and wider Council teams (including Council Advice Services, IT, Corporate Finance) to maximise income receipts for chargeable services in a fair and transparent manner.

4.6.3 The work undertaken to date has identified opportunities to improve internal processes through efficiencies, data capture and communication with service users.

4.6.4 The review remains ongoing with further work planned to review rates for chargeable services, further potential improvements to internal processes and further consideration of use of digital opportunities (both internally and through interaction with service users).

4.6.5 A further update will be presented no later than 31 December 2025.

4.7 Third Party Commissioned Services review (25/26 planned savings of £1,000k)

4.7.1 Cumulative savings of £442k current year (and £512k recurring) have previously been identified via decisions already made by the IJB as part of the budget setting process and subsequently at the June 2025 meeting (Article IX of the meeting of the Dundee Integration Joint Board held on 18 June 2025 refers). In addition, further areas of progress are:

- An estimated £200k has been identified through review of end of year surpluses to be returned by provider organisations to the Partnership.

- The review of models of provision and commissioning for homeless and housing support services continues to be progressed in collaboration with Neighbourhood Services. This will be a priority are over the next three-month period.

- The Alcohol and Drug Partnership (ADP) has substantively progressed their review of commissioned services, with initial information gathering will all commissioned services due to conclude in early August, before further evaluation work is undertaken via the ADP's Commissioning Group and recommendations made to the ADP.

- A consultation regarding management charges made by external providers has been completed, including detailed information gathering and analysis. The findings from this exercise are currently being consider by relevant Senior Managers to inform next steps after which there will be further communication with providers.

- Work is also being undertaken to establish a Partnership framework for assessing sustainability risks within provider organisations to ensure ongoing oversight and appropriate management of any emerging risks. Initial discussions have identified in-year financial position, reserve levels, governance arrangements, workforce, and scrutiny and regulation as areas for potential inclusion. Officers are also identifying examples of best practice from other public sector organisations in terms of their arrangements for monitoring sustainability risks.

4.7.2 A further update on these areas of work will be provided to the IJB no later than 31 December 2025.

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.

A separate IIA is attached in relation to Appendix 1.

6.0 RISK ASSESSMENT

Risk 1 Description	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 Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 5x Impact 5 = Risk Scoring 25 (Extreme)
Mitigating Actions (including timescales and resources)	• Developing a robust and deliverable savings, efficiencies and transformation programme. • 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. • Application of IJB's reserves
Residual Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Planned Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Approval recommendation	Although the risk levels remain high, the development of a savings plan and availability of reserves will reduce the risk level.

7.0 CONSULTATIONS

7.1 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	X *

	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

*Specific Direction attached to Appendix 1 for Housing with Care Proposal

9.0 BACKGROUND PAPERS

9.1 None

Christine Jones
Acting Chief Finance Officer

DATE: 24 July 2025

Fiona Gibson, Interim Service Manager (Community Services)

Fiona Barnett, Service Manager (RVH Inpatient Services)

Kathryn Sharp, Acting Head of Service, Strategic Services

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

REPORT ON: **REVIEW OF HOUSING WITH CARE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB46-2025 - APPENDIX 1**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update on the outcomes and recommendations arising from the review of Housing with Care services.

2.0 RECOMMENDATIONS

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

2.1 Notes the progress to date to review the Housing with Care service

2.2 Note the work undertaken to realign Housing with Care service at Brington and Baluniefield to mainstream Care at Home provision

2.3 Note the ongoing review work relating to Housing with Care provision at Rockwell and approves the recommendation to progress with amending the commissioning arrangements for this service through a legally complaint procurement route.

3.0 FINANCIAL IMPLICATIONS

3.1 The actions being taken along with the proposed recommendation will release net budget from the existing Housing with Care service of approximately £540k per annum

3.2 As detailed in section 4.3, 10 Social Care Officer posts currently aligned to Baluniefied and Brington Housing with Care service (300 hours per week) are to be deleted, with the individual staff members to be realigned to existing vacancies in mainstream Care at Home Service. The deletion of these posts will reduce budgets by £308k per annum. The care packages associated with the individual service users in these locations will also align to mainstream Care at Home Service

3.3 As detailed in section 4.4, it is proposed that 15 Social Care Officer posts currently aligned to Rockwell Housing with Care service (450 hours per week) are to be deleted, with the individual staff members aligned to existing vacancies in mainstream Care at Home Service. The deletion of these posts will reduce budgets by £472k per annum

3.4 As detailed in 4.4.11, an externally commissioned service is proposed to provide the required packages of care for the individuals residing in Rockwell. This is anticipated to commission 250 hours per week and cost £298k per annum.

3.5 As detailed in 4.4.4, it is anticipated that through the alternative provisioning of the Housing with Care service, voids costs that are currently being incurred will be avoided, with a projected annual cost reduction of £56k per annum.

4.0 MAIN TEXT

4.1 In March 2025 paper DIJB14-2025 Appendix 8A (Article IV of the minute to the Dundee Integration Joint Board held on 26 March 2025 refers) was submitted to the IJB and approval was given to conduct a review of the current model for commissioning Housing with Care with a view to reducing revenue costs.

4.2 Housing with Care is delivered at nine sites across Dundee; three sites are internal services delivered by the Partnership and six are externally commissioned services (total commissioned resource of 1000 hours). The three sites provided internally by the Partnership are:

- Rockwell Housing with Care which is staffed by 15 Social Care Workers (4 posts at present are vacant). This has an established resource of 450 hours.
- Baluniefield and Brington who work in tandem and are staffed by 10 Social Care Workers (3 posts at present are vacant). This has an established resource of 300 hours.

At the present time there are a total of 16 service users supported across the three internal sites. Compared to the mainstream Care at Home teams this is a relatively low figure and is solely dependent on the numbers of housing stock available and care hours available.

4.3 Brington and Baluniefield – Review Outcomes

4.3.1 The Brington and Baluniefield Housing with Care sites have experienced persistently low occupancy levels, primarily due to the unsuitability of the property types in meeting the evolving health and social care needs of potential service users, as well as a lack of alignment with individual preferences. As a result, the continued delivery of on-site social care services at these locations has become increasingly inefficient.

4.3.2 Following a detailed review, an operational decision was made to transition the care packages for the small number of remaining service users at these sites to the mainstream Care at Home service within Dundee Health and Social Care Partnership. This approach ensures continuity of care while aligning resources more effectively with service demand. Operational managers undertook consultation with service users, trade unions, and the workforce at both sites to support a smooth transition. All affected staff have been successfully redeployed into existing vacancies within the mainstream service, where they continue to support the care needs of individuals, including those remaining at Brington and Baluniefield.

4.3.3 As a result of this realignment, 10 posts associated with the Housing with Care model at these sites can be deleted from budget, generating a total annual saving of £401k. This change reflects a more sustainable and responsive use of resources while maintaining high standards of care for those affected.

4.4 Rockwell Gardens – Review Outcomes and Recommendation

4.4.1 Rockwell Gardens is owned and managed by Bield Housing & Care, who have in place a committed on-site team comprising:

- 1 Scheme Manager
- 1 Cook
- 2 Scheme Assistants
- A team of volunteers

This team works collaboratively to ensure that tenants receive not only practical support but also opportunities for meaningful engagement. Their responsibilities include conducting regular wellbeing checks, responding to individual needs, and coordinating a range of social and recreational activities aimed at promoting health, inclusion, and quality of life. Other important aspects of the current operating model include:

- Rockwell Housing with Care is equipped with dedicated kitchen facilities designed to meet the dietary needs of all tenants. These facilities are an integral part of the service model and enable the preparation of fresh, nutritious meals on-site. All tenants residing in the sheltered housing component of the service receive meals that are prepared daily within the premises. It is important to note that the provision of meals is embedded within the tenancy agreements and forms a core element of the support offered at Rockwell.

- Rockwell Housing with Care benefits from a well-established warden service that plays a vital role in supporting the safety, wellbeing, and independence of tenants. In the context of sheltered housing, a warden—also referred to as a scheme manager—is a dedicated on-site presence responsible for overseeing the day-to-day running of the service, providing regular welfare checks, and acting as a key point of contact for tenants.

- Each individual flat and all communal areas within the Rockwell site are equipped with community alarm systems, including pull cords and technology-enabled sensors such as linked smoke alarms. These systems are designed to promote safety, independence, and peace of mind for tenants. During normal working hours, these alarms are monitored by Bield Housing & Care through their BR24 monitoring system. Outside of these hours, responsibility for monitoring and response is transferred to the SCRS team, who operate 24 hours a day, 365 days a year. The SCRS team responds promptly to any activated alarms, providing reassurance and practical support as required.

There are no plans to alter any of these key features of the operational delivery model as they are integral to the quality of care provided and outcomes and experiences of service users. However, the review has identified that the delivery mechanism via internal services is not the most efficient route through which to provide the service.

4.4.2 The Partnership has identified that the internal Housing with Care service costs significantly more to provide than the service commissioned from the already established external housing with care providers. The current hourly rate for externally commissioned services is £22.95 compared to £27 per hour in the Partnership's own service (both figures include the recent social care 2025/2026 uplift to ensure an accurate comparison).

4.4.3 Under the current arrangements at Rockwell Housing with Care, on-site social care staff are available daily from 7:00 a.m. to 10:00 p.m., providing support to tenants as part of the commissioned Housing with Care model. The service is designed to deliver 250 hours of care and support per week across the site. However, current data indicates that the team is delivering 160 hours per week, which highlights a significant inefficiency in the deployment of resources relative to the commissioned hours.

In addition to scheduled care, tenants can request additional support through the BR24 alarm system, which allows them to activate calls for assistance as needed. These responsive visits are included within the 250-hour weekly allocation, rather than being additional to it.

At present, the service supports only 9 tenants, and the current staffing model may not reflect the most efficient or sustainable approach to meeting their needs. This reinforces the case for reviewing the commissioning model to ensure that care delivery is both person-centred and financially viable.

4.4.4 An important consideration in the review of the Housing with Care service is the financial impact of void properties—flats that remain unoccupied with no immediate housing allocation. During the financial year 2024/2025, the total cost of void-related invoices charged back to the Dundee Health and Social Care Partnership amounted to approximately £56k. It is important to note that these invoices are generated by Bield Housing & Care at the conclusion of each void period. As such, the total figure includes costs associated with void periods that may have commenced prior to the 2024/2025 financial year. This highlights the ongoing financial pressure associated with unoccupied units and underscores the need for a redesign of how the services is commissioned.

4.4.5 The current model of care delivery within Housing with Care settings relies heavily on a nomination-based approach, where individuals are referred through the Housing Allocation Panel based on an assessed need for both housing and care. While this model ensures that those with complex needs are prioritised, it also presents several limitations.

One of the key challenges is that nominations are not always consistent, leading to prolonged void periods when suitable candidates are not available. This results in inefficiencies and increased costs, while also limiting opportunities for social interaction and community cohesion within the service. To address these issues, it is recommended that a mixed model of care delivery be adopted as the commissioned approach moving forward. Under this model:

- Nominations would still be accepted for individuals with identified housing and care needs.
- Existing sheltered housing tenants would also be eligible to receive care and support as their needs evolve, without requiring a formal nomination or relocation.

This approach supports a blended environment of self-management, informal peer support, and formal care provision, better reflecting the diverse and changing needs of the tenant population. A mixed model promotes greater flexibility, sustainability, and inclusivity, while also enhancing the sense of community and mutual support among residents. It ensures that care is delivered in a way that is both person-centred and responsive to real-time changes in need, making it a more resilient and future-proof solution.

4.4.6 Reducing the scale of internal provision of Rockwell Gardens would release social care workforce capacity for transfer to the mainstream Care at Home teams (where there are currently several vacant posts). This would help to stabilise the capacity in mainstream services without the time lag associated with recruitment and induction, whilst also helping to reduce the cost of sessional staff, overtime, and additional shifts. Housing with Care staff are on the same grade and terms and conditions as their colleagues in mainstream Care at Home teams.

4.4.7 It is known that there is capacity in the market and interest from already established housing with care external providers that could support a shift in the model of commissioning for Housing with Care from internal provision to provision via external providers. The current commissioned Housing with Care providers have demonstrated significant success in delivering a high-quality service to older people. Contractual arrangements that support the provision of these services also have flexibility to enable hours to be delivered from a wider range of sites than they do currently (i.e. contracts are not site specific). Legally compliant procurement routes are available to the Partnership should the IJB approve a shift in the commissioned model from internal to external provision.

4.4.8 Based on the current and proposed commissioning models for Housing with Care, the cost comparison for internal verses external service provision is:

Current Model
£27.00 per hour × 250 hours per week × 52 weeks = **£351k per year**

New Model
£22.95 per hour × 250 hours per week × 52 weeks = **£298k per year**

4.4.9 The review of the service has included consultation with current service users, unpaid carers, and family members as well as views sought as part of the IJB budget consultation survey. This has included providing service users with an opportunity to share their views around their experience of the current services and how proposed changes to the model of provision will impact them. There will be a particular focus on understanding the impact of any proposed options for change impacting service users in terms of protected characteristics under the Equality Act (2010). An overview of the feedback received is contained within Appendix A of this report. While there was a general understanding of the need for change, this was accompanied by anxiety about how the proposed redesign might affect relationships and the overall quality of care.

4.4.10 There are currently 15 Housing with Care posts within the Partnership linked to Rockwell Gardens HWC. Engagement with the workforce has been an essential element of the review process, supported by Trade Unions/ HR as appropriate. An overview of the feedback received is also contained within Appendix A of this report. As well as having important experience and expertise to inform the development of proposals for a new model of Housing with Care provision, there will also be engagement in line with Dundee City Council's organisational change policies in terms of impact on individual employees.

4.4.11 If the proposed changes to the commissioning model are formally agreed by IJB, a structured and carefully managed implementation process will be initiated to ensure a smooth transition for both service users and staff.

1. Second-Stage Service User Consultation
A further round of consultation with service users and their families will be undertaken to ensure they are fully informed, supported, and involved in the transition process. This will include clear communication about what the changes mean for them, how their care will be delivered, and who will be providing it.

2. Procurement and Contract Award
A sourcing strategy will be developed, including selection of the most appropriate compliant procurement route. This will ensure that the selected provider meets all quality, regulatory, and value-for-money criteria required by the Dundee Health and Social Care Partnership.

3. Detailed Transition Plan and Timeline
A comprehensive transition plan will be developed, including: a timeline of key milestones; definitions of roles and responsibilities; risk assessment and mitigation strategies; and communication plans for all stakeholders.

4. Staff Handover and Continuity of Care
To ensure continuity and minimise disruption, a handover period will be implemented during which current Rockwell staff will work alongside the incoming provider's team. This collaborative approach will support knowledge transfer, relationship building with tenants, and a consistent standard of care throughout the transition. To further safeguard the wellbeing of service users and staff, the following actions will also be undertaken:

- Induction and training for new staff on site-specific procedures and tenant needs.
- Joint care planning reviews to ensure accurate and up-to-date support plans.
- Ongoing monitoring and support from operational managers during the initial implementation phase.
- Feedback mechanisms for service users, families, and staff to raise concerns or suggestions.
- Wellbeing support for staff affected by the change, including access to HR and occupational health services.

This structured approach will ensure that the transition is safe, person-centred, and aligned with regulatory expectations, while maintaining the high standards of care that tenants at Rockwell Housing with Care have come to expect.

4.4.12 Should there be a change to the current commissioning model at Rockwell Housing with Care, robust oversight and governance arrangements will be implemented to ensure the continued safety, quality, and effectiveness of services provided to tenants. As part of the transition, a period of enhanced monitoring will be established. This will focus on quality assurance, ensuring that any new or revised service arrangements meet the expected standards of care and support. This monitoring will include regular reviews, performance tracking, and feedback from tenants and staff. In addition, the Care Inspectorate will continue to play a leading role in the regulatory oversight of the service. As the service will remain a registered care service, it will be subject to routine inspections and compliance checks in line with national standards. These inspections provide an independent layer of assurance and are essential in maintaining public confidence in the quality and safety of care delivery. These governance measures are designed to safeguard the wellbeing of tenants and ensure that any changes to service delivery are implemented responsibly, transparently, and with a continued focus on high-quality outcomes.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Supported persons could be unsettled by any change of provider with a risk of errors during the transition.
Risk Category	Political, Social, Operational
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a high Risk Level)
Mitigating Actions (including timescales and resources)	If approved a full transition program would be agreed to allow the person to adjust and the new provider's team time to learn how best to support the person.
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	It is recommended the IJB accept the mitigating actions and reduced risk and approve the recommissioning of the service.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of 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	

	2. Dundee City Council	X
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Chief Officer

DATE: 25 July 2025

Fiona Gibson, Interim Service Manager (Community Services)

This page is intentionally left blank

Appendix A

Overview of Service User and Family Feedback
As part of the service review and potential redesign, an additional comprehensive and respectful consultation process was carried out with all affected service users and, where appropriate, their families or representatives. In parallel, a staff consultation was also undertaken to ensure a holistic and inclusive approach.

The aim of the consultation was to:

1. Ensure transparency around the rationale for the proposed changes.

2. Gather meaningful feedback on the potential impact of the service redesign.

3. Uphold the dignity, voice, and experience of every service user and staff member involved

Consultations with service users were tailored to individual preferences and communication needs, using a mix of face-to-face meetings, telephone conversations, and written correspondence. All interactions were conducted in a sensitive, person-centred manner to ensure participants felt heard, respected, and supported throughout.

The feedback gathered has been carefully considered and directly informed the recommendations in this report. Where concerns were raised, mitigating actions have been explored through quality impact assessments to support continuity of care and wellbeing.

All nine service users at Rockwell engaged in the consultation. They expressed deep appreciation for the current service, particularly the longstanding relationships and trust built with the care team. A key strength identified was the availability of on-site staff who can respond flexibly to needs beyond the planned care package.

However, a shared concern among all service users was the potential loss of their existing care arrangements. Two individuals, who had recently transferred to the service, expressed anxiety about the professionalism and reliability of alternative providers based on past experiences. Similarly, a family member raised concerns about the safety and quality of care their relative might receive elsewhere.

While there was a general understanding of the need for change, this was accompanied by anxiety about how the proposed redesign might affect relationships and the overall quality of care.

Overview of Workforce Feedback
There are currently 12 frontline staff members at Rockwell HWC. Staff engagement formed a key part of the review process and was supported by Trade Unions where requested. Of the 12 staff, five completed the consultation document. Three staff members on long-term leave were also invited to participate but chose not to respond. Staff were given an extended deadline and encouraged to contribute, recognising the value of their experience and insight in shaping future service models. However, overall engagement was lower than anticipated.

Those who did respond emphasised the importance of having on-site staff to provide consistent and responsive care. They also suggested improvements such as increased staffing levels and a more structured rota to enhance service delivery. One staff member raised concerns about their ability to continue in their role if relocated due to health reasons, while another expressed openness to adapting to new ways of working. Both situations will be addressed in line with Dundee City Council’s organisational change policies to ensure fair and supportive outcomes for affected employees.

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB46-2025 – Appendix 1
2	Date Direction issued by Integration Joint Board	20 August 2025
3	Date from which direction takes effect	20 August 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)	N/A
6	Functions covered by direction	Housing with Care – Review of internal service provision
7	Full text of direction	To realign staffing and service provision from existing internal Housing with Care services to mainstream Care at Home provision; and establish a newly commissioned service for Housing with Care at Rockwell (in line with procurement policy).
8	Budget allocated by Integration Joint Board to carry out direction	£782k
9	Performance monitoring arrangements	Through HSCP Management team arrangement
10	Date direction will be reviewed	August 2026

Dundee Integration Joint Board Integrated Impact Assessment

There are 2 steps in this Integrated Impact Assessment process. **Step1** is a pre-assessment screening tool which should be completed for every IJB report. **Step 2** is the Integrated Impact Assessment record to be completed when screening has indicated that IIA is required.

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Complete all boxes with an X or an answer or indicate not applicable(n/a).

Document Title	Review of Housing with Care – Rockwell Gardens					
Type of document	Policy		Plan	X	Other- describe	
Date of this Pre-Integrated Impact Assessment Screening	08 July 2025					
Date of last IIA (if this is an update)						
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
The Purpose of this report is to consider recommendations to deliver Housing with Care services (Rockwell Gardens) in a more cost-efficient model						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
David Phillips, Integrated Manager, david.phillips@dundeecity.gov.uk						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
David Phillps , Integrated Manager, david.phillips@dundeecity.gov.uk						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Fiona Gibson – Associate Locality Manager Morven Ross- Bain – Team Manager Craig Willox – Contract Officer David Phillips – Integrated Manager						

Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	**Yes**	**No**
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

Will the recommendations in the report impact on the people/areas described below? When the answer is yes to any of the following an IIA must be completed	**Y**	**N**
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: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn	X	

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

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 Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).		X
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

An IIA is required when YES is indicated at any question in the screening section above.
The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.

From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	X	N	

In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)

Anticipated Date of IJB	20 August 2025	**IJB Report Number**	APPENDIX 1 OF DIJB46-2025
Date IIA completed	08 July 2025		

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment
*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

However, in practice, it has become evident that many individuals living in the wider community now receive care packages that are more complex and intensive than those currently in place within Rockwell Housing with Care. This shift reflects broader changes in the delivery of community-based care and the increasing ability of services to support higher levels of need in people's own homes.

In light of this, it is recommended that the Housing with Care model at Rockwell evolve towards a mixed care model. This approach would continue to provide planned care and support but would also place greater emphasis on peer support and community living, where residents can contribute to and benefit from mutual support networks. Such a model is better aligned with the strengths of the Rockwell environment, fostering social connection, reducing isolation, and enhancing wellbeing alongside formal care provision.

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
June 2025	Service user consultation	Service users	Morven Ross- Bain
June 2025	Front Line Staff Consultation	Social Care Workers	Morven Ross- Bain
June 2025	Trade Union notification	Trade Unions	Morven Ross- Bain/ HR
June 2025	DCC – HR	Human Resources	David Phillips (Integrated Manager)

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		**Explanation, assessment and potential mitigations**
Positive		It is anticipated that there is no impact on this characteristic. However, the engagement highlights that there are some concerns that there will be reduction in service quality if the commissioning model is changed. If the change is agreed, it is anticipated that a structured and carefully managed implementation process will be initiated to ensure a smooth transition for both service users and staff, including: 1. Second-Stage Service User Consultation 2. Contract Award and Procurement 3. Detailed Transition Plan and Timeline 4. Staff Handover and Continuity of Care 5. Period of enhanced monitoring focusing on quality assurance. This will include regular reviews, performance tracking and feedback from tenants and staff. In addition, the Care Inspectorate will continue to play a central role in the regulatory oversight of the service. As the service will remain a registered care service, it will be subject to routine inspections and compliance checks in line with national standards. These inspections provide an independent layer of assurance and are essential in maintaining public confidence in the quality and safety of care delivery.
No Impact	x	
Negative		
Not Known		

Disability		**Explanation, assessment and potential mitigations**
Positive		It is anticipated that there is no impact on this characteristic. However, the engagement highlights that there are some concerns that there will be reduction in service quality if the commissioning model is changed. If the change is agreed, it is anticipated that a structured and carefully managed implementation process will be initiated to ensure a smooth transition for both service users and staff, including: 1. Second-Stage Service User Consultation 2. Contract Award and Procurement 3. Detailed Transition Plan and Timeline 4. Staff Handover and Continuity of Care 5. Period of enhanced monitoring focusing on quality assurance. This will include regular reviews, performance tracking and feedback from tenants and staff. In addition, the Care Inspectorate will continue to play a central role in the regulatory oversight of the service. As the service will remain a registered care service, it will be subject to routine inspections and compliance checks in line with national standards. These inspections provide an independent layer of assurance and are essential in maintaining public confidence in the quality and safety of care delivery.
No Impact	x	
Negative		
Not Known		

Gender Reassignment		**Explanation, assessment and potential mitigations**
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		

Marriage & Civil Partnership		**Explanation, assessment and potential mitigations**
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		

Religion & Belief		Explanation, assessment and potential mitigations
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		

Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		

Sexual Orientation		Explanation, assessment and potential mitigations
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		

Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.

None identified.

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Identified Areas of Deprivation -				
	Positive	**No Impact**	**Negative**	**Not Known**
Strathmartine (Ardler, St. Mary's & Kirkton)		x		
North East (Whitfield, Fintry & Mill O'Mains)		x		
Lochee (Lochee Beechwood, Charleston & Menzieshill)		x		
Coldside (Hilltown, Fairmuir & Coldside)		x		
East End (Mid Craigie, Linlathen & Douglas)		x		
Maryfield (Stobswell & City Centre)		x		
West End		x		

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

The Ferry		x		

Description of impacts on Fairness-. Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.

As access to the service will continue to be based on assessed need there is no identified impact based on geographic localities.

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

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
Care Experienced Children and Young People		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers **and** carers who support a family member or friend without pay)		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive		It is anticipated that there is no impact on this characteristic. However, the engagement highlights that there are some concerns that there will be reduction in service quality if the commissioning model is changed. If the change is agreed, it is anticipated that a structured and carefully managed implementation process will be initiated to ensure a smooth transition for both service users and staff, including: 1. Second-Stage Service User Consultation 2. Contract Award and Procurement 3. Detailed Transition Plan and Timeline 4. Staff Handover and Continuity of Care 5. Period of enhanced monitoring focusing on quality assurance. This will include regular reviews, performance tracking and feedback from tenants and staff. In addition, the Care Inspectorate will continue to play a central role in the regulatory oversight of the service. As the service will remain a registered care service, it will be subject to routine inspections and compliance checks in line with national standards. These inspections provide an independent layer of assurance and are essential in maintaining public confidence in the quality and safety of care delivery.
No Impact	X	
Negative		
Not Known		
Serious & Enduring Mental Health Conditions		
Positive		

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

No Impact	x	The proposal is not considered to have any direct or indirect relevance to this fairness group.
Negative		
Not Known		
Homeless (risks of Homelessness)		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Drug and/or Alcohol issues		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Offenders and Former Offenders		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		

Socio-Economic Disadvantage and Inequalities of outcome – *consider if the following circumstances may be impacted for individuals in the following conditions/areas.*

		Explanation, assessment and any potential mitigations
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	**X**	
Negative		
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	x	
Negative		
Not Known		
Earnings & employment-including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	X	
Negative		
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	**x**	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to **Child Health**		
Positive		
No Impact	**x**	

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

Negative		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
Not Known		

Life expectancy

Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	x	
Negative		
Not Known		

Healthy Weight/Weight Management/Overweight / Obesity

Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	x	
Negative		
Not Known		

Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing

Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	x	
Negative		
Not Known		

Transport (including accessible transport provision and sustainable modes of transport)

Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	x	
Negative		
Not Known		

NOW COMPLETE THE **CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT** AT THE START OF STEP 2

Environment- Climate Change

Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change

Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		

Resource Use

Energy Efficiency and Consumption

Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		

Prevention, Reduction, Re-use, Recovery, or Recycling of Waste

Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		

Sustainable Procurement

Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		

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/

Strategic Environmental Assessment				
Statement 1				
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.				
Yes	**x**	**No**		
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes		**No**	**x**	*Use the SEA flowchart to determine whether this plan or proposal requires SEA.*

If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)

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.

T

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

ITEM No …6……..

Dundee Health & Social Care Partnership

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

REPORT ON: **5 YEAR FINANCIAL OUTLOOK 2025/26-2029/30**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB47-2025**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with a forecast of the medium to longer term financial challenges which are likely to impact on the IJB's future delegated budget and sets out the framework within which these challenges will be mitigated to enable the IJB's strategic priorities to be delivered within a balanced budget.

2.0 RECOMMENDATIONS

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

2.1 Notes the potential financial challenges which may impact on the IJB's delegated budget over the medium to longer term as set out in sections 4.1.1 to 4.1.9 and Appendix 1 to this report.

2.2 Approves the framework and range of principles under which the IJB will approach these challenges to ensure the IJB is able to deliver its strategic and commissioning priorities while delivering a balanced budget as set out in sections 4.1.10 and 4.1.11 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 This report sets out the potential financial gaps within the IJB's delegated budget over the coming years. Based on a range of current assumptions, this could potentially result in savings totalling approximately £52.5m being required over the next five financial years.

4.0 MAIN TEXT

4.1 Background

4.1.1 Since the establishment of Integration Joint Boards, the delivery of integrated health and social care services have been set within a context of severe financial restrictions to the Scottish Government's public spending and continued increases in demographic demand.

4.1.2 The financial position of the IJB had seen an improvement in financial years 2021/22 & 2022/23 despite these challenges, largely due to the impact of additional funding provided by the Scottish Government to invest in health and social care services to support demand pressures as well as to mitigate the financial impact of the Covid19 pandemic. This had enabled the IJB to deliver financial underspends over those years and therefore replenish its reserves to support the IJB's financial position. The effective future investment of these reserves will be critical to the longer-term financial sustainability of health and social care services within Dundee.

4.1.3 However the more recent financial years (2023/24 and 2024/25) has returned to a deficit position as a result of known and unplanned cost pressures that had evolved throughout each year. The budget planning process for 2024/25 recognised this pressure at the start of the financial year and identified £4m from Reserves to support the anticipated spend, however the operational overspend for 2024/25 totalled £7.2m resulting in a further eroding of reserves balances held.

4.1.4 The short-term reliance on non-recurring savings and use of Reserves during 2023/24 and 2024/25 enabled the IJB time to evaluate and understand the service demands and new ways of working following a period of stability post-Covid19 recovery. It was anticipated this period would be used to refresh and develop Transformation and Prioritisation plans to ensure the funding available to used effectively and efficiently to best meets the demands and strategic priorities of the local patients and service users. It is recognised that use of Reserves is time-limited and achieving ongoing financial sustainability is critical. A summary of the IJB's Reserves balances in noted in the table below

Table 1 – Annual Year End Reserves

Reserve Purpose	Closing Reserves @ 31/3/20	Closing Reserves @ 31/3/21	Closing Reserves @ 31/3/22	Closing Reserves @ 31/3/23	Closing Reserves @ 31/3/24	Closing Reserves @ 31/3/25
	£k	£k	£k	£k	£k	£k
Mental Health	36	527	1,825	635	1,036	240
Primary Care	176	2,424	5,277	1,535	1,859	1,933
Community Living Fund	0	613	613	613	0	0
NHST - Shifting Balance of Care	0	1,600	1,600	1,600	0	0
Drug & Alcohol	280	358	1,220	925	559	926
Covid-19	0	6,084	15,595	0	0	0
Strategic Developments	0	0	2,500	2,500	3,756	1,998
Revenue Budget Support	0	0	3,000	3,000	4,000	2,429
Interim Care	0	0	893	0	0	0
Service Specific	0	129	2,823	1,995	1,452	449
NHST - System pressures funding	0	0	0	0	0	2,959
Other Staffing	0	0	394	377	362	155
Total committed	**492**	**11,735**	**35,740**	**13,179**	**13,024**	**11,091**
General	0	2,094	3,258	10,789	4,789	644
TOTAL RESERVES	**492**	**13,829**	**38,998**	**23,968**	**17,813**	**11,734**

4.1.5 During the latter part of 2023/24 and throughout 2024/25, national priorities focussed on further progress to address hospital delayed discharge positions through supporting individuals to return home (or appropriate community setting) as soon as possible after being declared clinically fit to do so. This has placed increasing financial pressure on the IJB's delegated budgets through both demand volume and increasing complexity of individuals being cared for.

4.1.6 The scale of the budgetary challenges faced by the IJB since it was established in terms of budgeted cost pressures and the level of funding received from partner bodies can be illustrated by the level of annual savings the IJB has been required to make to balance the delegated budget as follows:

Table 2

Financial Year	Level of Savings Required to Balance Delegated Budget £000
2016/17 (baseline budget)	6,578

2017/18	2,840
2018/19	4,787
2019/20	5,936
2020/21	2,341
2021/22	2,042
2022/23	Nil
2023/24	5,137
2024/25	10,686
2025/26	17,548
Total	**57,895**

This position is net of any additional funding provided by the Scottish Government over that time and has clearly had a significant impact on the ability of the IJB to continue its aim of transforming health and social care services from within the delegated budget which is around £331m per annum.

4.1.7 The Scottish Government published its 'Medium Term Financial Strategy' and accompanying 'Fiscal Sustainability Delivery Plan' in June 2025. With regards to the economic and fiscal outlook, the reports highlights '*rising energy prices, inflation, and growing geopolitical instability contribute to an uncertain outlook'* and '*the fiscal and economic environment poses considerable challenges to Scotland's public finance'.* It goes on to state *'growth in overall funding for Scottish Government from the total UK Block Grant is only set to increase by 0.8 per cent per annum in real terms over the outlook period, with overall resource (day-to-day) funding growth of only 1 per cent per annum in real terms'* and *'day-to-day government spending, however, continues to face pressures from growing demand for public services and the cost of achieving statutory net zero and child poverty targets'.* It further recognises that '*spending pressures in health and social care are particularly acute' and 'measures to achieve efficiency savings and reforms will be essential to constrain this growth in spending to affordable levels while protecting the public services and social security'.* Without action, the national resource fiscal gap is projected to be £0.96 billion in 2026/27, rising to £2.62 billion in 2029/30. The Medium-Term Financial Strategy identifies 4 measures for overall Public Sector spend: increasing public value, efficiencies and productivity, service reform and prevention with an objective to '*ensure high quality public services, underpinned by reform and prioritisation to maximum effect*', and in particular health and social care will '*continue to focus of delivering efficiencies and service reform, through the NHS Operational Improvement Plan, the Population Health Framework and the Health and Social Care Service Renewal Framework*'.

4.1.8 It is therefore within this challenging financial constraint that public services in Scotland will be required to operate within over the medium term.

4.1.9 In March 2025, the Accounts Commission published their report 'Integration Joint Boards' Finance Bulletin 2023/24', as reported to the IJB on 26 March 2025 (Article III of the minute of meeting of 26 March 2025 refers). The report highlights that despite real term increase in funding, IJBs continue to face precarious financial conditions characterised by overspending, depletion of reserves, and reliance on one-off savings. The report also notes significant challenges, including widespread deficits, reduced reserves, and a projected funding gap of £457 million for 2024/25. The report underscores the need for collaborative efforts among IJBs, NHS, and council partners to transform services, invest in prevention, and improve outcomes.

4.1.10 Dundee Health & Social Care Partnership's (DHSCP) own financial modelling to establish the potential financial impact of both the range of cost pressures and the estimated funding from partners and the Scottish Government is set out in Appendix 1 to this report. This model makes a range of assumptions which are subject to change however represents the most up to date information DHSCP has in terms of future financial planning, including those from its statutory partner bodies. This includes known and assumed uplifts for staff pay awards, increases in demographic demand and increases in costs experienced by external care providers such as through the National Care Home Contract, again through the impact of high inflation levels. Further information on population health, including an updated population needs assessment is required to provide a basis for potential cost estimation for these factors.

4.1.11 Appendix 1 sets out an early indication of the scale of the financial challenge facing the IJB over the coming years. It is anticipated this information will support the IJB to focus on the need to continue to change and transform services and not rely on short term measures to balance the budget. The following range of principles set within an overarching financial framework should continue to drive the direction of travel and support the IJB to strategically plan to manage demand and improve health and social care outcomes for Dundee citizens while delivering a balanced budget.

- Ensure the delegated budget is targeted towards areas of spend which contribute to delivering the IJB's strategic priorities, specifically -
  - Continue to shift the balance of care from bed-based models of care to community-based health and social care services.
  - Prioritise investment in early intervention and prevention for longer term impact on demand for health and social care services.

- Maintain investment in services which contribute to the continued good local performance around delayed discharge and other national policy priorities.

- Ensure community-based health and social care services are as efficient and effective as possible while continuing to deliver care within expected quality standards, focussing on best value approach to minimise waste and inefficiency.

- Maximise use of the IJB's earmarked and non-earmarked reserves to provide short term investment which will develop longer term sustainability of service including the transformation programme reserve.

- Continue to work with statutory partners to develop the use of technology to enhance direct service user/patient contact and to support staff in the community to work in a more mobile way.

- Set out clearly the eligibility criteria under which the local population can access the range of health and social care services available, including signposting to the most appropriate services where applicable.

- Identify further partnering opportunities with the 3rd and independent sector.

- Increase the pace of major transformation programmes, ensuring these are properly resourced with supporting infrastructure.

- Pursue opportunities to access external funding to support specific initiatives (e.g. private, public and charitable funding).

- Continue to develop the IJB's workforce plan to set out clearly the future shape of the required workforce to ensure that staffing standards are met and to reduce the risk of incurring more expensive staff costs (e.g. use of agency staff).

- Continue to ensure the implementation of fair work practices in social care provider contracts.

- Work with statutory partners, including neighbouring IJB's to identify wider transformation programmes within which health and social care services can benefit.

4.1.12 The IJB's transformation programme currently consists of the following established projects:

- Mental Health and Learning Disability Whole System Change Programme
- ADP Strategic Framework and Delivery Plan
- Urgent and Unscheduled Care Board
- Planned Care
- Integrated Community Teams
- Primary Care Improvement Plan
- Digital Transformation (with NHS Tayside and Dundee City Council)

The progression of these remains critical to the IJB in terms of improving services, reducing risk (reflected in the current Strategic Risk Register), providing assurance to stakeholders and ensuring best value is achieved in the allocation of resources. Further areas of service transformation will be identified and reported throughout the year.

4.1.13 In addition, both of the IJB's statutory partners are progressing their own transformation and service change plans to secure future financial sustainability and it is likely that the implications of some of these workstreams will also positively impact on delegated health and social care services.

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	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 Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = 25 (Extreme)
Mitigating Actions (including timescales and resources)	Develop programme of budget development sessions to fully engage and inform the IJB with the implications of each years budget position and funding settlement Developing a robust Transformation Programme through the IJB's annual delivery plan. 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. Application of IJB's reserves.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Given the mitigating factors and the

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: 24/07/25

This page is intentionally left blank

Dundee IJB Delegated Budget **Appendix 1**

5 Year Financial Outlook 2025/26-2029/30

	2025/26	2026/27	2027/28	2028/29	2029/30
	£000	£000	£000	£000	£000
Estimated Baseline Budget	331,541	342,486	345,342	347,140	350,307
Estimated additional Cost Pressures	28,493	16,478	9,497	9,902	10,130
Estimated Funding Required	360,034	358,964	354,839	357,042	360,437
Estimated Funding Provided	342,486	345,342	347,140	350,307	353,537
Estimated Funding Gap	17,548	13,621	7,699	6,735	6,900
Total Funding Gap Over 5 Years					52,504

This page is intentionally left blank

ITEM No …7……

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

REPORT ON: **DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB57-2025**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Improvement Plan for 2024/25 and seek approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2025/26

2.0 RECOMMENDATIONS

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

2.1 Notes the progress in implementing the Dundee Primary Care Improvement Plan (PCIP) 2024/25 (attached as Appendix 1) and the key achievements as described in Section 4.

2.2 Approves the proposed actions for Dundee Health & Social Care Partnership for 2025/26 as described in Appendix 1 and notes the proposed allocation of funding as detailed in Section 3.

2.3 Note that aspects of the Plan which have been directed by the Scottish Government to be fully implemented continue to have ongoing gaps, for a range of reasons outlined.

2.4 Instructs the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1.

2.5 Notes the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund to the Dundee Primary Care Improvement Group as noted in Section 3.7 and 3.9.

2.6 Instructs the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Improvement Plan 2025/26 to a future IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 The Plan is supported by Scottish Government funding – Primary Care Improvement Fund (PCIF) - linked to the General Medical Services (GMS) 2018 contract. The spend has increased in 2024/25 as teams have continued to develop services and recruit staff to deliver the services.

3.2 A comparison of 2024/25 planned spend and actual spend is detailed in Table 1. And the year-on-year increased spend and service growth is shown in Table 2.

Table 1 2024/25 spend against allocation

	Approved PCIF Planned Spend	Actual Funding / Expenditure
	£'000	£'000
SG Allocation	***5,774***	**5,774**
Plus B/F Reserves from 23/24	***13***	**13**
Expenditure -		
VTP	*482*	511
Pharmacotherapy	*931*	912
CT&CS	*1,915*	1,950
Urgent Care	*926*	953
FCP / MSK	*554*	574
Mental Health	*260*	298
Link Workers	*230*	230
Other	*488*	361
Total	***5,787***	**5,787**
Year End Carry Forward	***0***	**0**

Table 2 Summary of Year-on-Year actual spend

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
VTP	76	157	171	220	441	482	511
Pharmacotherapy	208	352	494	589	758	769	912
CT&CS	50	355	772	890	1,585	1,862	1,950
Urgent Care	43	125	241	377	690	800	953
FCP / MSK	0	150	255	359	407	527	574
Mental Health	6	81	157	126	246	307	298
Link Workers	0	153	192	192	220	291	230
Other		88	247	201	698	641	361
Total	**383**	**1,461**	**2,528**	**2,955**	**5,046**	**5,678**	**5,787**

3.3 The allocation letter for 2025/26 has recently been received and is in line with expectations. National core funding has increased from £170m in 2024/25 to £190.8m in 2025/26, This comprises funding for PCIF inclusive of previous years' Agenda for Change uplift costs.

3.4 There are no reserves from 2024/25 being carried forward to contribute to this year's allowance.

3.5 The Planned spend for 2025/26 is noted in Table 3 below, including some further anticipated recruitment where teams are not yet at full capacity. Indicative recurring spend is also noted in this table, based on the assumption that all teams are fully recruited for the entire year.

3.6 2025/26 Agenda for Change pay award has been agreed at 4.25%; it is assumed that additional funding will be made available from Scottish Government to fund this, but this is not yet confirmed.

Table 3 Proposed 2025/26 Financial Plan

	2025/26 Planned Spend			Indicative Full Year Cost (Recurring)
	£'000			£'000
SG Allocation *	**6,400**			**6,400**
Utilisation of b/f Reserves	**0**			
Forecast Expenditure -				

VTP	540		540
Pharmacotherapy	1,000		1,355
CTAC	2,172		2,172
Urgent Care	1,154		1,227
FCP / MSK	621		658
Mental Health	325		349
Link Workers	268		286
Total	**6,080**		**6,586**
Strategic Earmark / Contingency / (Slippage)	151		(186)
Additional Non-Recurring	68		0
Other **	101		0
Total	**320**		**0**
Projected Total Annual Spend	**6,400**		**6,400**

*Including receipt of locally agreed inter-IJB reallocation of funding from Angus IJB and Perth & Kinross IJB
** Expenditure levels being reviewed, and alternative sources of funding being sought

3.7 Recruitment challenges have been experienced across most teams but remain most significant in Pharmacotherapy. The anticipated slippage in 2025/26 provides some flexibility across the wider funding allocation to continue to fund some non-recurring costs and allow consideration of alternative short-term spend for any other current year priorities. This will continue to be overseen by the Dundee Primary Care Improvement Group.

3.8 The expectation from Scottish Government remains that all areas of the Memorandum of Understanding (MOU) will be delivered but the greatest focus is on three areas as noted in previous reports: pharmacotherapy, care and treatment services and vaccination transformation, and these will become legally required.

3.9 The financial management of the Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director, as agreed previously, with the monitoring of this budget overseen by the Dundee Primary Care Improvement Group. The Local Medical Committee remains core to this process and has to agree all plans, including finance.

3.10 There is a gap in the ability to continue previous commitments to support G.P. recruitment and retention as there is no identified funding for continuation of the Career Start Programme for 2025, 2026 and 2027. This creates an additional risk in the Partnership's ability to support sustainability in a practice who are in difficulty. Scottish Government has developed a national Career Start Programme to be trialled in three board areas; however, applications can only be submitted from those areas with an active Career Start Programme in place.

3.11 Local Transitionary payments - a payment to general practice for work they continue to undertake that should now be delivered by other teams within the HSCP/NHS Tayside - may be required to practices for the three agreed core areas which could have been implemented from April 2023. No additional funding is available to support this, and any locally agreed arrangements would need to come from the existing PCIF envelope. To date, no Transitionary Payment arrangements have been required for Dundee Primary Care Improvement Fund services.

4.0 MAIN TEXT

4.1 Background

4.1.1 The current changes to the GMS contract were introduced in 2018, when a Tayside Primary Care Implementation Plan and a local delivery plan for Dundee were both introduced. There have been a number of changes agreed with the Scottish Government in relation to national expectations of implementation over that time, partly due to the impact of the pandemic. The

initial 3-year timescale was extended for this with implementation for three core areas due to be fully in place by April 2023 (and not 2021 as originally planned).

4.1.2 The IJB has previously considered papers setting out the context and challenges within primary care, and this has set a context for the approval by the IJB of the annual Primary Care Improvement Plan. This paper provides an update to those previous plans.

4.1.3 The following are the nationally agreed priorities for the primary care improvement plans:

- The Vaccination Transformation Programme (VTP)
- Pharmacotherapy Services
- Community Treatment and Care Services (CTACS)
- Urgent Care
- Additional professional roles - such as musculoskeletal focused physiotherapy (FCP) services and mental health
- Community Link Workers (often referred to as social prescribers)

4.1.4 The Dundee Primary Care Improvement Group (DPCIG) was established in 2018 with a remit to develop the Dundee Plan and take responsibility for implementation going forward. The Tayside General Medical Services Contract Implementation and Advisory Group (CIAG) supports work at a regional level, ensuring sharing of good practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board. There are also a number of regional and local subgroups which lead the development of the service areas. Given the breadth of services that sits within this overall context this is broad ranging and a number of these have much wider links.

4.1.5 Reporting to the Scottish Government continues every 6 months for both financial governance and more detailed progress of delivery.

4.2 Progress in 2024-25

4.2.1 Progress is outlined in Appendix 1. Some key points to note are:

- A scoping exercise is taking place looking at areas within CTAC and VTP where there is cross over that will provide an opportunity to maximise the utilisation of staff within the services. This in turn would minimise the number of appointments patients would need. Transfer from practices to VTP within Dundee has been fully implemented. First Contact Physiotherapy (FCP) has continued to enhance the skills within their team, expanding their workforce and future-proofing the skill set within their workforce. Difficulties with premises is causing some limitations to be put on the number of available clinics, this is however not currently impacting service delivery with access to the service being available within 1-2 days of contacting general practice.

- There continues to be limited development with the Pharmacy Locality Team due to difficulty with recruitment and staff turnover as noted in Appendix 1. Work is ongoing to develop a skill mix using pharmacy technicians and pharmacists to support the service within the available resources. This is the area of delivery which is the most detailed in the contract. There remain significant areas of work which have limited or no ability to move to the pharmacy team currently. This creates a gap in a key area for G.P. workload. This is not unique to Dundee or Tayside and there are ongoing national discussions.

- The Care and Treatment Team has continued to expand the chronic disease monitoring it delivers, while some practices continue to manage some or all of this internally, increasing numbers are using CTAC. A review of clinic utilisation resulted in clinics with lower uptake being reduced to enable additional phlebotomy clinics, where there is a greater need, to

take place. The ability to expand to meet the increasing needs are being impacted by premises constraints.

- The Urgent Care Team remains focussed on supporting those living in care homes and all practices and care homes are now supported by this model. Wider work on urgent care pathways continues with opportunities for early intervention across teams a key area. The Urgent Care Team and District Nurses are jointly reviewing the pathway between the two services to ensure smooth transition for patients and clear communication to practices.

- The Patient Assessment and Liaison Service (PALMS) nursing team's staffing issues has improved with cover now being provided to all practices. Development of a hub and spoke model is progressing to provide peer support to staff and address the inequity of service provision across the city.

- The social prescribing Link Workers continue to support all practices. Due to issues with staffing levels, there remains a waiting time of approximately ten weeks to access the service.

- Two practices within the city received grants/funding which enabled them to create more clinical and training space.

4.2.2 Both the PALMS team and the Link Workers are partly funded via Action 15 Mental Health funding as well as PCIF. There has been no further funding for Mental Health in Primary Care and this seems unlikely now to happen. Linked work regarding mental health and wellbeing in primary care is focusing on how the Partnership maximise what it can deliver with current funds, identifying how pathways can be developed that support care, and any key gaps, for both adults and children.

4.2.3 Space in primary care remains a challenge, as outlined in the GP Premises Strategy 2023, previously presented to the IJB, with the latest update to IJB in February 2025 (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 19 February 2025 refers). Opportunities for co-location with practices continue to be sought but with limited progress, due to demands on clinical space. Space in practices is reviewed when opportunities arise to reconfigure underused space to support more appropriate clinical and admin space.

4.2.4 The opportunity for the Care and Treatment model lends itself to a wider community approach including use by services who are based in secondary care, who may wish to use this model to support community delivery of services currently provided from acute settings. Discussions with respect to the creation of a community phlebotomy service are at an early stage. The diabetes pathway has been redesigned and implemented. This has created increased demand for CTAC services. Funding has been transferred to support this change however further development of the service is constrained by limited availability of accommodation.

4.2 5 The funding previously identified for a two-year period to support the development of nursing roles in general practice generated only one further application within 2024/25. No additional funding is available in 2025/26.

4.2.6 A number of practice-based innovations have been supported such as asynchronous consulting systems. Early indications are that this has supported patient access to services for less urgent requests and has enabled practices to manage routine requests. Two practices intend to trial surgery pods, which allow patients to take measurements, such as blood pressure and weight which are then uploaded to the practice system. Final sign off from Information Governance for the use of this equipment is awaited.

4.3 Plans for 2025-26

4.3.1 The Dundee Primary Care Improvement Plan for 2025-26 is detailed in Appendix 1, along with the associated finance. There continues to be ongoing challenges for teams in delivering a consistent service at all times given the limited staffing for many of these aspects of care.

4.3.2 The service area which remains with a significant gap between the GMS contract ambition and delivery, is pharmacotherapy. Local and regional actions continue to be developed to try to support this. Creating attractive roles which use the skills of the staff involved is key to this and the current roles are being reviewed to assess how best to support this, while meeting the very detailed specification outlined in the contract.

4.3.3 As noted in section 3.11 further guidance or instruction on any transitional payments will impact on progress and finance if it requires to be funded locally.

4.3.4 The G.P. IT re-provisioning programme has progressed with all practices who were on the Vision system now on the new systems. The provider has gone into administration, but the company continues to work with all Health Boards whilst a buyer is being sought. This ensures that technical support is available to address any issues that arise. It has however led to delays in implementation of any further new developments. The transfer of the EMIS practice in Dundee remains outstanding although background work is progressing with the conversion process dealing with these issues has led to some of the developments which would more directly support the wider primary care team, not yet being progressed.

4.3.5 Our continued work with the citizens of Dundee indicates that understanding of the wider group of professionals in primary care remains limited, with feedback that many people are unaware of these newer services. A Tayside Communication Plan is being developed to further enhance our communication and engagement work.

4.4 Next Steps

4.4.1 The Primary Care Improvement Group will continue to support and monitor the development of the programme and its impact. Actions will be progressed as outlined in Appendix 1 to implement the plan.

4.4.2 The continuing staffing gap in the G.P. pharmacy team gives an opportunity to look at how funding can be used on an interim basis this year and next year to support care delivery. A number of options are being reviewed in terms of feasibility, impact for patients and G.P. practices, and if they can be time-limited as there is no funding capacity longer term. This is challenging given the issues with recruitment in some areas, the skills development required for others, or the service pressures that would be created if a new or expanded role was successful but had no long-term funding.

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

The risks noted below have all been reported in previous updates but have been updated to reflect the current position. More detailed operational risks will be identified and managed within each service and managed by the Dundee Primary Care Improvement Group.

Risk 1 Description	There is a significant risk that Dundee may not recruit, develop or retain the workforce to deliver all of the commitments in this plan given the scale and breadth of the plan. This applies across a number of professions, particularly pharmacy, and is impacting on both the delivery of services and the G.P. workload.
Risk Category	Workforce, operational, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme

Mitigating Actions (including timescales and resources)	• All services are planning with this risk at the forefront and looking to maximise skill mix as much as possible to reduce this. Longer term national work to provide increased undergraduate training, for example for pharmacists, will support this but not within the timescales of this year's plan. • Local support to develop Advanced Practitioners is underway and a range of tools to support this are in place. However, there is limited resource for further advanced practitioners within the funding for urgent care.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 2 Description	There is a risk that we will have inadequate infrastructure to support the delivery of the plan, both in terms of IT infrastructure and systems, and capacity within suitable buildings/premises. This risk remains but the premises risk is now greater than the IT risk as a number of aspects of the IT issues have been resolved. The risk regarding lack of suitable premises remains. The lack of progress for lease assignations to NHS Tayside creates a risk for practice sustainability and delivery of PCIP.
Risk Category	Technological, Environmental, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	• The IT infrastructure is largely in place with some ongoing risk and issues but with reduced impact. • Some space has been able to be identified and a number of projects are underway that will create small amounts of additional space. This is not always in the most desirable locations in terms of patients' access. • The NHST property team have made limited progress with space utilisation assessments but are developing a lease assignation process. • The DHSCP property manager will lead the strategic planning of space for the HSCP including practices. • The risk for premises is higher for the wider impact on practice sustainability than directly for delivery of the PCIP workstreams.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 – High (NB this score is for delivery of PCIP and not overall sustainability of practices)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9 - High
Approval recommendation	This risk should be accepted.

Risk 3 Description	There is a risk that the finance allocated via the primary care improvement fund will not adequately meet all the costs to implement the plan, and that resource will have to be identified from other sources, or services will need to be smaller than anticipated.

Risk Category	Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	• Other sources of funding will be identified as opportunities arise recognising the current challenge this creates. • Most services have recruited to the level budgeted for. Further recruitment and delivery could be developed if additional resource could be identified on a recurring basis, and opportunities to do this will be sought. • Scottish Government have indicated that the current level of funding is now guaranteed annually (plus additional to support Agenda for Change pay uplifts for recruited staff), with a view towards baselining funding from 2026/27. This gives greater confidence for planning into future years.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 4 Description	The workforce issues noted above have delayed aspects of implementation of the PCI plan locally. Transitional payments i.e. payments to practices for work they are still undertaking that should have been transferred may be required in 2025/26.
Risk Category	Operational, Political, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	• There are limited actions that can be taken at this time point to reduce this risk beyond the actions noted in the risks above. • Budgets have been reviewed to focus on the 3 core areas for delivery that will trigger transitional payments, while aiming to not reduce or withdraw any of the other services which have been developed. • The Partnership has worked closely with the G.P. Sub Committee and the Local Medical Committee with regards to this. There is wide acknowledgment of the challenges which create the current position nationally.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Planned Risk Level	Likelihood (2) x Impact (4) = Risk Scoring 8 - Moderate
Approval recommendation	This risk should be accepted.

Risk 5 Description	Challenges with recruitment mean there is risk of a financial underspend. This creates a political and reputational risk at a time when general practice teams are under huge pressure, and where there is an increasing demand on these teams including due to supporting care while waiting for secondary care input.
Risk Category	Operational, Political, Financial

Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	• An ability to flex and maximise spend in-year noting the likely slippage and turnover, allows the budget to be optimised and minimise the risk of funding being reduced in forthcoming years, noting there is likely to be in-year slippage linked to recruitment and turnover of staff. • The change to allocation in 2022/23 which effectively removed the reserves held has reduced the risk of any underspend and has led to the planned urgent care model developments being significantly reduced because of affordability. • The change of approach by the Scottish Government to underspends means that there is increased flexibility in use of the funding and the ability to use broader criteria, reducing this risk. • Short term projects are challenging with the current financial climate unless they are clearly time limited or can be sustained via wider service redesign. In the context of PCIP this is a limited opportunity.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9 - High
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring 6 - Moderate
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

7.1 The Clinical Director, Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. The Dundee Primary Care Improvement Group, which has members from the G.P. Subcommittee/Local Medical Committee has developed the paper at Appendix 1.

7.2 As noted in section 4, there is ongoing work to engage with the public who will use these services, and gain feedback on any improvements that can be made within the seven services outlined in the plan. This is closely linked to wider work to sustain practices longer term and other strategic plans agreed by the IJB for primary care.

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

9.1 None

Dave Berry
Chief Officer

DATE: 24 July 2025

Dawn Fraser
Senior Manager, Service Development and Primary Care

David Shaw
Clinical Director

Frank Weber
Lead GP

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB57-2025
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
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes – DIJB43-2024
6	Functions covered by direction	Specific actions relevant to NHS Tayside in the Tayside Primary Care Improvement Plan and Dundee action plan.
7	Full text of direction	Dundee IJB directs NHS Tayside to implement, with immediate effect, the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan (Appendix 1).
8	Budget allocated by Integration Joint Board to carry out direction	£6,400k
9	Performance monitoring arrangements	Performance will be reviewed on a regular basis, (currently 2 monthly) by the Dundee Primary Care Improvement Group
10	Date direction will be reviewed	August 2026 (or earlier if required).

This page is intentionally left blank

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
1: **Vaccination Transformation Programme (regional approach)** **Lead Officer:** Consultant in Public Health Medicine/ Immunisation Co-ordinator	**Actions Completed** Successful facilitation & promotion of General Practice Nurse recruitment to NHST Nurse Bank to enable support of Winter 2024 vaccination campaign Monitoring of vaccine uptake and patient feedback on the new Wallacetown location for the main Dundee clinic; feedback has been positive. A multidisciplinary children's immunisation improvement group established to support and remove barriers to accessing vaccination for families with low levels of uptake. A multidisciplinary inclusivity group has been established within the Immunisations Governance structure to improve accessibility of all vaccination programmes and services and maximise uptake of vaccines among more marginalised communities. SLWG established to support the planned changes to the routine childhood vaccination schedule and the selective neonatal Hepatitis B Vaccination programme from 1 July 2025		£511	Work with national partners to support development and implementation of digital system updates and replacements. SLWG established to review process and delivery for Care Homes, with the aim of improving uptake. Explore further engagement with relevant networks and new initiatives to support inclusivity of vaccination access. Support strengthening of the multi-disciplinary children's immunisations improvement group. Generate a plan to deliver education updates to improve conversations around immunisation for children and young people. This will include linking in with school leads to raise awareness on the importance of vaccinations.	£540	Several cold chain incidents in 2025 have necessitated work with Pharmacy and partners to review and update shared procedures. Long-term declining trends and widening of inequalities in uptake of children's programmes throughout the UK and internationally are increasingly subject to national strategic development and improvement efforts. If these trends fail to abate, risks of substantial community outbreaks of infections such as measles or invasive meningococcal disease will escalate. Ongoing revisions and additions to UK vaccination schedules pose resource and capacity challenges for services required to plan and deliver them.

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
2: **Pharma-cotherapy Services (regional approach)** **Lead Officer:** Associate Director of Pharmacy	**Actions completed:** Skill mix and roles continue to evolve. Final pharmacist in team submitted portfolio for independent prescribing qualification Three GPCP service development events delivered **Actions partially completed.** All staff to have active job plans to deliver an effective, satisfying job role. All senior staff now have job plans. Maximise Hub working by using technician and support worker roles, and reducing pharmacist time for roles delivered via Hub, releasing time for more locally focussed aspects of the role. i.e. “pharmacist-light”. This is progressing with pharmacists reducing support but needs further progress **Actions outstanding** Develop the more clinically focussed aspects of pharmacists’ roles to support patient care and balance the role more effectively to support recruitment and retention	Continue to look at how to diversify roles in the team and use skills in most appropriate way, but it remains difficult to both recruit and retain staff.	£912	Recruitment to vacant posts All junior staff to have Job Plans in line with senior staff Service Improvement plan priorities to be delivered • Acute Prescriptions Develop the more clinically focussed aspects of pharmacists’ roles to support patient care and balance the role more effectively to support recruitment and retention	£1,000	Risk of inability to recruit to pharmacist posts still exists- Pharmacy Service Level risk being managed Staffing well below national average

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
3. **Musculoskeletal (MSK) Services First Contact Physio** **Lead Officer:** Head of Occupational Therapy & Physiotherapy, DHSCP FCP Clinical Lead - Dundee	**Actions completed.** FCP clinicians now able to request bloods investigations, reducing the number of patients being moved back to G.P. from FCP for these investigations Regularly have G.P. trainees/FY/students shadowing FCP clinics Successful completion of 2x development posts – previous difficulty recruiting to FCP positions at Band 7 level, so this helped restore core funding to FCP and upskill existing MSK staff to FCP roles, **Actions partially completed** Training with G.P. practice staff – limited uptake from practices so looking to be involved in PLT training sessions with admin teams to increase understanding of role of FCP compared to MSK physiotherapy service **Actions outstanding** Monthly sharing of FCP dashboard to continue	37 bloods requests in FCP able to be managed by FCP clinicians instead of being re-referred to G.P. for this Development post framework shared with National FCP group to help develop these within Tayside and across Scotland	£574	Trial of eConsult – currently trialling FCP clinicians screening relevant eConsult messages flagged as being for MSK input through Lochee Medical Practice. Based on outcomes of this would look to extend trial period and expand to other practices.	£621	Ongoing confusion amongst some G.P.'s regarding role of FCP compared to MSK physiotherapy service in Dundee. 24.4% of FCP contacts had already been seen and assessed by a G.P. for the issue they had attended FCP for in February 2025. This significantly reduces capacity for FCP to fulfil its role as an alternative to G.P. assessment for MSK presentations to primary care
4. Mental Health Services – PALMS: Dundee	**Actions completed** Recruited to all 10 posts equating to 8.0wte, band 6 nursing workforce. PALMS	PALMS has a staff complement of 8.0 wte but for a significant period of 2024-2025 the	£298	Continue delivery of PALMS to all adults over 16 years in all practices in Dundee, maintain steady stable and consistent	£325	PALMS development must be fully integrated with wider MH&WB strategic work in Dundee.

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
Lead Officers: Consultant Clinical Psychologist & Colleagues	back to full complement as of 26th May 2025. PALMS provision established in all G.P. practices in Dundee. All PALMS clinicians are trained and able to refer to Distress Brief Interventions (DBI). Upper age limit removed and all adults >65 years able to access PALMS in practice. Referral pathway well established with Psychiatry of Old Age & Older People Psychology. Collaborative work with the Listening Service and Sources of Support to establish a shared guide to support navigation between services (for patients and staff) completed. PALMS has developed clear stepped care referral pathways **<u>Actions completed:</u>** Recruited to all 10 posts equating to 8.0wte, band 6 nursing workforce. PALMS back to full complement as of 26th May 2025. PALMS provision established in all GP practices in Dundee. All PALMS clinicians are	service was operating with 5.0 wte due to long term sick leave and maternity leave. Due to multiple long-term absences and phased returns to work, and temporary within resource cover, there has been reduced PALMS service in some practices. Maintaining core business has been the priority. Ongoing HR and Unison processes contribute to reduced service availability. Scrutiny of contact data has highlighted consistently un-utilised appointments, review and reallocation of resource is in process. Dashboard will assist with greater accuracy and scrutiny of data across practices and clusters. PALMS is minimally resourced and unable to develop the services without a) consistent and stable workforce, b) efficient use of limited resource through H&S model which is dependent on c)		workforce Continue to engage with partners and local community to increase patient awareness and support patient direct booking with PALMS (to reduce reliance on within practice staff/GP appointments); reduce DNA rates. Establish Hub & Spoke model with an identified appropriate team base, establish safe SOPs for IT access to support Hub & Spoke working (e.g. allowing efficient use of 'empty' appointments available across practices) Recruit to dedicated admin post to support PALMS and Hub & Spoke model		Ongoing consistent involvement in operational and strategic planning groups is vital not just in Primary Care but wider partnership and Mental Health services (e.g. Mental Health Redesign for Tayside) Physical space in practices remains limited. Difficulty identifying suitable/safe premises for Hub & Spoke model, limited funding that was allocated on fixed term basis may lapse before recruiting Band 3 admin post. The primary care environment is described by staff as 'challenging' with reduced experience of collaborative or whole team working. This contributes to staff reporting low job satisfaction, feeling isolated from colleagues and increased stress and burnout. Some IT issues are envisaged to remain with limited accessibility and communication concerns – Current Tayside IT infrastructure and

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	trained and able to refer to Distress Brief Interventions (DBI). Upper age limit removed and all adults >65 years able to access PALMS in practice. Referral pathway well established with Psychiatry of Old Age & Older People Psychology. Collaborative work with the Listening Service and Sources of Support to establish a shared guide to support navigation between services (for patients and staff) completed. PALMS has developed clear stepped care referral pathways **Actions partially completed**: Commenced ongoing programme of service promotion including update to service leaflets/posters; pop up stalls in non-primary care and community venues to promote patient awareness and proactive approach to patient booking *before* contact with practice; utilising informatics and screen advertising within practices Consultation underway and options identified with IT **to establish appropriate IT infrastructure to support Hub**	appropriate primary care/community accommodation (not yet identified). H&S model will also improve staff morale and retention of staff. Referral pathways to low intensity psychological interventions have been established but there are limited low intensity services available impacted significantly by financial cuts locally.				systems simply do not allow the access or functions identified as essential/desirable for safe and effective practice. Retention of staff and management of long-term absence continues to be a significant issue for the service. Very limited resource (8.0wte) means sustaining consistent and equitable provision of PALMS is at risk. Exploration of options such as bank staff will come with an additional cost but no additional funding and whilst Hub & Spoke will improve efficiency, it is within resource and has yet to be tested.

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	& Spoke work. Identification of PALMS team base to facilitate Hub & Spoke Model is underway – no confirmed location/base Dashboard reporting work underway with LIST team. Merging tools in process of being built. This will improve data reporting including scrutiny of appointment utilisation. **Reduce inefficiency of high DNA rate e.g.** text / call reminders made to patients by G.P. practices, adherence to two weeks booking of clinics only, updated guidance for practice staff to ensure of appropriate bookings. **<u>Actions outstanding:</u>** **Implement a Hub & Spoke model of PALMS** Anticipated Test of Change with a pilot in 1 cluster before wider implementation, to facilitate more efficient and flexible delivery of PALMS e.g. reducing the impact of planned/unplanned leave. **Establish brief low intensity intervention approach**, as part of stepped care. Recruit to band 3 admin post for fixed term to provide dedicated PALMS admin					

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	support – to identify team base and agreed HUB & Spoke model first					
5: Link Workers/Social Prescribing **Lead Officers:** Senior Nurse Primary Care and Health Inclusion Sources of Support Team Leader	**Actions completed** Dashboard – MS forms to continue to work with LIST team within Public Health Scotland to finalise data collection dashboard for service. A draft dashboard has been created based on test within cluster 2 practices. Reception staff training as an addition to previous action, roll out training for reception teams in each GP practice to build knowledge of service and triaging process following successful test of change in one GP practice. **Actions partially completed** Engagement with practices - Continue to build healthy working relationships with practices, and to work with practices to embed the Link Worker into wider practice team. **Recruitment** Recruit another FT Associate Practitioner. **Actions outstanding** Direct Bookings To build on the learning from test of change at cluster two and discuss direct bookings	**Dashboard – MS forms** We have rolled this out across all clusters; this is providing us with very timely and useful information. This is the most helpful system we have used to collate data and to produce evidence and outcomes since the service began. **Reception staff training** We worked in collaboration with the Project Manager within the Primary Care Team to promote our service alongside the roll out of the Quick reference Guide, which replaced the GP Resource pack. **Engagement with practices Newsletters -** This is a continuous process; we have introduced quarterly Newsletters. **Working relationships** The Interim Team Lead visited new Practice Managers to promote the service.	£230	**Dashboard – MS forms** We will continue to refine the Microsoft Forms that feed into the Dashboard. **Engagement with practices Newsletters** The Newsletters will incorporate data from the Dashboard specific to the practices to help illustrate the work of the service and personalised data for each practice we can draw upon to identify trends. **Working relationships** Team Leader to visit the Practices throughout the year, working alongside the Lead of the Listening Service who is new in post. **Recruitment** Recruitment process has now been initiated and will hopefully follow through to completion. **Link Worker** - We are also recruiting for Maternity Cover for a fulltime nine-month fixed term Primary Care Link Worker. **Direct Bookings** Contact the Cluster Leads to initiate discussions. Meet with Clusters to explore this further	£268	**Engagement with practices Newsletters** The timetable has had to be adapted to mitigate staff shortages, this work will be reviewed on a regular basis. **Recruitment** Due to the significant time delay, we may now struggle to recruit to this post, as it is funded for a fixed period until 31 March 2026. **Link Worker –** until this post is backfilled, we will be short staffed which will continue to impact upon the waiting list. We have created a rota to ensure coverage where feasible for the practices impacted. **Direct Bookings** The main risk is the transition to this way of working for practices and staff, and the potential of the diaries being booked up in advance.

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	through Vision 360 with another identified cluster.	**Recruitment** Recruitment process has been significantly delayed due to Agenda for Change involvement. Although agreed in December 2024, job only progressed to advert in June 2025. **Direct Bookings** Due to staff absences this was not progressed in this timeframe.				
6: Urgent Care **Lead Officer:** Integrated Manager – Urgent Care	**Actions completed.** DECaHT redirecting to DN service where appropriate on referral to prevent overlap of clinical care. Communications shared with GP's regarding Urgent Care Service Urgent Care Road Map completed **Actions partially completed.** Expansion of hours – scoping work completed regarding numbers of senior decision makers required. Staff side and HR contacted regarding change to hours. Excellence in Care Review commenced and 2 visits completed. Further visits to be arranged. Await review and outcomes.	Feedback received from FW and SH regarding the information being user friendly. Plan for GPs to put on wall near phone for reference when referring.	£953	Trial of consultant connect SAS direct referrals to urgent care commenced – 3 referrals to date conveyance to hospital avoided Ongoing links with FNC. Ongoing review of patient pathways Trial of working with Physiotherapy from falls team to complete joint assessment for patients referred to Urgent care with multiple falls. Liaison with staff side, HR and ANP's process to be completed. Test of change to consist of 2 ANPs working 12-8pm Mon-Fri. This will be absorbed within existing workforce. Outcomes from Excellence in Care Review to be actioned according to degree of priority – the whole team will be involved Clinical criteria for Virtual Ward	£1,154	Potential ANP retention issue due to change in working hours Staff may be reluctant to support actions. ANP's may leave service due to change in working conditions

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	Discussions ongoing regarding bypass numbers for ANP's to contact GPs in emergency. FW to share at Cluster meetings and will feedback to Urgent Care. Trakcare ward created for frail patients to be cared for at home in Dundee, Angus and Perth. Clinical criteria for admission to virtual ward to be agreed and SOP completed. **Actions outstanding** Expansion of hours to include weekends requires further consideration – expansion to workforce will be required.			on Trakcare will be set and patients will be recorded. Information will be shared regarding patient numbers and length of stay will be recorded at national level. Plan for 8am – 8pm 7-day service		
7. Care and Treatment Services **Lead Officer:** Community Nurse Manager, DHSCP	**Actions Completed:** All Dundee practices can send all non-urgent phlebotomy and patients for chronic disease monitoring (CDM) to CTACS. There are still some practices choosing to keep this in house. We also offer ECGs to all practices for patients requiring ECG as part of newly diagnosed hypertension. At present we have 133 sessions of phlebotomy/CDM per week in 17 locations throughout the week. All practices have access to CTACS for all aspects of wound care, removal of sutures/clips and administration of some agreed injections. We	If practices who don't currently use CTACS for CDM start to send this work stream it will increase demand on CTACS. We don't have any options to open additional clinics – no clinical space available anywhere. We have had to reduce the volume of injections booked into clinics each day as it was impacting our wound appointment availability. We have also informed practices	£1,950	Addition of children/young people work stream to CTACS. Complete roll out of new diabetes pathway for remaining practices.	£2,172	There is a risk around meeting demand/capacity especially since the start of the reshaping diabetes project. All patients in Dundee with any type of diabetes now need 2 x yearly monitoring appointment with CTACS. Also, since the start of new diabetes pathway roll out some practices who previously didn't use CTACS at all are now beginning to send some or all CDM. This increased clinical demand is also impacting

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	currently have 65 sessions per week available in 9 locations. All practices can send patients to CTACS for ear irrigation. We currently have 17 sessions per week in 9 locations. All practices can access CTACS community leg ulcer clinics (non-PCIF). We currently have 20 bandaging sessions per week in 4 locations and 8 x assessment clinic sessions in 2 locations. All Dundee practices have access to anti-coagulation service (non PCIF – existing service pre CTACS). This is a reducing service due to the introduction of DOAC's but we still have 15 sessions per week in 10 locations and offer domiciliary visits daily to housebound patients across Dundee. **Actions partially completed:** Roll out of new diabetes pathway has started and currently 11 of the 21 practices are using CTACS for annual and interim diabetic reviews.3 practices are keeping this work stream in-house and the remaining practices are at various stages of preparation. CDM – not all practices using	we won't be taking on any new injections due to capacity. Children and young people work stream – slow progress to date. Job descriptions have been reviewed by AFC and changed with any mention of "adults" removed. No need for organisational change policy to be invoked as very minor changes to JD's – no change to the role – only different age group. Next stage – meetings with staff who have voiced concerns and reluctance around this work stream. There is a huge ongoing commitment to training within the team. Now 61 staff in the team to support and give assurance they have relevant training/skills for their roles. Most training is done on the job. Clinical team Leader plans and supports all training.				our admin team greatly. The volume of incoming calls is increasing each month. Over 14,500 incoming calls in March and only 65% answered. This has been made worse recently with long term sick leave and a vacancy following death in-service. Some of the buildings CTACS work in has ongoing environmental issues (damp/mould). Service risk in place – ongoing maintenance work to improve condition. There are now 4 x staff members who can't work in 3 x buildings due to chronic respiratory conditions. Ongoing communication issues between practices – patient's means there are still patients booked into wrong appointment types/wrong appointment times. This often results in patients needing rebooked which impacts demand. Ongoing work with practices to improve communication. Difficulties around recruitment – can take 3-4 months to get someone

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	CTACS for all CDM yet. **Actions outstanding:** Introduction of children and young people (under 16 years of age) to CTACS for simple wound care and phlebotomy.					in post. It's also becoming more difficult to recruit Band 3 staff. Any delays in recruitment can mean clinic closures/reduced capacity
8: Primary Care **Premises and Infrastructure & I.T. Systems** **Lead Officer:** Senior Manager Primary Care. Head of Assets Management, NHS Tayside Service Delivery Manager, Digital Directorate	**Actions completed** The creation of additional clinical space and extended MDT accommodation within two practices was completed to support deliver of primary care improvements. Funding provided for the introduction of digital solution (Medlink) to support delivery of long-term conditions. New ECG machine provided to all Dundee practices, funded via PCIF underspend. Positive feedback from all practices. Collation of information relating to digital systems supported through underspend intended to enhance access for patients. This information informs future developments. **Actions partially completed** Two lease assignation requests have been supported in principle by DHSCP and NHS Tayside Asset Management Team, however, Scottish Government have not			Capital funding will now be through a new Scottish Government mechanism for a Whole System Infrastructure. Dundee is exploring an ambition to put forward a proposal for funding a building for primary care services within the city centre. More details are given in Feb DIJB4-2025, and an update to DIJB is due at the end of this year. Papers to support lease assignation requests for two G.P. practices, lease expiry date 2027 will be submitted to gain approval in principle.		Lack of capital funding to support lease assignations 2026/27 may destabilise the two practices seeking to transfer their leases, through an inability to recruit partners due to issues linked to leases. There is insufficient suitable accommodation to support delivery of service. Digital Risk may arise if a suitable alternative provider is not identified to take on the Vision system which supports general practice and the extended team.

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	confirmed whether there will be capital monies available for the period 2026/27 to enable the lease assignations to proceed. **Actions outstanding**					
9: Workforce Planning and Development	**Actions completed** Funding was utilised to support a further general practice nurse to develop their skill set within the practice. **Actions partially completed** **Actions outstanding**			Encourage practices to review opportunities to recruit and retain general practice nurses, with a view to enhancing skill mix within practice and support delivery of long-term condition management and stability within practice. Action plan to be developed looking at supporting the integration of the wider MDT and general practice teams. Pursue opportunities with Organisational Development Team to promote positive culture of integrated working. Attempt to secure funding for Career Start G.P. Programme for 25/26.		Funding for 25/26/27 is not secured for the career start pathway and creates a risk for delivery of the ongoing programme and has a knock of effect of the ability to provide support to practices that are in difficulty. Withdrawal of funding for GPN Lead role will reduce ability to provide GPN support and development in practices.
10: Sustainability/ scalability	**Actions completed** Diabetes Pathway has been re-shaped between primary and secondary care with access to CTAC an integral part of the new processes. **Actions partially completed** Continuous review of CTAC			Dundee HSCP will support the regional development of a community phlebotomy service to encompass secondary care including the linked transfer of funding for use of CTAC services. The third sustainability survey		

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	service provision to develop and maximise output whilst providing local access. **Actions outstanding** Assess the impact of any secondary care generated work and ensure its appropriately agreed and funded. Funding linked to slippage in spend was utilised to support short term additional posts within FCP, Link Workers and PALMS			has been completed and analysis provided to enable HSCP to review trends with respect to sustainability of general practice. We will identify local actions that will support practice sustainability.		
11: Practice Staff Development	**Actions completed** Care Navigation Training for general practice admin/reception staff completed with positive feedback. Re-introduction of Protected Learning time within Practice. Quick Reference Guide prepared and issues to general practice supporting care navigation. **Actions partially completed** **Actions outstanding**			Ongoing development of PLT Sessions with appropriate learning for general practice aligned to national objections under the Scottish Government Operational Improvement Plan including Cardiovascular Disease Prevention and Frailty.		
12: Evaluation **Lead Officer:** Service Leads	**Actions completed** GP/MDT Survey 24/25 analysis completed.			Action plan to be developed to address findings of GP/MDT Survey 24/25.		

Commitment	Actions Delivered 2024-25 (or expected to complete)	Comment	2024-25 Spend (£k)	Actions to be Delivered 2025-26	Proposed Spend 2025-26 : Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
PH Intelligence Team LIST	**Actions partially completed** Ongoing work to develop dashboards for service **Actions outstanding**			Development of suite of KPI's for Dundee HSCP Primary Care. Will allow regular monitoring, review and reporting of quality indicators.		
13: Communication & Engagement **Lead Officer:** NHST Comms Team	**Actions completed** Assets for public information on services available in general practices have been updated and circulated through various channels. **Actions partially completed** GPTVs with media players were installed across Dundee practices in summer 2024. **Actions outstanding**			Deployment regionally of new national assets to maintain programme of public information. The full functionality of the GPTVs is not yet available to practices as the replacement server work is not yet completed by the Digital Team. This is a frustration for all those involved.		

ITEM No …8……..

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

REPORT ON: **APPLICATION FOR TRANSFORMATION FUNDING FOR CONTINUITY OF CARE IN GENERAL PRACTICE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB59-2025**

1.0 PURPOSE OF REPORT

1.1 This paper seeks approval of the request for £80k of IJB Transformation Funding to build on previous work by The Health Foundation and to utilise the Royal College of General Practitioner's Toolkit (RCGP) to support 5 practices to sustainably improve Continuity of Care (CoC) within their practice. If approved, these practices will establish and support local learning and share their experience of CoC with other practices.

2.0 RECOMMENDATIONS

It is recommended the Integration Joint Board (IJB):

2.1 Approve the request for £80k funding from the IJB Transformation Fund to improve CoC in light of the wealth of evidence that improving CoC can support general practice to be more sustainable.

2.2 Instructs updates on progress to be provided as part of wider Primary Care update reports to the IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 The proposal is to utilise £80k from ring-fenced IJB Transformation Funding as outlined in this report and Appendix 1 across a 24 month period.

3.2 The IJB Transformation Fund Reserve is currently £1,500k, with £715k previously approved and committed for specific projects and tests of change. Approval of this request will increase this commitment to £795k.

3.3 The anticipated learning and outcomes from the planned work with the 5 practices who will be Change Agents will be rolled out locally and also shared nationally to support general practice financial sustainability as well as improved patient care.

4.0 MAIN TEXT

4.1 The general practice sustainability survey results indicated that the future sustainability of general practice is under threat. Mitigations need to be explored and there is a wealth of evidence that improving Continuity of Care (CoC) can make general practice more sustainable. Relational CoC, in which a patient and their individual GP establish a relationship and build trust over time, has been demonstrated to support general practice in a number of ways. It can positively impact many parameters including demand, patient outcomes and staff wellbeing.

4.2 The request for £80k funding is to support five diverse practices across 24 months to develop the knowledge and skills to provide CoC to a cohort of patients within their practice. These five practices will be the crucial Change Agents for Dundee. Their learning and experience to support other practices to improve CoC across the city, leading, as evidence shows, to better

patient outcomes and practice sustainability. Full details of the proposed approach are provided in Appendix 1.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that not putting in place evidence-based mitigations to support practice sustainability means the sustainability risk of general practices increases.
Risk Category	Workforce, operational, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 Extreme
Mitigating Actions (including timescales and resources)	Evidence points to CoC as a mechanism to support practices by helping with reducing workload, better patient outcomes and improvements to working lives.
Residual Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 2 Description	There is a risk practices do not embrace the opportunity to improve CoC.
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12
Mitigating Actions (including timescales and resources)	The engagement of practices will depend on communication which must clearly set out the benefits and assure practices the workload in changing to CoC is being recognised through the support and resources being provided to them.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring 6
Approval recommendation	This risk should be accepted.

Risk 3 Description	There is a risk that without support to general practice the presentations to ED increase as general practice is unable to meet demand.
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16
Mitigating Actions (including timescales and resources)	CoC offers part of the solution as studies shows CoC is associated with fewer acute hospital admissions and lower use of out of hour's services.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief Officer and the Clerk were consulted in the preparation of this report. Member of the Dundee Primary Care Clinical Management Team were also consulted.

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

9.1 None

Dave Berry
Chief Officer

DATE: 25 July 2025

Dr David Shaw
Clinical Director

Jenny Hill
Head of Health and Community Care

Julia Martineau
Programme Manager Primary Care

This page is intentionally left blank

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB59-2025
2	Date Direction issued by Integration Joint Board	25 August 2025
3	Date from which direction takes effect	25 August 2025
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	Dundee Primary Care
7	Full text of direction	To implement the Continuity of Care service provision as set out within this report
8	Budget allocated by Integration Joint Board to carry out direction	£80,000
9	Performance monitoring arrangements	Through HSCP management team arrangements.
10	Date direction will be reviewed	25 August 2027

This page is intentionally left blank

General Practice Continuity of Care Funding Proposal

Project Sponsors	Dr David Shaw, GP, and AMD, DHSCP Jenny Hill, Head of Health and Community Care, DHSCP
Project Manager & Document Author	Julia Martineau, Programme Manager Primary Care, DHSCP
Date:	25 July 2025
Version:	Final

This page is intentionally left blank

Contents

1. Executive Summary....3
2. Background and Context....3
2.1 Problem Statement....3
2.2 Objective....4
3. Strategic Alignment....4
4. Project Delivery Plan - outline....6
Steps from RCGP CoC Toolkit....7
5. Quadruple Aim....7
6. Whole System Impact....8
7. Impact on Enabling Services....9
8. Return on Investment (ROI)....9
8.1 Project Costs....10
8.2 Key Performance Indicators:....11
9. Risk Management....11
9.1 Risks and Mitigations....11
9.2 Contingency Plans....12
10. Conclusion and Recommendations....12
10.1 Summary of Findings:....12
10.2 Recommendations....12
10.3 Expected Benefits....12
11. References....13

This page is intentionally left blank

1. Executive Summary

The general practice sustainability survey results indicate that the future sustainability of general practice is under threat. Mitigations need to be explored and there is a wealth of evidence that improving Continuity of Care (CoC) can support general practice be more sustainable. Relational CoC, in which a patient and their individual GP establish a relationship and build trust over time, has been demonstrated to support general practice in a number of ways. It can positively impact many parameters including demand, patient outcomes and staff wellbeing. This proposal seeks £80k of transformation funding to build on previous work by The Health Foundation and will utilise the Royal College of General Practitioner's Toolkit (RCGP) and the six established steps to support practices to sustainably improve CoC within their practice. These practices to establish and support local learning, and share their experience of CoC.

2. Background and Context

The request for £80k funding is to support 5 diverse practices across 24 months to develop the knowledge and skills to provide CoC to a cohort of patients within their practice. These 5 practices will be the crucial Change Agents for Dundee. Their learning and experience to support other practices to improve CoC across the city, leading, as evidence shows, to better patient outcomes and practice sustainability.

2.1 Problem Statement:

The pressures in general practice are well known. The NHS Tayside Sustainability Survey, which has been undertaken across several years, continues to report ongoing themes of increasing challenges for general practices including workload, GP and nurse recruitment and retention, premises issues and financial constraints. The 2018 GMS GP contract saw an expansion to the multi-disciplinary team within each practice, but the pressures continue. There is a need to identify and support activities to support sustainability and one of those activities is relational CoC.

There is an increasing wealth of evidence that demonstrates CoC can improve the issues being flagged by the sustainability survey:

- CoC can help to reduce pressures in general practice and the wider health system.
- A large study of 10 million consultations showed that having CoC could reduce consultation demand.
- A recent observational study found a GP with whom the patient had CoC was associated with reduced workload.
- A Norway study found the longer the GP and patient relationship, the lower the use of out of hour's services, lower mortality and fewer acute hospital admissions.
- Four in ten consultations at GP clinics were with frequent attenders so any intervention that changes the behaviour of this group is likely to have an impact on demand.
- Relatively small improvements in CoC, which may be achieved by most practices, significantly reduces healthcare consumption, and in turn may impact on access to care.
- A list of other evidenced benefits is shared in the Reference section at the back.

The benefits of CoC to both general practice and patient can be summed up by GP Anna Graham, from Horfield Practice, Bristol, who reflected '*continuity is important because I start in the middle of the story not at the beginning each time. I understand the patient's wider world …. I think we*

make better joint decisions. I find seeing the results and letters can be done more quickly because I ordered the tests and know why I made a referral'.

2.2 Objective:

The project objective is for a practice to provide CoC to a small cohort of patients. These patients would move to Personal GP Lists.

Anticipated project outputs:

- The opportunity for the practice to learn what adaptations are needed to provide CoC.
- To provide insights and ways of working that can be extended to provide CoC to the rest of the patients within the practice.
- Develop knowledge and skills to share with other practices to support their CoC journey.

Project expectations:

- The patient cohort will see their own GP for more than half of their consultations. This allows patient choice should they wish to see another GP for a specific problem, or if they need an urgent GP appointment. There is evidence, including from the Patient Survey, showing patients will wait to see the person they want to see.
- The whole practice needs to be onboard with the project.
- Patient cohorts are a practice decision, but examples are:
    - frequently attending patients
    - older patients
    - patients with multiple chronic conditions
    - patients with mental health conditions

  It has been shown the productivity benefit of CoC is largest in these patient groups. Practices may also wish to include other groups, for example, link to other work being undertaken such as the CVD DES or Frailty.
- Practices are not expected to provide more appointments but to make changes that improve CoC.
- There is additional work in moving to CoC. This proposal includes funding for additional time for staff members to do the work of service redesign. The funding is to support that work and also the time to attend educational/networking sessions.
- Patients are voluntarily recruited into the GP's Personal List.

The project timeline is 24 months. This timeline reflects the learning from other projects that it takes time to put CoC in place and to be able to measure the impact.

3. Strategic Alignment

The benefits of CoC align with the recently launched ten-year frameworks (Service Renewal Framework 2025-2035 and Scotland's Population Health Framework 2025-2035) which set out reforms to health and social care services. These highlight a central role for primary and community care to reduce health inequalities and prevent chronic illnesses. CoC should therefore be viewed as a key enabler.

Back in October 2023, a Cabinet Secretary Letter to General Practices stated, 'people who have complex health needs or who live with frailty should be supported to receive CoC through a known and trusted healthcare professional or team'.

CoC is also one of the 4 pillars of primary care:

Contact: accessible care for individuals and communities	**Comprehensiveness:** holistic care of people, physical and mental health
CoC: long term continuity of care enabling an effective therapeutic relationship	**Coordination:** overseeing care from a range of service providers

More recently, the RCGP Scotland paper (May 2025) stated 'one of the most important aspects of GP care is the contribution of relational Continuity of Care to the quality and cost effectiveness of care'.

This was also echoed in the Chief Medical Officer's report published in June 2025 on Critical Connections. It included a concern that CoC, and the benefits that relational care brings both for those being cared for and for our wider system, are at risk of being compromised. The report quotes Hippocrates 'It is more important to know what sort of a person has a disease than to know what sort of disease a person has'.

The Chief Medical Officer's report added CoC should not be regarded as a 'nice to do'. The funding would enable Dundee to explore how to introduce CoC back into general practice. CoC aligns with a person centred 'what matters to the patient' approach. In essence a shift from 'no me' to 'know me' recognising a patient's life circumstances matter particularly in areas of deprivation where there are higher levels of multi-morbidity and social-economic complexity.

CoC also supports the Scottish Government GP Recruitment and Retention Action Plan 2024-2026. We know patients value what CoC provides, and additionally this building of relationships is often why doctors choose general practice only to be disappointed when those opportunities for long term relationships are limited. There is emerging evidence from work in the South of England that practices offering CoC are more likely to attract GPs so establishing CoC as a way of working may assist with recruitment and retention.

CoC aligns with NHS Tayside's corporate objective number 5 for Primary Care which includes a requirement for a delivery plan that enables delivery of sustainable, high quality primary care' with 'measurable improvements in equitable access and quality of care'.

The Tayside Primary Care Strategy, Delivery Plan and KPIs are due for approval by IJBs by December 2025 and will include actions to improve sustainability of general practice.

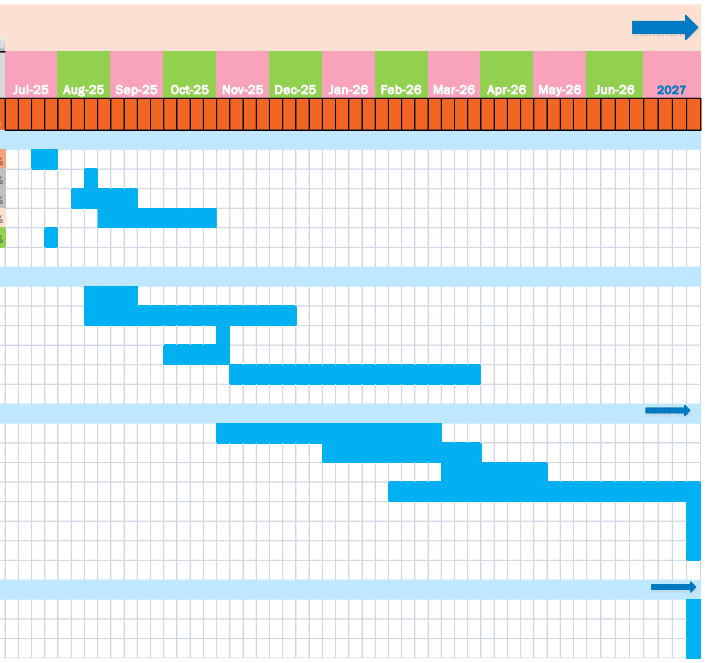
Locally, this proposal aligns with Dundee HSCP's General Practice Strategy 2024-2029 which was informed by public consultation to determine priorities. A resulting action from this consultation was to provide greater CoC.

4. Project Delivery Plan - outline

Dundee CoC Project Plan (draft v0.1)
July 2025 to Nov 2027

Denotes key milestone task

Task	Owner	Start Date	Due Date	% Complete
Project Start Up				
Write proposal for Change Funding	JM	Jul-25	Jul-25	70%
Present proposal to IJB	DS	Aug-25	Aug-25	0%
Assess general practice interest in CoC	JM	Aug-25	Sep-25	0%
Confirm mechanism to develop measuring tool	JM	Aug-25	Sep-25	20%
Secure CoC expertise to support project	JM	Jul-25	Jul-25	100%
Project Initiation				
Set up a Project Group	tbc	Aug-25	Sep-25	
Project initation documents	tbc	Sep-25	Dec-25	
Provide an educational seminar with CoC experts	tbc	Oct-25	Oct-25	
Recruit practices under an SLA	tbc	Sep-25	Nov-25	
Develop measuring tool including IG requirements	tbc	Nov-25	Mar-26	
Project Delivery				
Practice Phase 1 Initiation	tbc	Oct-25	Mar-26	
Patient and staff engagement and communication	tbc	Jan-26	Mar-26	
Practice Phase 2 Implementation begins	tbc	Mar-26	Apr-26	
CoC updates will be shared by CQLs	tbc	Jan-26	Oct-27	
Practice Phase 2 Implementation ends	tbc	Sep-27	Oct-27	
Patient and Staff survey completed	tbc	Sep-27	Oct-27	
Practice Learning Time: sharing learning	tbc	Oct-27	Oct-27	
Project Closure				
Complete benefits realisation	tbc	Sep-27	Oct-27	
Progress Reports to IJB	tbc	Nov-26	Nov-27	
Submit report for consideration for journal publication	tbc	Sep-27	Nov-27	



4.1 Practice Phase 1: Initiation £3,000 per practice

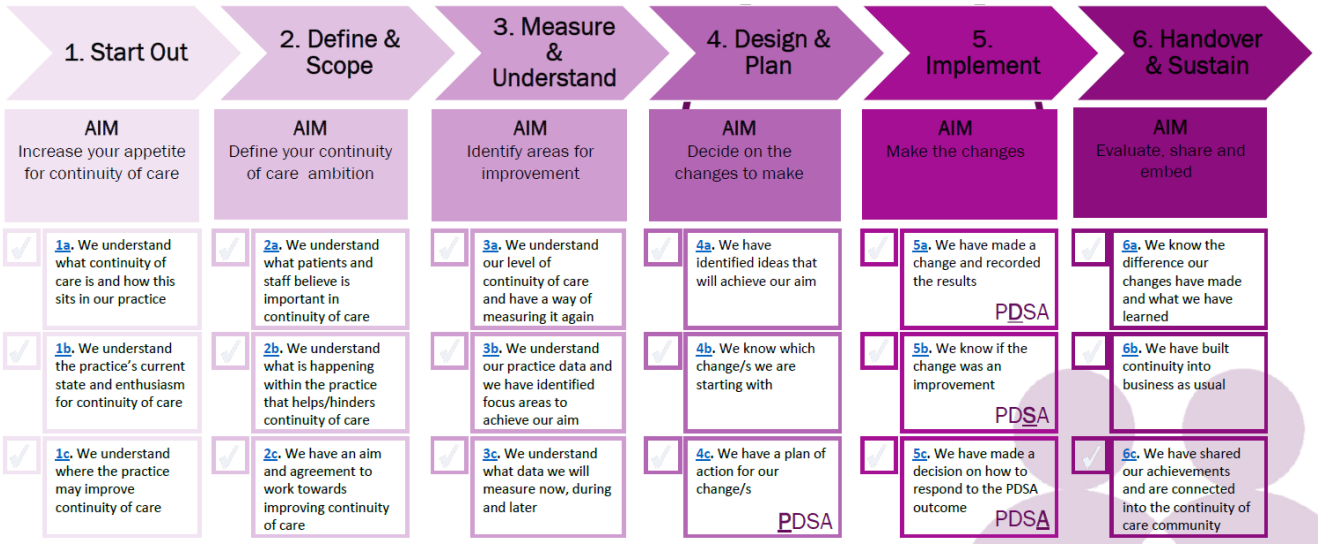
Practice decides which cohort of patients and identifies changes to improve continuity of care for those patients. The RCGP Continuity of Care Toolkit sets out a step approach and this phase covers Start Out, Define and Scope, and Measures and Understanding (see info graphic below).

Key deliverables:

- Assign a named GP lead eg Practice Quality Lead
- Assign a named Operational Lead – e.g. Administrator
- Define the practice vision and ambition including patient cohort
- Produce a Plan.

4.2 Practice Phase 2: Implementation - £4,200 per practice

The Practice to undertake PDSA cycles to test the implementation of CoC for the defined group of patients. This will include updates and an evaluation to the Primary Care Clinical Management Team. Each practice decides how they will introduce CoC and puts in place a test of change.



Steps from RCGP CoC Toolkit

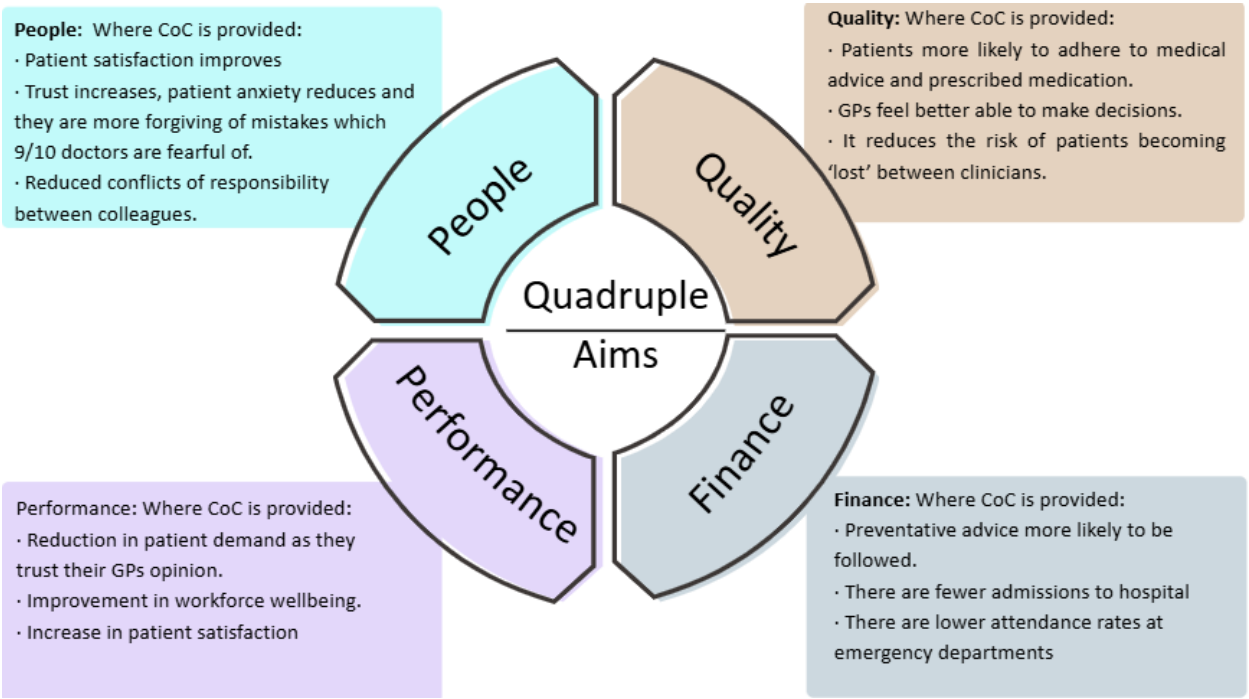
To secure the £4,200 implementation payment, practices are required to:

- Undertake tests of change (PDSA) with a cohort of c.12 patients over a minimum 12-month period.
- Participate in 2 face to face CoC seminars and also with online learning sets.
- Periodically share progress with the project lead and their Cluster Quality Lead.
- Provide a full evaluation report 18 months from start date detailing progress and lessons learnt.

Time is required each month from GP Practice Quality Leads to oversee this project in their practice together with support from GP Cluster Quality Leads and this additional time is included in the costing.

5. Quadruple Aim

The Quadruple Aims helps guide redesign and support effective health care delivery. This CoC proposal is reviewed through the lens of each Aim and sets out the anticipated benefits, based on the evidence of other work. There is a focus on supporting the workforce to find joy and meaning in their work as a key enabler to improving sustainability.



6. Whole System Impact

An Integrated Impact Assessment which includes an Equalities Impact Assessment has been completed and is included.

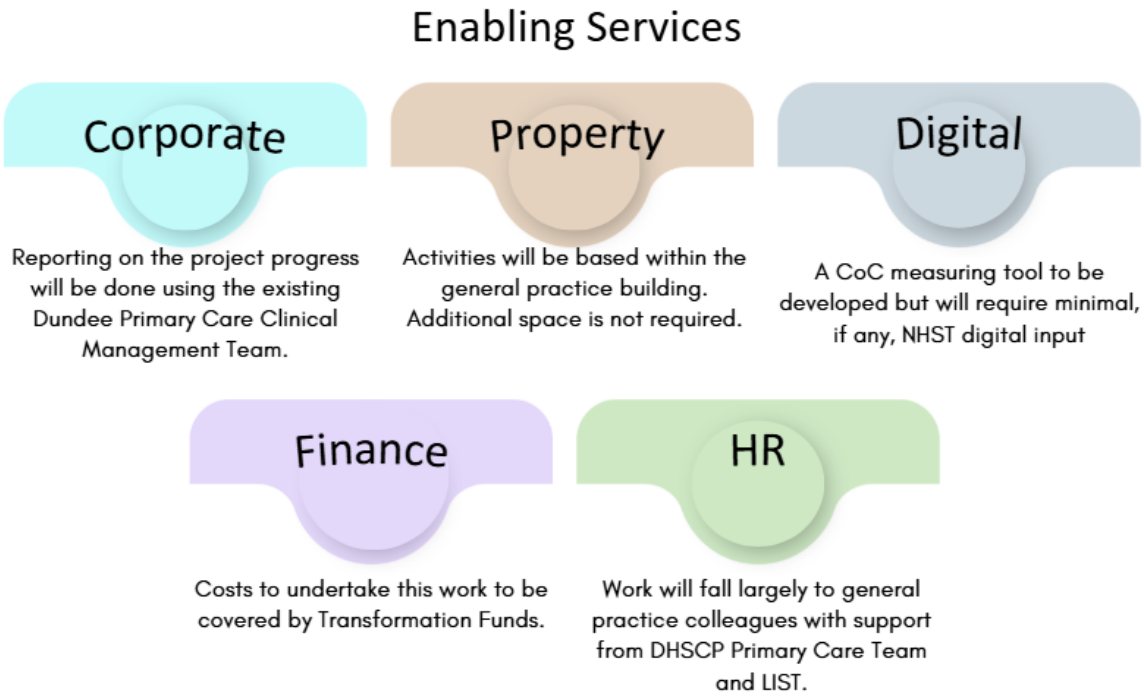
There are factors likely to influence patient preference for CoC which were identified through research by the Nuffield Trust (2019) and they were:

- Perceived acuity and severity, or ambiguity of clinical problems
- The structure and systems in place at the practice
- Age, sex, ethnicity, education and household income all played a role

Without an overall CoC approach at the practice, the characteristics of a patient more likely to see their preferred GP tend to be more affluent patients. It is anticipated CoC might reduce inequalities.

7. Impact on Enabling Services

The project impact on enabling services is set out in the diagram:



Digital: The development of a CoC measuring tool which enables data to be extracted from Vision and displayed in a user friendly interface is key. Similar tools are used by other GP IT systems and the tool for Dundee will be based on those and with input from experienced CoC colleagues and Public Health Scotland analytics team.

HR: Training for General Practice Staff is part of the project. It will be based on learning from other practices through the RCGP CoC Toolkit. The training includes quality improvement tools, and any learning will be useful for future quality improvement work practices embark upon.

8. Return on Investment (ROI)

The purpose of this project is to use 5 practices as Change Agents to develop ways to improve continuity of care because the evidence shows CoC supports general practice sustainability.

Using a measuring tool, similar to those used in the RCGP Toolkit we expect to show quarterly improvements in CoC once processes are in place.

Financial ROI: while there is published evidence of reductions in A&E attendance and OOHs, in this instance, measurement to demonstrate may not be possible but it will depend upon the cohort. If a practice chooses patients who frequently attend services, over the 18-month period the frequency may be measurable but there is some caution if we are able to isolate to solely CoC.

Social ROI: In terms of population health, again difficult to demonstrate with a small cohort and the challenge of being certain the results are all due to CoC. There will however be patient and staff surveys undertaken and the results of the cohort patients and their CoC experience will be

key. The Cluster Quality Leads will include CoC on their agenda so that all Practice Quality Leads receive regular updates and there is wider ongoing awareness of what is happening.

Return on Expectation ROE: A focus on ROE or outcomes achieved is where the value is generated for this work. Using the 5 Change Agent practices, assessment of how they approached changes to workflows, how they engaged with patients, criteria for patient selection, bringing a whole-staff approach etc will be collated and provide a local toolkit for other general practices.

Practice Learning Time brings practices across the city together 4 times a year and one of those sessions to be utilised to share the experiences of the 5 practices, including hints and tips and benefits, to encourage others to adopt CoC.

CoC is underway in many areas but Scotland, while recognising the benefits, is slow to take up the mantle. A national group has made little progress so it is anticipated work undertaken in Dundee will support the national work. The Primary Care Team have an ambition that if this project is funded, a report will be written and submitted to a peer reviewed journal for consideration of publication.

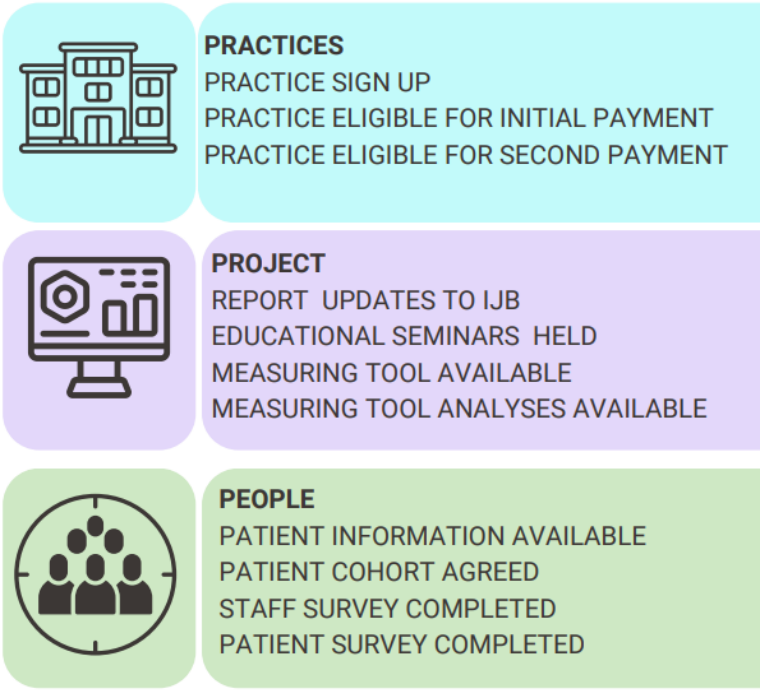
8.1 Project Costs: Anticipated costs are set out below:

Resource across 24 months	Total Cost	Breakdown
Practice Payment £7,200	36,000	Calculated on 24 GP sessions x £300 x 5 practices
CQL support	14,400	4 CQL may claim up to 12 sessions x £300 per year each
Project Management & Admin Support	n/a	Project Manager B6, 2 days/week £24,800 (Yr 2 £25,820) Admin Support B4 1 day/week £6603 (Yr 2 £6850) funded under Primary Care Team
Analyst	7,400	1 day/week
Online Educational Sessions:	3,000	£300 payment to GP with Experienced CoC Practitioner (Ths provides maximum 10 sessions of 3.5 hours which may be split into 1 to 1.5 hour sessions depending on project need).
Educational Sessions with Experienced CoC Practitioner	5,000	£1000/day x 2 days x 2 people (incl travel/ ccommodation) + Room hire/refreshments
Active Learning Sessions for Practices	1,000	Include room hire and refreshments
Measuring Tool Development, Testing & Analysis	10,000	20 days x £500/day + testing and analyses
Communication - design/printing	1,000	Patient surveys, leaflets etc
Contingency funds	2,000	
Total	79,800	

No other funding streams have been explored.

8.2 Key Performance Indicators:

These will be developed but will include:



9. Risk Management

9.1 Risks and Mitigations:

- There is a risk that not putting in place evidence-based mitigations to support practice sustainability means the sustainability risk of general practices increases. Evidence points to CoC as a mechanism for reducing workload, better patient outcomes and improvements to working lives and therefore an appropriate mitigation.

- There is a risk practices do not embrace the opportunity to improve CoC. The engagement of practices will depend on communication which must clearly set out the benefits and assure practices the workload in changing to CoC is being recognised through the support and resources being provided to them.

- A GP MDT Workforce Survey commissioned by NHST Tayside Contract Implementation & Advisory Group (CIAG), July 2024, found 40% of respondents were of the view that CoC for patients has worsened over the past few years with the expansion of the wider MDT teams. There is a risk that, given this viewpoint, practices may see CoC as too challenging. The local change agent practices will be key and will need to be supported and have opportunities to learn from practices outside Dundee who have implemented and benefited from CoC.

- There is a risk that without support to general practice the presentations to ED increase as general practice is unable to meet demand. CoC offers part of the solution as studies shows CoC is associated with fewer acute hospital admissions and lower use of out of hour's services.

9.2 Contingency Plans: Practices in Dundee may not wish to engage and encouragement from NHS Tayside Primary Care support is anticipated. However, if there is no engagement, we could utilise 2C practices or other solutions to support practice sustainability will need to be identified for the IJB.

10. Conclusion and Recommendations

10.1 Summary of Findings:

There is a wealth of evidence which clearly demonstrates that CoC can provide part of the mitigation to the sustainability risk and to the access issues being experienced in general practice. Data from across the world demonstrates that CoC can lead to improvements in workload, capacity, recruitment and retention, patient outcomes, reductions in overall systems costs (reductions in A&E, admissions). For Dundee, with high levels of deprivation, the establishing of trusting relationships should be seen as pivotal as evidence shows patients who have a good relationship with their GP are more likely to consult.

10.2 Recommendations:

The sustainability survey is regularly undertaken to provide a picture of general practice. The issues are not limited to Scotland and countries such as Spain and the Netherlands see CoC as a key mechanism to strengthen their primary care. Considering the evidence and the need to support practice sustainability, it is recommended that the application for change funding to enable CoC to be undertaken with 5 Change Agent practices is approved.

10.3 Expected Benefits: It is anticipated patient and workforce will be increasingly more satisfied with the service offered. A cash injection enables Dundee practices to test if CoC can be done, regardless of the practice circumstances. In turn, Dundee practices would have 'local expertise' and tools by which to continue to improve continuity of care within, and across, all practices and to support any national initiative when it comes into play.

11. References

1. Personal Continuity and Appropriate Prescribing in Primary Care, Marije T. te Winkel, Maarsingh Ott et al, MD1, July 2023 https://www.annfammed.org/content/21/4/305
2. Pereira Gray DJ, Sidaway-Lee K, White E, Thorne A, Evans PH. Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality. *BMJ Open* 2018;8:e021161. doi:10.1136/bmjopen-2017-021161
3. Baker R, Freeman GK, Haggerty JL, Bankart MJ, Nockels KH. Primary medical care continuity and patient mortality: a systematic review. *Br J Gen Pract* 2020; DOI: https://doi.org/10.3399/bjgp20X712289
4. Purdy S, Huntley A. Predicting and preventing avoidable hospital admissions: a review. R Coll Physicians Edinb 2013; 43:340–4. doi.org/10.4997/JRCPE.2013.415
5. Barker I, Steventon A, Deeny SR. Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data. *BMJ* 2017; 356: j84.
6. Romano MJ, Segal JB, Pollack CE. The association between continuity of care and the overuse of medical procedures.
7. Hansen AH, Halvorsen PA, Aaraas IJ, Førde OH. Continuity of GP care is related to reduced specialist healthcare use. *Br J Gen Pract* 2013; DOI: 10.3399/bjgp13X669202
8. Ionescu-Ittu R, McCusker J, Ciampi A, et al. Continuity of primary care and emergency department utilization among elderly people. *Can Med Ass J* 2007;177:1362–8.
9. Delgado J, Evans PH, Pereira Gray D, Sidaway-Lee K, et al. Continuity of GP care for patients with dementia: impact on prescribing and the health of patients. *Br J Gen Pract* 2022;DOI: https://doi.org/10.3399/BJGP.2021.0413 .
10. Rhodes P, Sanders C, Campbell S. Relationship continuity: when and why do primary care patients think it's safer. *Br J Gen Pract* 2014;DOI: 10.3399/bjgp14X682825
11. Ridd M, Shaw A, Salisbury C. 'Two sides of the coin' — the value of personal continuity to GPs: a qualitative interview study. *Fam Pract* 2006; 23(4): 461–468
12. Levene LS, Newby C, Couchman E, Freeman GK, Baker R. Steep Decline of Relationship Continuity: predictors of longitudinal variations in English general practices 2018-2022. Presentation at the RCGP Annual Conference 19 October 2023. ePoster number 5752
13. Turner D, Tarrant C, Windridge K, Bryan S, Boulton M, Freeman GK, Baker R. Do patients value continuity of care in general practice? An investigation using stated preference discrete choice experiments. *J Health Serv Res Policy* 2007;12:132-7
14. Couchman E, Lempp H, Naismith J, White P. The family physician's role in palliative care: Views and experiences of patients with cancer, *Progress in Palliative Care*, 2020;28:3, 192-200, DOI: 10.1080/09699260.2019.1680127
15. McKinstry B, Watson P, Pinnock H, Heaney D, Sheikh A. Telephone consulting in primary care: a triangulated qualitative study of patients and providers. *Br J Gen Pract* 2009; 59 (563): e209-e218. DOI: 10.3399/bjgp09X420941
16. Boulton M, Tarrant C, Windridge K, Baker R, Freeman GK. How is continuity of care produced? A mixed methods longitudinal study in primary care. *Br J Gen Pract* 2006;56:749-55.

17. Freeman G, Hughes J. *Continuity of care and the patient experience*. London: King's Fund; 2010
18. Collins J (Health Foundation) Next steps for continuity of care: practical learning in light of the Fuller report. 24 August 2022. https://www.health.org.uk/news-and-comment/blogs/next-steps-for-continuity-of-care-practical-learning-in-light-of-fuller
19. Coombs C, Cohen T, Duddy C, Mahtani KR, Owen E, Roberts N, Saini A, Foster AS, Par S. Primary care micro-teams: an international systematic review of patient and healthcare professional perspectives. *Br J Gen Pract* 2023; DOI:https://doi.org/10.3399/BJGP.2022.0545
20. Sidaway-Lee K, Pereira Gray D, Evans P. A method for measuring continuity of care in day-to-day general practice: a quantitative analysis of appointment data. *Br J Gen Pract* 2019; 69 (682): e356-e362. DOI: 10.3399/bjgp19X701813
21. Baker R, Maaringh Otto et al. The decline in relationship continuity in England, can a European Perspective help BJGP, June 2024
22. Baker et al, Does Shortage of GPs Matter? BJGP May 2024
23. Gray DP (2016), InnovAiT 2016; 9:635-644
24. Palmer et al, Improving Access and Continuity in General Practice, Nuffield Trust, Nov 2018
25. Donaghy et al, Primary Care Transformation in Scotland: a qualitative evaluation of the views of patients, BJGP 2024, https://bjgp.org/content/74/747/e702
26. Gray DP, Can General Practice Still Provide Meaningful Continuity of Care, BMJ, 14 November 2023; 383 doi: https://doi.org/10.1136/bmj-2022-074584 (Published 14 November 2023)Cite this as: *BMJ* 2023;383:e074584

Dundee Integration Joint Board Integrated Impact Assessment

There are 2 steps in this Integrated Impact Assessment process. **Step1** is a pre-assessment screening tool which should be completed for every IJB report. **Step 2** is the Integrated Impact Assessment record to be completed when screening has indicated that IIA is required.

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Complete all boxes with an X or an answer or indicate not applicable(n/a).

Document Title	Continuity of Care Change Fund Proposal					
Type of document	Policy		Plan		Other- describe	Funding request
Date of this Pre-Integrated Impact Assessment Screening	21 July 2025					
Date of last IIA (if this is an update)	n/a					
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
The Change Fund Proposal asks for £80k to support 5 practices with changing ways of working to support continuity of care for a cohort of patients.						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Lead Officer: Dr David Shaw, GP and AMD, DHSCP Lead Officer: Jenny Hill, Head of Health and Community Care, DHSCP Document Author: Julia Martineau, Programme Manager						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Julia Martineau, Programme Manager Julia.Martineau@nhs.scot						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Dundee HSCP Primary Care Clinical Management Team Dundee GP Cluster Leads						

Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	**Yes**	**No**
A document or proposal that requires the IJB to take a decision	Yes	
A major Strategy/Plan, Policy or Action Plan	Yes	
An area or partnership-wide Plan		No
A Plan/Programme/Strategy that sets the framework for future development consents	Yes	
The setting up of a body such as a Commission or Working Group	Yes	
An update to an existing Plan (when additional actions are described and planned)		No

Will the recommendations in the report impact on the people/areas described below? When the answer is yes to any of the following an IIA must be completed	**Y**	**N**
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	Yes	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn	Yes	
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most	Yes	

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.		
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 Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).	Yes	
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	Yes	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	Yes	
Offenders and former offenders	Yes	
Effects of Climate Change or Resource Use	Yes	
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.	Yes	
Transport, Accessible transport provision; sustainable modes of transport.		No
Natural Environment		No
Air, land or water quality; biodiversity; open and green spaces.		No
Built Environment. Built heritage; housing.		No

An IIA is required when YES is indicated at any question in the screening section above.
The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.

From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y		N	

In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)

Anticipated Date of IJB	20 August 2025	**IJB Report Number**	DIJB59-2025
Date IIA completed	25 July 2025		

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment
*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

The patient cohorts to be selected for CoC will be adults with particular health characteristics and patients will not be selected based on Protected Characteristics.

The purpose is to work with a small number of patients to identify ways of working within the practice that enable and encourage CoC. There is wealth of evidence that Relational CoC is positive for all patients as it enables the patient and GP to establish a relationship and build trust. There is no evidence that any patient or group of patients is adversely impacted by CoC.

Patient choice remains in place enabling patients to choose which clinician they would like to see for planned appointments.

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**
July 2025	Review of evidence – implications discussed via email/meetings/phone	Literature review of papers pertaining to CoC inform the proposal	Julia Martineau
July 2025	Circulation of draft proposal – All PC team members were invited to consider the project and comment	Project Sponsors: Dr David Shawn & Jenny Hill Dundee Clinical Management Team (members are GPs and service managers) Dundee GP Cluster Leads	Julia Martineau

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		**Explanation, assessment and potential mitigations**
Positive	x	It is adults only ie 18 years and over - potential to include young adults 18 to 24 years. A patient cohort will be selected and is likely to be based on a long-term condition or other health characteristics but not based on these groups. CoC has been found to be positive for all and no age group is adversely impacted by CoC.
No Impact		
Negative		
Not Known		
Disability		**Explanation, assessment and potential mitigations**
Positive	x	A patient cohort will be selected and is likely to be based on a long-term condition or other health characteristics but not based on these groups. CoC has been found
No Impact		
Negative		

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

Not Known		to be positive for all and no group is adversely impacted by CoC.
Gender Reassignment		**Explanation, assessment and potential mitigations**
Positive	x	A patient cohort will be selected and is likely to be based on a long-term condition or other health characteristics but not based on these groups. CoC has been found to be positive for all and no group is adversely impacted by CoC.
No Impact		
Negative		
Not Known		
Marriage & Civil Partnership		**Explanation, assessment and potential mitigations**
Positive	x	A patient cohort will be selected and is likely to be based on a long-term condition or other health characteristics but not based on these groups. CoC has been found to be positive for all and no group is adversely impacted by CoC.
No Impact		
Negative		
Not Known		
Pregnancy and Maternity		**Explanation, assessment and potential mitigations**
Positive	x	A patient cohort will be selected and is likely to be based on a long-term condition or other health characteristics but not based on these groups. CoC has been found to be positive for all and no group is adversely impacted by CoC.
No Impact		
Negative		
Not Known		
Sex		**Explanation, assessment and potential mitigations**
Positive	x	A patient cohort will be selected by condition. It may be a condition that is more prevalent in one sex but this would be a positive impact.
No Impact		
Negative		
Not Known		
Religion & Belief		**Explanation, assessment and potential mitigations**
Positive	x	A patient cohort will be selected and is likely to be based on a long-term condition or other health characteristics but not based on these groups. CoC has been found to be positive for all and no group is adversely impacted by CoC.
No Impact		
Negative		
Not Known		
Race & Ethnicity		**Explanation, assessment and potential mitigations**
Positive	x	A patient cohort will be selected and is likely to be based on a long-term condition or other health characteristics but not based on these groups. CoC has been found to be positive for all and no group is adversely impacted by CoC. It is noted there is some research suggesting CoC is already sought by this group
No Impact		
Negative		
Not Known		
Sexual Orientation		**Explanation, assessment and potential mitigations**
Positive	x	A patient cohort will be selected and is likely to be based on a long-term condition or other health characteristics but not based on these groups. CoC has been found to be positive for all and no group is adversely impacted by CoC.
No Impact		
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.		
The practices will be working with small cohorts of patients but for those patients if they wish to have great continuity of care with their GP this will provide the opportunity. Once the mechanics of how to provide better continuity of care are in place, it is anticipated practices will broaden the opportunity for greater continuity of care to more patients at their practice.		

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

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

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

Identified Areas of Deprivation -

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)	x			
North East (Whitfield, Fintry & Mill O'Mains)	x			
Lochee (Lochee Beechwood, Charleston & Menzieshill)	x			
Coldside (Hilltown, Fairmuir & Coldside)	x			
East End (Mid Craigie, Linlathen & Douglas)	x			
Maryfield (Stobswell & City Centre)	x			
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End	x			
The Ferry	x			
Description of impacts on Fairness-. Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
For Dundee, with high levels of deprivation, the establishing of trusting relationships should be seen as pivotal in terms of outputs from improving CoC as evidence shows patients who have a good relationship with their GP and have built up a trusting relationships are more likely to consult. In turn, CoC means they are more likely to follow advice. It is a shift from 'no me' to 'know me' and a patient's life circumstances matter particularly in areas of deprivation where there are higher levels of multi-morbidity and social-economic complexity.				

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

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
Care Experienced Children and Young People		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers **and** carers who support a family member or friend without pay)		
Positive		Until the practices select their cohort, it is not known if this group is affected.
No Impact		
Negative		
Not Known	x	
Lone Parent Families/Single Female Parent Household with Children		
Positive		Until the practices select their cohort, it is not known if this group is affected.
No Impact		
Negative		
Not Known	x	
Households including Young Children and/or more than 3 children		
Positive		Until the practices select their cohort, it is not known if this group is affected.
No Impact		
Negative		
Not Known	x	
Retirement Pensioner (s)		
Positive		Until the practices select their cohort, it is not known if this group is affected.
No Impact		
Negative		
Not Known	x	
Serious & Enduring Mental Health Conditions		
Positive		Until the practices select their cohort, it is not known if this group is affected.
No Impact		
Negative		
Not Known	X	
Homeless (risks of Homelessness)		
Positive		Until the practices select their cohort, it is not known if this group is affected.
No Impact		
Negative		
Not Known	x	
Drug and/or Alcohol issues		
Positive		Until the practices select their cohort, it is not known if this group is affected.
No Impact		
Negative		
Not Known	x	
Offenders and Former Offenders		
Positive		Until the practices select their cohort, it is not known if this group is affected.
No Impact		
Negative		
Not Known	x	

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- **Impact Assessment Record** (continued)
Mark X in all relevant boxes. X must be placed in at least one box

Socio-Economic Disadvantage and Inequalities of outcome – *consider if the following circumstances may be impacted for individuals in the following conditions/areas.*

		Explanation, assessment and any potential mitigations
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	**x**	
Negative		
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	x	
Negative		
Not Known		
Earnings & employment-including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive	x	Evidence suggests CoC encourages trusting relationships and so issues such as employment may be discussed and the GP then able to sign post.
No Impact		
Negative		
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	**x**	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to **Child Health**		
Positive	**x**	CoC benefits to Health are well evidenced including less activity in terms of GP appointments, hospital admissions and A&E attendances
No Impact		
Negative		
Not Known		
Life expectancy		
Positive	**x**	There is evidence that increased CoC us associated with lower mortality rates.
No Impact		
Negative		
Not Known		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive	**x**	There is evidence that increased CoC leads to a trust relationships and improved adherence to lifestyle advice including weight management
No Impact		
Negative		

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

Not Known		
Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	x	
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		The proposal is not considered to have any direct or indirect relevance to this fairness issue.
No Impact	x	
Negative		
Not Known		

NOW COMPLETE THE **CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT** AT THE START OF STEP 2

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	x	Potential for less travel as less appointments needed.
No Impact		
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive	x	All health related services used more effectively.
No Impact		
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Sustainable Procurement		
Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

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/

Strategic Environmental Assessment				
Statement 1				
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.				
Yes	**x**	**No**		
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes		**No**	**x**	*Use the SEA flowchart to determine whether this plan or proposal requires SEA.*

If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)

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.

This page is intentionally left blank

ITEM No …9……

REPORT TO: **DUNDEE INTEGRATION JOINT BOARD – 20 AUGUST 2025**

REPORT ON: **ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2024-2025**

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **DIJB54-2025**

1.0 PURPOSE OF REPORT

This annual report is to provide assurance to the Dundee IJB regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group ("the Group", DHSCP CCPG Group).

2.0 RECOMMENDATIONS

It is recommended that the Dundee Integration Joint Board:

2.1 Notes the content of this report.

2.2 Notes the work undertaken by the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group from April 2024–March 2025 to seek assurance regarding matters of Clinical, Care and Professional Governance.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Objectives and Responsibilities

4.1.1 Review and enquiry about risks being managed across the Dundee Health & Social Care Partnership (Dundee HSCP) and action progressed to mitigate risk.

4.1.2 Review and enquiry to demonstrate there are systems to embed clinical, care and professional governance at all levels from frontline staff to the IJB and to drive a culture of continuous improvement.

4.1.3 Sharing and learning from best practice and innovative ways of working in relation to clinical, care and professional governance across Dundee HSCP.

4.2 Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group

4.2.1 The Business considered by the DHSCP CCPG Group during 2024-2025 has addressed the function and remit of the Group; profiling national policy and local application of policy and guidance that affects practice. Key themes considered are outlined below:

- Service Area Exception Reports/Updates
- The Risk Register
- Feedback
- Adverse Events
- Outcome of Inspection Reports
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews (LAERs) / Significant Adverse Event Reviews (SAERs) / Significant Case Reviews (SCRs)
- Exception reports relevant to Clinical, Care and Professional Governance with reference to the 6 domains outlined in the Getting it Right for Everyone (GIRFE) Framework and the newly developed Clinical Governance Framework, which has replaced the GIRFE Framework, from each service.
- Processes for the introduction of new clinical, care and professional policies and procedures.

4.2.2 Clinical, Care and Professional Governance Assurance Reports following each CCPG Group meeting have been timeously submitted to the NHS Tayside Clinical Governance Committee (CGC) and to the Dundee Performance and Audit Committee (PAC) for review and discussion and agreement on assurance levels provided. From January 2025 the Clinical Governance Quality Assurance Meeting (CGQAM) was established. Governance reports from the CCPG Group will now be presented to CGQAM prior to be reported or represented at the Clinical Governance Committee. The CGQAM will:

- Provide assurance to NHS Tayside Clinical Governance Committee and subsequently NHS Tayside Board that robust clinical, care and professional governance and clinical risk management systems and processes are in place and effective throughout the whole healthcare system for NHS Tayside.
- Provide a forum for members to monitor and review clinical governance arrangements and to support sharing of learning and improvements.
- Identify areas of good practice, emerging concerns, risks and/or issues of importance which require escalation and presentation to the NHS Tayside Clinical Governance Committee by the relevant Division/HSCP or service.
- Support the implementation of the Clinical Governance Framework across NHS Tayside.
- Oversee the quality and safety of healthcare provided across Tayside health systems and the impact on patient experience.
- Ensure there are established mechanisms in place to assess the effectiveness, performance and outcomes of improvement activity, operationally and organisationally.
- Monitor and review clinical outcomes, patient safety indicators, and quality metrics.
- Monitor compliance with national and local clinical guidelines and standards.
- Approve the development and implementation of local guidance relating to Complaints, Adverse Events and Duty of Candour including monitoring of performance against agreed measures.
- Ensure appropriate actions in relation to clinical governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, Audit Scotland, Mental Welfare Commission and the Scottish Public Services Ombudsman.

4.2.3 The Group met on seven occasions during the period 1 April 2024 to 31 March 2025 on the following dates:

- 24 April 2024
- 19 June 2024
- 14 August 2024
- 09 October 2024
- 04 December 2024
- 29 January 2025
- 26 March 2025

4.2.3.1 Providing operational support and a forum for learning, the Clinical, Care and Professional Governance Forum met on the following dates:

- 30 May 2024
- 25 July 2024
- 26 September 2024
- 12 December 2024
- 27 February 2025

Primary Governance Groups and Service Level Governance Groups provide reports into the Clinical, Care and Professional Governance Group and Forum. The service level reports tabled at the Forum encourage supportive discussion to enhance the reports provided to the CCPG Group and to provide support and challenge for the management of clinical, care and professional governance.

Assurance reports are provided to a range of committees and/or boards with information taken from the range of governance groups mentioned above in line with the reporting timeframes set by each committee/board. The primary areas for this reporting are via:

- NHS Tayside Clinical Governance Committee
- NHS Tayside Clinical Governance Quality Assurance Meeting
- Dundee Health and Social Care Partnership Performance and Audit Committee
- Dundee Integration Joint Board (IJB).

These assurance reports were produced in:

- April 2024 – Clinical Governance Committee
- May 2024 – Performance and Audit Committee
- June 2024 – Clinical Governance Committee
- August 2024 – Clinical Governance Committee
- September 2024 – Performance and Audit Committee
- October 2024 – Clinical Governance Committee
- November 2024 – Performance and Audit Committee
- December 2024 – Clinical Governance Committee
- January 2025 - Performance and Audit Committee
- January 2025 – Clinical Governance Quality Assurance Meeting
- February 2025 – Clinical Governance Committee
- February 2025 – Clinical Governance Quality Assurance Meeting

4.2.3.2 Strategic and Service Risks

The Dundee HSCP Strategic Risk Register is regularly presented to the NHS Tayside Strategic Risk Management Group and is available to Dundee City Council Risk and Assurance Board through the Ideagen system.

Strategic Risks are reviewed by the Clinical, Care and Professional Governance Group and the risk management subgroup, with any significant areas of concern which may impact on

the ability of the IJB to deliver its Strategic and Commissioning Plan reported to the PAC through the Clinical, Care and Professional Governance Group's Assurance Report.

Service Risks which should be escalated are identified through Senior Management meetings, the Clinical, Care and Professional Governance Forum and through reports to the IJB and PAC.

The strategic risks aligned with clinical, care and professional governance include:

- Staff Resource,
- Primary Care Sustainability,
- Environment and Buildings and associated costs
- The introduction of the Health and Care (Staffing) (Scotland) Act 2019.

Also a number of other risks demonstrate significant crossover with the clinical, care and professional governance agenda, for example:

- National Care Service,
- Restrictions on Public Sector Funding,
- Cost of Living Crisis,
- Unable to maintain IJB Spend

Significant work has been undertaken seeking to mitigate each of these risks and the associated service level risks. The fundamental challenges in seeking to recruit and retain our workforce continue to impact on several of our risks. While these pressures continue, there are successes in some areas with recruitment to leadership posts, key clinical posts and the development of new models of service delivery.

Work will continue through Workforce Planning Leads to further develop and implement our recruitment and retention strategies.

A new risk management group has been established this year to allow more time to be dedicated to understanding and managing strategic and service clinical, care and professional risks across the HSCP. This group has an overview of both strategic and operational risks and support managers identify, record and mitigate the risks they own.

Primary Care

There are continued challenges around sustaining primary care services, arising from recruitment, inadequate infrastructure including IT and location, and inadequate funding to fully implement the Primary Care Improvement Plan (PCIP).

Recruitment and retention of GPs and the wider team to support primary care remains challenging and is impacting on service delivery and care. The NHS Tayside risk for the sustainability of primary care is scored at 20.

If there continues to be huge pressure on general practice due to increasing demand and complexity of health needs, together with the increase in GP vacancies due to retirement and recruitment and retention issues, then we will be unable to meet the health needs of the population.

If GP practices' requests for lease assignation cannot be considered as a result of a lack of an agreed process for practices, HSCPs and NHS Tayside regarding leases acquisition, including defining the necessary governance arrangements, then this will have a negative impact on GP partner recruitment and retention.

Dundee Drug and Alcohol Recovery Service (DDARS)

A key priority for 2024-2025 was foremost focused on working to put systems in place to meet all ten of the Medication Assisted Treatment (MAT) Standards. The MAT standards have continued to push the Drug and Alcohol services through a transformational change process against the backdrop of high levels of, and ever changing, demand.

The types of drugs used in Dundee continue to evolve with Cocaine and Benzodiazepines as well as Alcohol showing high levels of prevalence. This means the ADP has funded the development of a psycho-stimulant pathway and DDARS and other services are looking to improve the Alcohol Pathway. This has successfully led to the creation of new processes that focus on patient-centred care informed by those with lived experience.

Dundee HSCP has performed well against the MAT standards throughout the year being one of Scotland's best performing HSCPs.

Increased senior leadership within this team has allowed for an enhanced focus on improvement work across the service. This has supported a significant reduction in the overall risk level for the service over the past four months with improvements in workforce availability.

Mental Health

The overarching concerns within mental health and learning disability services during 2024-2025 related to the provision of adequate levels of staffing due to recruitment challenges, with the most significant risk relating to the limited availability of psychiatry resources.

The opening of the Hope Centre has been a hugely positive development, as have the significant developments seen across Primary Care Mental Health Services with continued collaboration across a range of services and agencies.

Senior leadership across the Mental Health and Learning Disability Team has improved with appointment to some key posts (Consultant in Eating Disorders, Director of Psychology, Senior Manager) with recruitment processes in place for ongoing recruitment into 2025-2026.

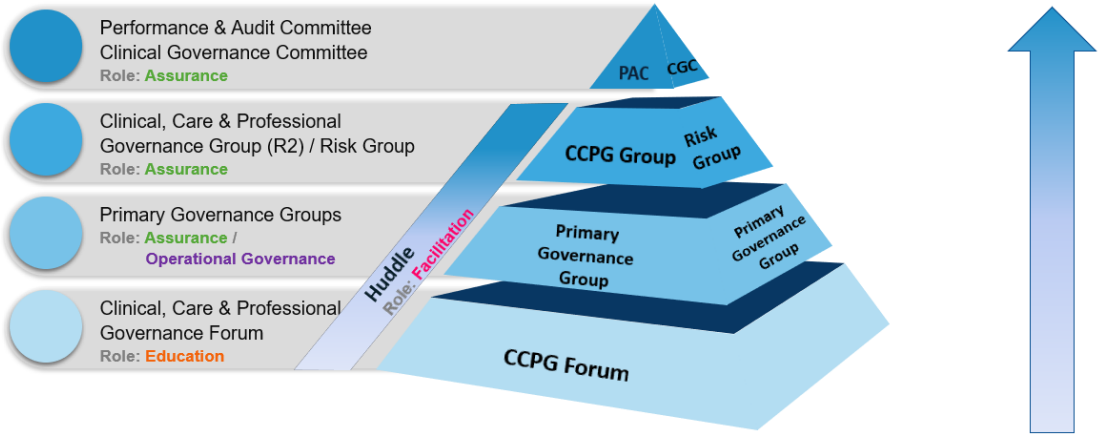
Workforce Availability

The availability of our workforce has remained a significant risk throughout this year. The number of risks varies but had reached 23 separate operational risks across the full range of professional and staffing groups. While this can be transient for some teams we have had some service areas with significant workforce risks for the entirety of the financial year. There does appear to be an improving picture associated with workforce risks with the number of risks currently reduced to 12.

4.2.3.3 Dundee HSCP Governance Structure

Dundee HSCP governance structures are outlined in the diagram below. The following narrative explains how each of the aspects functions to provide assurance to NHS Tayside and the Dundee IJB.

DHSCP Clinical, Care & Professional Governance



4.2.3.4 DHSCP CCPG Group and the Risk Management Group

Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for clinical, care and professional governance in all services within Dundee Health & Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Heads of Health and Community Care Services, Nurse Director, Associate Medical Director, Associate Locality Managers, Lead Allied Health Professional, Lead Nurse, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, and Chief Social Work Officer.

At each CCPG Group meeting, each Primary Governance Group will present an exception report, highlighting key areas of concern across the six domains listed in the Getting it Right for Everyone (GIRFE) Governance Framework, which this year has been replaced by the Clinical Governance Framework. They will also reference exceptional pieces of work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

A range of additional reports are also reviewed at the CCPG Group, which includes DHSCP Analysis Report (Adverse Events and Risks), Complaints, Infection Prevention and Control and Inspection Reports.

Next year will see the development of annual assurance reports from each Primary Governance Group providing a more comprehensive report with more detailed analysis and exploring trends over the course of a full 12-month period. Each Primary Governance Group will continue to provide an exception report at each meeting, when not providing an annual assurance report.

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, The National Care Service and Safe Staffing legislation.

The Risk Management Group meets every two months to provide a forum for more detailed review of risk management. The membership is the same as the CCPG Group. The Group will review new risks, any risk with a risk exposure rating of 20 or more, any risk that requires frequent review and there is a timetable for each risk to be fully reviewed and presented to the group on a cyclical basis.

4.2.3.5 Primary Governance Groups (PGG)

There are currently 9 PGGs:

- In Patient and Day Care Services
- Community Services
- Acute and Urgent Care Services
- Mental Health & Learning Disabilities Services
- Older People's Mental Health & Care Homes
- Psychological Therapies
- Primary Care and Health Inequalities
- Nutrition and Dietetics Service
- Dundee Drugs and Alcohol Recovery Services

There will be an addition to the Primary Governance Groups in 2025-2026 with the formation of the Specialist Services Primary Clinical Governance Group bringing together 6 smaller teams current housed within the mental health and learning disabilities group. This will help to provide better alignment with similar services and a stronger voice through the Clinical, Care and professional Group. The 6 services are: Connect Early Intervention in Psychosis, Tayside Adult Autism Consultancy Team, Perinatal Mental Health Team, Maternity & Neonatal Psychology, Infant Mental Health, Personality Disorder

Each Primary Governance Group will meet every 6-8 weeks, and the remit of the Primary Governance Group is to:

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, the Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.
- Ensuring that there is a robust reporting and assurance mechanism for the services which are hosted within the partnership but do not solely operate within Dundee HSCP.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service-specific datasets to inform exception reports to the CCPGG, reflecting the 6 domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework, and more latterly the new Clinical Governance Framework.
- The exception report should include, but is not limited to:
    - Emerging issues of concern
    - Adverse Events
    - Recurring themes, Major and Extreme Incidents
    - Incidents that trigger Statutory Duty Of Candour

- All Red Adverse Events
- Adverse Event Reviews, Significant Case Reviews
- Complaints/Feedback
- Risks
- Inspection Reports and Outcomes
- Changes to standards, legislation and guidelines
- Outcomes of care
- Adherence to standards
- Sharing of learning

A representative from each PGG will represent the group at the Dundee HSCP CCPG Group and present and talk to the exception report. The representative will act as a conduit between the PGG and CCPGG ensuring effective communication between groups.

4.2.3.6 Governance Huddle

There is a weekly governance huddle attended by the professional leads and the governance team. A high-level review of all adverse events is undertaken with the intention of identifying themes or patterns and triangulating knowledge of service pressures, governance scorecards and service data to identify services who may be at risk, or who require support to manage clinical, care and professional governance activities. This allows for early support to be provided to teams from both a governance and managerial perspective to undertake early management of developing potential risks.

The huddle is open to managers to attend to gain an enhanced overview of the governance arrangements across the Dundee HSCP. Managers can also attend to discuss specific aspects of clinical, care and professional governance as required.

The huddle will also undertake work to review risk management, complaints process and quality and any other governance-related themes as required.

4.2.3.7 Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the Dundee HSCP. The format allows for review of scorecard data, encouraging discussion around works of excellence and challenging areas, with managers peer-reviewing one another and sharing learning across a range of themes.

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. This reporting period, subjects have included: Qlikview, Risk Management System, Datix system report building, falls management in in-patient environments and scorecard development.

4.2.3.8 Summary Assurance Statement

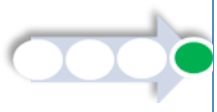
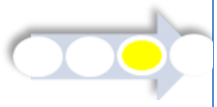
The year April 2024 to March 2025 continued to be challenging across the health and social care system, due to increasing challenges linked to finance across the Health and Social Care Sector as well as the changing health demands of the population. The response from staff, through very challenging periods, has been incredible and high-quality services have continued to be delivered safely and effectively. There have of course been challenges, and the governance infrastructure that has been built and continues to evolve has supported the HSCP and its staff to manage and mitigate risk in a proactive and productive manner.

Learning, and the sharing of learning, remains a key focus within the HSCP and, while this has developed well over the year, it remains an area where further improvements will be made. This is instrumental in supporting the HSCP move towards Substantial levels of assurance – *"A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the*

achievement of objectives in the area audited" where *"Controls are applied continuously or with only minor lapses"*. The development of new reporting proforma paperwork has supported managers in bringing the wealth of information required in providing assurance through the CCPGG.

The current Reasonable levels of assurance demonstrate that a generally sound system of governance, risk management and control is in place. Some issues do persist (timeous management and administration of risks, complaints and adverse event; ongoing workforce availability) and there is evidence of some non-compliance (attendance at governance groups, provision of governance reports at all groups), and there is identified scope for improvement across a range of services and governance domains. Leadership capacity has had a notable impact on regular attendance at the CCPGG and the change in recruitment to these posts should now see an improvement in this area. Despite all of the challenges faced this year, there continues to be good evidence of safe, high-quality services being delivered across the Health and Social Care Partnership, and where problems present there is good evidence of a responsive, robust and comprehensive process to investigate and manage the identified issues.

All assurance reports presented to the Care Governance Committee, the Performance and Audit Committee and the Integration Joint Board have provided Reasonable assurance. Reports to the newly formed Clinical Governance Quality Assurance Group have also received Reasonable levels of assurance for reports submitted in January and February 2025.

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

4.2.4 During the financial year ending 31 March 2025 membership of the Group comprised:

Clinical Director (Chair)
Head of Health and Community Care Services (Vice-Chair)
Head of Health and Community Care Services
Community Nurse Director
Associate Medical Director
Associate Locality Managers / Service Managers
Mental Health and Learning Disability Manager
Clinical Lead, Mental Health & Learning Disabilities
Allied Health Professional Lead (DHSCP)
Lead Nurse (DHSCP)
Clinical Governance Lead (DHSCP)
Clinical Governance Facilitator (DHSCP)
Lead Officer – Strategic Planning and Business Support (DHSCP)

4.3 Schedule of Business Considered During the Period 1 April 2024 to 31 March 2025

4.3.1 24 April 2024

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service No Report
- Noted Psychological Therapies Service Report
- Noted Dundee Drug and Alcohol Recovery Service Report
- Noted Nutrition and Dietetics Report
- Noted Community Services Report
- Noted In Patient and Day Care Report
- Noted Primary Care / Health Inclusion Reports
- Noted Acute and Urgent Care No Report
- Noted Older People's Mental Health / Care Home Report

Getting It Right For Everyone group feedback provided including resource pack shared.

Governance Huddle encouraged more use of the DATIX Dashboards to view and manage adverse events and risks. Refresher courses to reduce open old incidents and categorisation errors.

Update provided on the MACH initiative in DDARS and Mental Health evolving and recognised further development in improving access links and pathways.

Risk updates provided on: ligature risk, update indicates the issue is being actively addressed, service waiting on further detail through a comprehensive report; Kingsway Care Centre environment.

New and Emerging Risks discussed around capacity issues in Diabetic Team; Unassigned Associate Medical Director in Tayside Sexual Health; Fire Safety Audit Actions in Stroke/Neuro.

Allied Health Professionals transitioning to Safe Care Staffing Tool. Nursing updated progress on Excellence in Care and Safe Staffing.

Medical Professional Update: updated guidance with an aim to refresh and modernize the approach to professional standards and communication. Annual report update is to be presented at the next CCGP.

Annual reports noted for Hosted Services including Inpatient Mental Health, Psychology and Sexual & Reproductive Health. Discussed the value in cross-partnership learning with a suggestion to invite representatives.

Improvement noted for the Commissioned Services Grading and Update Report. Weekly RAG status report is in place.

Feedback Report discussed with several long-standing complaints remain open within Social Work and Mental Health. Care Opinion: GP surgeries are not covered under the licence due to their status as independent contractors.

Dundee HSCP Analysis Report presented: Improved position with risk management. Overdue incomplete adverse events are increasing.

Care Inspector Report noted.

4.3.2 19 June 2024

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report
- Noted Psychological Therapies Service No Report
- Noted Dundee Drug and Alcohol Recovery Service report (Verbal)
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Acute & Urgent Care No Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report
- Noted Psychiatry of Old Age Service Report
- Noted Older People's Mental Health / Care Home No Report

Risk updates provided on: ligature risk, phase one will be undertaken in the coming months with subsequent phases to follow. No Clinical Lead due to retirement within Sexual Health, controls in place.

New Risk meetings have been set up to support current, new/emerging risks and improve data flow and clarity.

Update provided on Waiting Times challenges in Mental Health Services. Improvement work with ADHD services will assist with these challenges.

Verbal update provided on almost full complement of recruited staff in DDARs. Early Release work discussed with capacity to manage risk. Work ongoing within service around drug death reviews.

Safe Staffing Group continues to support implementation.

Commissioned Services Grading & Update report shared with the group.

Care Opinion update, all team services have been mapped. Dates organised for rollout to all staff for online training. Complaints report noted.

Dundee HSCP Analysis report presented, increase in overdue verified events. Risk Management and pending risks were highlighted.

Strategic Risk Register Meeting noted.

Protecting People oversight Gorup noted.

4.3.3 14 August 2024

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report
- Noted Psychological Therapies Service Report
- Noted Dundee Drug and Alcohol Recovery Service No Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Acute & Urgent Care Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report
- Noted Older People's Mental Health / Care Home No Report (Verbal)

Risk updates provided on: ligature risk, phase one progressing.

Update provided on MAT Standards with positive scoring across the standards.

New and Emerging Risks noted in relation to Pancreatic Enzyme Replacement Therapy and was presented at CGC.

Perinatal Mental Health Risk relating to accommodation has been mitigated.

Community Mental Health noted significant levels of staff absence within nursing teams, Contingency Management, action plan in place. Waiting times and capacity issues remains.

Hope Point has been in operation for one year, with over 1000 people supported in the service.

Psychological Therapy Service reported significant number of vacant posts, which impacts on long waiting times. Mitigation continues to focus on demand/capacity on services with longest lists and vacant posts. Positive ongoing work within Primary Governance Group to align governance reporting with the new Psychological Therapy Standards.

Nutrition and Dietetic noted a significant improvement in recruitment.

Professional updates included: Major Trauma Service restructure; Morse implementation; Short Life Working Groups through Scottish Government re Nutrition & Dietetics and Primary Care and Acute Performance Planning and review Quality Performance Review meetings.

NMC Independent Culture review noted, and a transformation programme was introduced to help implement the recommendations.

External Inspection noted for Kingsway Care Centre, action plan complete.

Safe Staffing continues implementation with services.

Commissioned Services Grading & Update Report noted highlighted positive report on grading.

Dundee HSCP Analysis report presented, increase in overdue verified events.

4.3.4 09 October 2024

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report

- Noted Perinatal & Infant Mental Health Service Report
- Noted Psychological Therapy Services Report
- Noted Dundee Drug and Alcohol Recovery Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Acute & Urgent Care Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care / Health Inclusion Report
- Noted Older People's Mental Health / Care Home No Report

Updates from Performance and Audit Committee and Care Governance Committee reports with assurance level suggested Reasonable. Interest in Primary Care sustainability regarding GP practices and impact.

Discussed Primary Care reporting in relation to governance and reporting route.

Positive feedback from a Risk Management session provided by the Risk Management team in the Clinical, Care and Professional Governance Forum.

Significant Adverse Event Review, Local Adverse Events and Complaint processes discussed to support Tayside-wide future process.

Update provided on guidance supporting MAT 9 standard for Substance Use and Mental Health. Scottish Government requesting benchmark on specific outcomes.

Dundee HSCP Analysis report presented with a focus on increasing Adverse Events and using the DATIX system to support assurance for reporting.

Paper presented regarding Emergency Care in Treatment / RESPECT standard operating procedure. The group supported and agreed this approach.

New and Emerging Risks noted in relation to health and safety regarding damp working conditions in buildings within Community Nursing, Pending breach of Psychological Therapies Standards.

Update provided on elevated level of relocation for Learning Disability Beds, processes are ongoing with the support for Allied Health Professionals.

Perinatal & Infant Mental Health report difficulties in recruitment and retention with high complex caseloads.

Sexual Health reported rollout of new electronic patient system / Morse with The Corner – Young people services. Extended hours/triage for Sexual Health to meet patients' needs.

Short Life Working Group set up within Nutrition and Dietetics to support complaints around no access to weight management drugs.

Review of AHP services within Community Independent Living Services with a wider workforce plan to ensure model is correct for Inpatient and Community Services.

Acute & Urgent Care provided an update on Risks across all services due to delays in HR processes delaying progression of change in terms. The DECaHT nursing team has demonstrated a positive turnaround in practice following the identification of significant issues relating to practice. These concerns have been thoroughly addressed and have now been mitigated.

Welfare Commission Report noted.

Kingsway Care Centre's Mental Welfare Commission Report noted and was very positive. Ligature work progressing, phases 2 & 3 ongoing.

Professional Updates included: Capacity and band staff issues within AHPs; AHP Clinical Effectiveness and Improvement Day success; Scottish Government Rehabilitation Standards responses required from all Health Boards; EPR/MORSE implementation for AHPs approved.

Noted new Executive Nurse Director in post.

CSWO Report in draft noted.

Feedback Report noted.

Care Inspection Report Noted

4.3.5 04 December 2024

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report
- Noted Psychological Therapy Services No Report
- Noted Dundee Drug and Alcohol Recovery Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Acute & Urgent Care Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care / Health Inclusion Report
- Noted Older People's Mental Health / Care Home Report

Getting it Right for Everyone update – suggestions to be stepped down and replaced by another meeting.

Approval of Reasonable assurance given by Performance and Audit Committee and Care Governance Committee.

Clinical Governance Quality Assurance Meeting teams of reference to be shared with the Group.

New and Emerging Risks noted: Pending Psychological Therapies risk; Prescribing Risk within DDARS; Bariatric Evacuation Risk within Wards 4 & 5 RVH Stroke & Neuro Rehab unit.

Mental Health Referral to Treatment rates and staffing update – level of risk and will be monitored. Transformative work is ongoing.

Psychological Therapy services reported good news, Heat target is 90%, previously 70% with achieved number of 80.7% of people seen and receiving treatment.

Dundee Drug and Alcohol Recovery Service update - Early Release Programme Emerging Risk. Vulnerable / high risk service users back within the Community requiring prescription delivery. Regular meetings have taken place with representatives from all services involved. Monitoring will continue.

Sexual Health provided an update on understanding waiting times.

Improvements noted in Nutrition and Dietetics, pressures remain however, RAG reduced due to vacancy reductions.

Acute & Urgent Care noted several vacancies throughout, thoughts to consider redesign within AHP Leadership and Management within the partnership. Parking at Wallacetown for DECaHT service risk becoming an issue due to the volume of traffic for the Vaccination Service.

Royal Victoria Hospital Ward 8 have been nominated for a START award.

Kingsway Care Centre update – positive news regarding inspection preparation in relation to HIS looking at Inpatient Mental Health environments.

Primary Care Angus HSCP presented the new Dietetic Greenbook relating to documentation which was received well with positive feedback. Approved by group.

Medical update provided on Responsible Officers Advisory Group Process.

Commissioned Services Grading & Update Report noted.

Strategic Risk Report Noted

4.3.6 29 January 2025

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report
- Noted Psychological Therapy Services No Report
- Noted Dundee Drug and Alcohol Recovery Service No Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Acute & Urgent Care Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care / Health Inclusion Report
- Noted Older People's Mental Health / Care Home Report

Governance Framework introduced through presentation.

Getting it Right for Everyone changed to Clinical Governance Quality Meeting. Work ongoing to align with new structure for our Governance.

New and Emerging Risks noted: Royal Victoria Hospital Mortuary Fridge; Controlled Drug cupboards within Roxburghe House.

Mental Health & Learning Disabilities updates – service shortlisted for a STAR award. Issues continue around capacity with FOISA requested coming in at around 2/3 per week.

Nutrition and Dietetic updates – Pancreatic Enzyme Replacement Therapy worldwide shortage, situation being well managed. Issues remain around Weight Management Service with increased waiting lists and times, short-term measures in place to address this with a proposal for recommendations in discussion.

Community Nursing updates - Two Community Nursing Advanced Nurse Practitioners are finalists for the STAR Awards for the work they have been doing around Frailty Management. Increase in mould/damp issues over the winter period, Estates continue to support dealing with these issues. Care Inspectorate inspecting two of the mainstream services.

Kingsway Care Centre updated union representation carried out Health & Safety Walkabout regarding issues around respiratory symptoms; funding secured for a Meeting Centre for dementia patients within Royal Victoria Hospital.

Updates provide around Pushing up the Daisies group, under the legislation, families can choose.

Professional Supervision Framework presented in support of GPN Governance. The group agreed to accept the recommendations.

Workforce Group agreed Safe Staffing to come through Primary Governance Reports.

Dundee Clinical, Care & Professional Governance Forum report noted.

4.3.7 26 March 2025

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report
- Noted Psychological Therapy Services No Report
- Noted Dundee Drug and Alcohol Service No Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Acute & Urgent Care Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care / Health Inclusion Report
- Noted Older People's Mental Health / Care Home Report

Clinical Governance Quality Assurance Meeting now feeds into the Clinical Governance Committee.

Dundee HSCP Analysis Report presented: improved position on historical events being closed; noted Clinical Challenging Behaviour show a significant decrease specifically within Psychiatry of Old Age, feedback indicated the implementation of "floor walkers" and proactive strategies.

New and Emerging Risks noted: Excellica Scotland falling into administration; Funding for Early Intervention in Psychosis service; Capacity & Demand in CTAC service for transitions from children's to adult services; Capacity to undertake timely M&M reviews.

Mental Health updates – new & emerging challenge for staff around Violence & Aggression incidents, being monitored closely; Complaints pattern improved in March 25 around waiting times for ADHD; Articulation in terms of risk relating to CMHT Waiting times and a need to manage more prominently in terms of reporting.

Sexual Health reported several complaints about pressures around car parking at Ninewells.

Nutrition & Dietetics reported an increase in Datixs coming through regarding home enteral tube feeding, meetings held with relevant services to mitigate and manage.

Community Nursing noted issues across services relating to staff absences; Capacity and Demand issues with Phlebotomy waiting lists; Accommodation availability of clinical space remains an issue.

Care homes reported challenges with National Care Home contract being negotiated.

Mental Health services within Inpatient & Community noted receptionists won Gold at the STAR awards.

Draft Mental Welfare Commissioning Report for Kingsway Care Centre, Ward 1 noted.

Sources of Support Interim Team Leader and permanent Team Leader have been invited to attend the King's Garden Party in Edinburgh in recognition of their work with the Scottish Community Link Working Network.

Allied Health Professional Update: AHP modelling Day to look at AHP models across Tayside; Real Time staffing tool being used very well with some teams moving across to SafeCare creating hybrid position as the process continues.

Nursing Professional Update: Work ongoing in terms of Significant Adverse Event Reviews signoff procedure.

Medical Professional Update: Appraisals for the year has now completed; Contract with Primary Care department to provide GP support for GPs facing difficulties.

External Inspection Ward 4 Mental Welfare Commission reported seven recommendations, action plan in place.

Commissioned Service Grading & Update Report noted.

Complaints Report update: New Dundee City Council complaint system due to go live 1st April 2025 with reporting ready to go.

Draft Clinical Governance Committee report noted.

4.4 Assurance Statement

4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2024-2025, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings has supported the fulfilment of the Group's objectives and responsibilities.

4.4.2 I would like to offer my thanks to the commitment and dedication of fellow members of the Group. Significant work goes into the preparation of the written reports and I am grateful to all those who have attended and contributed to each of the meetings.

5.0 POLICY IMPLICATIONS

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 CONSULTATIONS

The Chief Officer, Chief Finance Officer, Head of Service – Health & Community Care, Clinical Director, Allied Health Professions Lead and Lead Nurse were consulted in the preparation of this report.

7.0 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	
	4. Dundee City Council and NHS Tayside	

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Officer

DATE: 22 July 2025

Christine Jones
Acting Chief Finance Officer

Jenny Hill
Head of Health & Community Care

Angie Smith
Head of Health & Community Care

Krista Reynolds
Lead Nurse

David Shaw
Clinical Director

Matthew Kendall
Allied Health Professions Lead

Niki Walker
Clinical Governance Facilitator

ITEM No …10……..

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

REPORT ON: **PERFORMANCE AND AUDIT COMMITTEE ANNUAL REPORT 2024/25**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB48-2025**

1.0 PURPOSE OF REPORT

1.1 This report provides the Integration Joint Board with an overview of the activities of the Performance and Audit Committee over 2024/25

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the Performance and Audit Committees' Annual Report for the year 2024/25

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Performance and Audit Committee (PAC) was established as a Standing Committee of the Integration Joint Board (IJB) at the IJB meeting of the 30 August 2016 (Item IX of the minute refers) to ensure the IJB met its responsibilities for governance under the Integrated Resources Advisory Group (IRAG) guidance. Following this approval, the PAC first met on 17 January 2017 and has met on a regular basis ever since.

4.2 Revised Terms of Reference for PAC were approved by IJB on 13 December 2023 (Article IV of the meeting refers). PAC Terms of Reference were further reviewed by IJB on 11 December 2024 (Article XIII of the meeting refers) following the rotation of PAC Chair, with no material changes at that time.

4.3 The Terms of Reference notes the purpose of the PAC is to provide independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of governance processes. The PAC also scrutinises performance and best value arrangements. The membership of the PAC consists of not less than six members of the IJB of which four will be voting members. The Chair of the PAC is not the Chair of the IJB and rotates between a voting member from NHS Tayside and a voting member from Dundee City Council and rotates on the same frequency as the Chair of the IJB.

4.4 Over the course of 2024/25 the PAC met on four occasions. The agendas of these meetings consisted of a core suite of regular reporting to each meeting of the PAC with additional reports presented as necessary or at the request of members of the committee. The PAC also receives

annual reports falling as part of their remit. From May 2024 to January 2025, PAC considered the following reports:

Item	22/05/24	25/09/24	20/11/24	29/01/25
Governance & Assurance:				
Strategic Risk Register	✓	✓	✓	✓
Governance Action Plan	✓	✓	✓	✓
PAC Action Tracker	✓	✓	✓	✓
Internal Audit 2024/25 Plan Approval		✓		
Internal Audit Plan Progress Report	✓	✓	✓	✓
Internal Audit Report – Workforce				✓
Protecting People Committee Annual Report 2023/24			✓	
Chief Social Work Officer Annual Report 2023/24			✓	
City Plan for Dundee 2022-2032 – Annual Report for 2023/24			✓	
Performance:				
Quarterly Performance Report	✓	✓	✓	✓
Quarterly Feedback Report (previously known as Complaints Performance)	✓	✓	✓	
Care Inspectorate Gradings for Care Homes 2023/24		✓		
Drug and Alcohol Service Indicators		✓		✓
Mental Health Service Quarterly Indicators		✓		✓
Finance and Strategic Services Capacity	✓			
Annual Performance Report 2023/24		✓		
Unscheduled Care		✓		✓
Health and Care Experience Survey 2023/24 Analysis		✓		
Annual Accounts:				
Dundee IJB Audited Annual Accounts 2023/24 and External Auditors Annual Report			✓	
Clinical & Care Governance:				
Dundee HSCP Clinical, Care and Professional Governance Assurance Report	✓	✓	✓	✓

From the above it can be seen that the PAC considered a range of areas including:

- Regular governance reporting updates
- Reports in respect of year end assurances and audited annual accounts
- Regular reporting on internal audit activity
- Regular reporting on risk management and the IJBs Strategic Risk profile
- In depth reporting on specific areas of performance
- Assurances around Clinical Care and Professional Governance

4.5 The commitment of the members of the Performance and Audit Committee as well as the support provided to it by officers including Dundee City Council's Committee Services is acknowledged.

Councillor Ken Lynn held the position of Chair of the PAC during the first half of 2024/25 with this rotating to NHS Non-Executive Bob Benson from October 2024. Other IJB voting members attending the PAC during 2024/25 were Councillor Dorothy McHugh, Councillor Siobhan Tolland and NHS Non-Executives Beth Hamilton and David Cheape.

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

6.1 This report has not been subject to a risk assessment as it is an annual report of activity and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Regional Audit Manager, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 21 July 2025

This page is intentionally left blank

ITEM No …11……..

Dundee Health & Social Care Partnership

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

REPORT ON: **LEARNING DISABILITY INPATIENT TRANSITION PROGRAMME UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB63-2025**

1.0 PURPOSE OF REPORT

1.1 This report provides the Integration Joint Board with an update on progress with the Learning Disability Inpatient Transition Programme led by NHS Tayside.

2.0 RECOMMENDATIONS

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

2.1 Notes the progress against the recommendations within the Learning Disability Inpatient Transition Programme as set out in Appendix 1 to this report.

2.2 Instructs the Chief Officer to provide a further update to the IJB by no later than 31 December 2025.

3.0 FINANCIAL IMPLICATIONS

3.1 The financial framework associated with the move to a single site model for Inpatient Learning Disability Services continues to be developed through a distinct finance workstream in the working group overseeing the service changes. This includes exploring the disinvestment and reinvestment opportunities associated with the service changes. The infrastructure costs of implementing the service changes will be funded by NHS Tayside given these are not delegated to the IJBs.

4.0 MAIN TEXT

4.1 Dundee Integration Joint Board received, noted and supported report DIJB50-2024, Tayside Inpatient Learning Disability Service Progress Report at its meeting of the 21 August 2024 (Article XIV of the meeting refers). This report advised the IJB of the operational decision taken by NHS Tayside's Executive Leadership Team to progress the move to a single site for Tayside Inpatient Learning Disability Services in line with the strategic direction previously agreed by the Tayside Integration Joint Boards.

4.2 The last update regarding the Learning Disability Inpatient Transition Programme was submitted to the IJB on 16 April 2025 (Article IV of the minute of the meeting of the Dundee Integration Joint Board held on 16 April 2025 refers). A further update on progress is attached as Appendix 1 to this report.

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

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service – Health and Community Care, the Programme Executive Lead and Senior Responsible 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	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: 08 August 2025

Sandra McLeod
Deputy Chief Executive, NHS Tayside

Appendix 1

Title: Learning Disability Inpatient Transition Programme update

Responsible Officer Sandra MacLeod, Interim Deputy Chief Executive, NHS Tayside

Report Author: Maria Docherty, Senior Responsible Officer
Jill Beattie, Programme Manager

1. Report Summary

1.1 Situation

This second quarterly report reflects discussions and progress to date in the planning phase of the Learning Disability Inpatient Transition Programme. It is presented to committee members for information and awareness. This report will also be shared with the Integrated Joint Boards across Tayside for information. Please see table below for the planned committee dates.

Q2 report

Committee	Meeting Date	Comments
CET	24/03/2025	
CGC	03/04/2025	
IJB Angus	30/04/2025	
IJB P&K	04/06/2025	*Prev mtg 19/03/25 which precedes NHST 1st committee date
IJB Dundee	16/04/2025	

This update will be provided in line with the nine recommendations approved by ELT in August 2024 and the individual workstream aims, which were approved by the Learning Disability Inpatient Transition Task & Finish Group.

1.2 Background

In January 2018 Perth and Kinross Integration Joint Board approved a decision to create a single site for Learning Disability Services at Murray Royal Hospital as part of a wider Transformation Programme for General Adult Psychiatry (GAP) and Learning Disability (LD) In-Patient Services. Under the schemes of delegation in place in 2018 Perth & Kinross Integration Joint Board had delegated authority for strategic planning of in-patient Mental Health and Learning Disability Services.

The previous approved decision to move Learning Disability inpatients to a single site did not progress due to several factors including the establishment and reporting of the Independent Inquiry into Mental Health Services, the impacts of the COVID-19 pandemic and the oversight arrangements put in place by Scottish Government through the Independent Oversight and Assurance Group (IOAG).

The IOAG delivered its final report in January 2023. It said: “In our second quarterly report, published in June 2022, we highlighted three specific areas that required urgent attention. We have not yet seen plans to take these issues forward. It is now imperative that Tayside do so with pace and ambition and in a way that engages with patients, families, partners and communities.

The three issues were:-

1. Progressing the decision around single site provision in Tayside for inpatient Mental Health & Learning Disability health care.

2. The physical environment in Strathmartine, which raised concerns for both patients and staff.

3. Addressing the issue of significant delayed discharges, meaning that patients were being cared for within an in inpatient setting longer than they needed to be.

The Mental Health and Learning Disabilities Improvement Plan, which is whole-system improvement plan, was developed in response to the IOAG's final report with priority workstreams to address the first recommendation of the IOAG relating to single site decision, Strathmartine environment and delayed discharges. The timeline for a decision on the single site was by March 2026. This Mental Health and Learning Disabilities Improvement Plan was approved by the three IJBs and Tayside NHS Board in March 2023.

The proposal and direction of travel set out in this report for learning disabilities align with this recommendation from the IOAG's final report.

There is an urgent need to address the issues detailed in both the CLDAU Care Assurance Review and the statement from the Executive Nurse Director and Medical Director to the NHS Tayside Chief Executive on 28 June 2024 that Strathmartine ward environment does not, and will not be able to, provide a therapeutic environment for patients and there is a requirement to expedite a move to a single site for inpatient Learning Disability Services.

The NHS Tayside ELT considered the options to address both these issues at its meetings on 8 and 15 July 2024. In particular, the ELT considered and agreed with all nine of the recommendations (Appendix A), including the requirement to expedite the move of Inpatient Learning Disability Services to a single site at Murray Royal Hospital (MRH).

Furthermore, NHS Tayside and the three IJBs are committed to implementing the vision and mission for people living with complex care needs, as set out in the Coming Home Implementation report published in February 2022. That report states:

> *'By March 2024 we want and need to see real change with out-of-area residential placements and inappropriate hospital stays greatly reduced, to the point that out-of-area residential placements are only made through individual or family choices and people are only in hospital for as long as they require assessment and treatment'.*

Inpatient Learning Disability Services in Tayside are currently provided across two hospital sites, Carseview and Strathmartine.

Carseview is a 10-bedded Learning Disability Assessment Unit and Strathmartine provides an 8-bedded Low Secure and 6 bedded Behavioural Support Interventions Wards. The intention is to develop existing accommodation at MRH and provide the same number of inpatient beds as the existing service provided from both the Carseview and Strathmartine sites (24).

A number of LD Inpatients are being treated in General Adult Psychiatry beds as all LD Inpatient beds are currently occupied. There are a number of LD Inpatients classed as 'delayed discharges' and ready to move into a community or alternative care environment than hospital. Multi-disciplinary team meetings are being held every 4 weeks to review and plan discharge from hospital. Once delayed discharge patients move onto an alternative setting, NHS Tayside would transfer patients out of General Adult Psychiatry beds into the newly refurbished ward at MRH, justifying the need to maintain 24 LD inpatient beds.

The existing model of care within Strathmartine co-locates Occupational Therapy and day services, creating a sense of therapeutic community for patients and staff. The relocation of in-patient services will also require due consideration of Occupational Therapy services. A meeting was held on 17 February 2025, to discuss current therapeutic services provided from Strathmartine for both inpatients and outpatients, with consideration of how best to take forward any planning or potential commissioning of therapeutic services in advance of patients relocating to MRH.

The key principles and recommendations of the Coming Home Implementation inform and underpin the requirements to create purposeful, therapeutic environments of care for people with a learning disability and to work collaboratively to reduce and prevent people from staying in hospital beyond their date for discharge.

A move to a single site for in-patient learning disability services in Tayside is consistent with the values and mission set out in the Coming Home report.

NHST agree to support the relocation of Learning Disability inpatients to a single site, Murray Royal Hospital, from Strathmartine and Carseview.

The Learning Disability Inpatient Transition Task & Finish Group was established to oversee this programme of work. A programme Execution Plan was developed and approved by the Task & Finish Group in December 2024. Some of the key information within the PEP includes:-

- Programme Objectives
- Programme structure (Appendix A)
- Reporting structure (Appendix B)
- Governance arrangements and project controls
- Workstream aims and deliverables (Appendix C)
- High Level Project Plan
- Strategic and Operational Risks
- Roles and responsibilities

1.3 Assessment

To follow on from the initial quarterly report, dated 3 December 2024, please find updates in respect of the nine recommendations:-

1. **Recommendation** - Agree with the recommendations from the Board Medical Director and Nurse Director that Strathmartine is an unsustainable clinical environment to provide best quality care.

   Update – As previously reported, NHS Tayside continue to support the decision to relocate Inpatients from Strathmartine to improved accommodation at Murray Royal Hospital, Perth. The programme structure and governance arrangements are in place, with regular meetings and shared communication across all of the workstreams.

2. **Recommendation -** Agree that the concerns raised in relation to the Strathmartine environment should be considered alongside the concerns raised by the Care Assurance Review of the Learning Disability Assessment Unit (LDAU) at Carseview (considered by ELT on April 29) in relation to professional practice issues and professional nursing conduct concerns.

   Update – The improvement works at Strathmartine were originally overseen by the LD Assurance Group. At the Assurance Group meeting on the 4th of October 2024, agreement was reached to align the oversight of the Strathmartine improvement works with the governance arrangements for the Task and Finish Group. The scope of the LD Inpatient Transition Task & Finish Programme has been widened to include these works and Programme Execution Plan (PEP) updated accordingly. Any changes to the Programme Execution Plan will be documented and presented to the LD Inpatient Transition Task & Finish Group for approval.

   Works to improve the environment at Strathmartine continue to be led by the Property Department and improvements have been achieved since the last report, please refer to recommendation nr 5 below for further detail.

   The LDAU Assurance Group continue to oversee the actions from the LDAU Care Assurance Review. The LDAU Assurance Group provides 6 weekly updates to the Executive Team on progress against the 8 recommendations. Additionally, there is ongoing reporting to the Care Governance Committee in place. The LDAU Care Assurance Review has

transferrable learning across the LD inpatient service and whole service themes will be identified and actioned operationally.

3. **Recommendation** - Agree that, as a consequence of these collective concerns, the move of inpatients from Strathmartine and the Learning Disability Assessment Unit at Carseview to Murray Royal Hospital should be expedited to achieve the co-location of all learning disability inpatients on a single site.

   Update – The workstreams continue to meet regularly with the majority meeting every fortnight. The three key areas of focus are:-

   - Ensure that a suitably qualified, trained and experienced workforce is in place to deliver a robust service for LD Inpatients from MRH
   - Ensure that the accommodation meets the needs of LD patients and staff, whilst ensuring that it provides a safe environment that also enables patients to live as independently as possible
   - Develop discharge (out of a hospital setting) and transition (to MRH) plans are agreed and services commissioned where required

   Stakeholder communication and finance are essential factors that impact all the workstreams and these will be considered throughout the entire programme life cycle.

   The Property & Design workstream have met regularly with clinical colleagues on site at Murray Royal Hospital to collaboratively agree accommodation requirements for patients currently located at Strathmartine.

   The clinical staff have developed an outline design that will be reviewed to take into account various requirements, such as:-

   - Optimum levels of patient freedom/safety/independence
   - Consideration of future planning and best use of the estate
   - Creating an environment that allows staff to maximise observation and maintain levels of safety

   A design team were appointed by NHS Tayside and instructed to develop detailed designs however, the architects engaged are now directly contracted by Robertson FM (RFM) to progress and undertake the designs and develop associated changes (M&E etc) through engagement with the appropriate consultants.

   Once all designs finalised and approved, a Bill of Quantities will be issued to RFM for costing. This will allow inform RFM of the likely construction and commissioning timescales.

   A potential area has been identified at Murray Royal Hospital, for reprovision of the Learning Disability Assessment Unit (LDAU) and enabling all Learning Disability Inpatient Services to be provided from a single site. Once the potential accommodation for the LDAU has been accepted and confirmed by NHST, the collaborative design process shall commence, with estimated costs and programme to follow thereafter.

4. **Recommendation** - Agree that any impact of this move on our workforce will be considered in full partnership and according to Once for Scotland workforce policies**.**

   Update – The workforce workstream has defined their aim and deliverables (Appendix D). Informal discussions have taken place with the majority of staff providing them with information and updates. A paper is due to be presented to CET on 10 March 2025, seeking authority to commence the formal Organizational Change Process. It is recognized there is likely to be a requirement to support redeployment of staff and potential recruitment drive.

   Staff drop-in sessions were held in February, in Angus, Dundee and Perth with over 100 staff attending.

   The workforce workstream members include representatives from staffside, Human Resources, Learning Disabilities services and union representation.

5. **Recommendation** - Approve the requirement to fund ongoing environmental improvement works at Strathmartine whilst the move to a single site is progressed.

   Update - The LD Inpatient Transition programme is mainly driven by the need for patients and staff to work in a safe environment which is conducive to enhancing the wellbeing of patients in a safe therapeutic environment.

   Almost all of the previously identified backlog repairs at Strathmartine have been addressed with only new works requests to improve the building environment at Strathmartine.

   Recommendations 6 and 7 – The previous Report submitted in December 2024 confirmed that these recommendations will be removed from future update reports.

8. **Recommendation -** Agree to endorse and co-deliver the stakeholder engagement plan to brief key stakeholders relating to Tayside Learning Disability Services.

   Update – The Communications workstream has met and workshops were held in November 2024 and January 2025, to develop a Communications plan. The draft Communications plan has been submitted to the Task & Finish Group for approval and shall be included in the evolving Programme Execution Plan thereafter.

   Further consideration is required to ensure the optimum means of facilitating meaningful engagement with patients and or parents/carers/families. Drop-in sessions were held on 6th, 11th and 14th February to share information and future plans with staff and these were well attended.

   Sessions are being planned to enable families and carers to ask questions and advise NHST of their needs and potential concerns. The families' views will be considered and hopefully improve and inform NHST's future planning and communication. Advocacy will support all communications.

   Letters have now been sent to carers/families of patients who are being cared for in Strathmartine and LDAU to offer a group meeting and/or one to one meetings to raise any questions they may have regarding the move to MRH.

   A group meeting took place on Monday 24 February 2025 where families raised questions and were provided with responses as well as an update on progress made to date. There were several actions captured from that meeting which included;

   - Organising visits to MRH
   - Potential transport options for families and carers
   - Confirmation of future dental and GP arrangements for patients
   - Future project updates to families/carers/guardians etc

   Some families met with Independent Advocacy and shared their concerns and questions which have been responded to through the Patient/Carer Participation workstream with the development of the FAQ document.

   To maximise communication and engagement across LD Inpatient Programme workstreams, the LD Task & Finish Group agreed that alternative fortnightly meetings would be for the Workstream Leads to meet and share information from their area of responsibility. Representatives from NHST, Staffside, HSCPs and third sector Advocacy services are members of this workstream.

9. **Recommendation -** Agree that a further progress report on Learning Disability Services, including an implementation plan with comprehensive workforce plan, undertaken in partnership, and timelines to deliver single site accommodation, is presented to ELT (Executive Leadership Team, now known as Chief Executive Team) in September 2024 for whole system assurance and to identify any further support for delivery.

Update – A Programme Execution Plan (PEP) was developed and approved in December 2024. This live document will continually be updated throughout the life of the programme to include the Communications Plan, Equality Impact Assessment and Workforce Plan. The PEP includes a high-level project plan, listing the key deliverables and this will be further developed once more information is available and delivery dates estimated.

The workforce workstream has identified their aims and deliverables (Appendix C). A large planning and scoping exercise is underway to identify:-

- Plans for all staff relocating to MRH (in line with Organisational change)
- Plans for staff unable to relocate to MRH, in line with Organisational change
- Analysis of current staff's skill mix to ensure appropriate staff are in place
- Identify potential staffing gaps
- Develop a workforce plan which will address gaps
- Cost potential recruitment needs and seek financial approval
- Recruit and redeploy staff as required and agree a programme with planned dates*

*(Not included within the existing aims and deliverables of the workforce workstream)

A paper will be presented to NSHT Chief Executive Team (CET) on 10 March to provide an update on the outcome of; recent informal staff 1:1's, the current Registered and Unregistered Nursing Workforce, other workforce risks and considerations to strengthen the Learning Disability (LD) Registered Nursing workforce and underpin a recruitment plan.

A SLWG has met to develop an Equality Impact Assessment (EQIA) and the draft document shall be presented to the LD Task & Finish Group for approval and included within the Programme Execution Plan. It is a mandatory requirement for NHST to publish the approved document and its ongoing development and review is considered a priority task.

1.4 Quality/ Patient Care

The Mental Welfare Commission feedback further highlights the requirement to move to a single site for inpatient Learning Disability services. The benefits and limitations of the Strathmartine environment are known. The impact this is having on patient safety was noted by the Board Medical and Nurse Director in correspondence with the Chief Executive on the 28 June, in which they clearly set out their view that Strathmartine ward environment does not, and will not be able to, create a therapeutic environment for patients and there is requirement to expedite the move to a single site for inpatient learning disability services.

There are currently 24 Learning Disability inpatients in Strathmartine and Carseview, 16 of which are Delayed Discharges. This group of patients are medically fit to be discharged from hospital into a community or alternative setting. The Clinical & Care workstream meet every four weeks with Health and Social Care Partnership colleagues to review the discharge/transition plans for each patient. A weekly report is provided to the Executive sponsor, highlighting potential service/staff gaps and risks or obstacles. This information is then shared with HSCP colleagues to inform the development of plans and identify where there is a potential need for investment/commissioning of services. The aim and deliverables of the Clinical and Care workstream can be found in Appendix C.

1.5 Workforce

The LD T&F Group agree that any impact of this move on our workforce will be considered in full partnership and according to NHST's Organisational Change policy.

Weekly meetings are in place with the General Managers of the service to offer support, guidance, and direction.

The risk of NHST being unable to deploy or recruit suitably qualified and experienced LD staff remains high and any potential financial impact has yet to be defined. It should be noted that the current workforce models in place for Learning Disabilities inpatient services are unlikely to change with the move and funded WTE to continue 'as is'. It is recognised that the current care delivered on the Strathmartine site requires the use of supplementary staffing to support the workforce due to how care is delivered environmentally, hence the funded WTE will remain unchanged as the environmental challenge would reduce. Recruitment will be supported by training and development bespoke to the Learning Disabilities environment.

1.6 Financial

During this planning phase, costs are unknown. The clinical leads have developed outline designs, for the Faskally and Rannoch wards in Murray Royal Hospital, which were developed through the Design & Property Workstream. Until the proposed location for the LDAU has been confirmed, the design phase cannot commence.

It is anticipated that there will be minimum changes to the accommodation in the Faskally ward but there will be construction, staffing, equipment and other associated costs with all of the new areas within MRH.

An equipment list will be developed and Procurement shall be invited to join the Property & Design workstream to lead this piece of work in collaboration with the clinical leads.

Construction costs will be estimated once the individual construction work packages have been fully designed and costs provided by the contractor.

The Workforce workstream will also develop a workforce plan, that will be costed for each potential phase and throughout the transitional phase of the inpatient relocations. It is recognised that the current move of services to Murray Royal will not result in a change to the funded WTE for each ward area. It is recommended that a further review of workforce takes place 6 months post move, with any changes to funded bed base. Through organisational change processes, if the current workforce are unable to move this will result in the requirement to recruit and train the future workforce in mitigating the workforce risk.

Additional costs for equipment, organisational change, transition phases and physical move will also need to be factored into the Programme budget.

1.7 Risk Assessment/Management

A strategic risk workshop was held on 8 October and jointly chaired by the Senior Responsible Officer (SRO) and Head of Strategic Risk and Resilience. A copy of the Strategic Risk Workshop report can be found under Appendix 7.

Operational risk workshops were held with key leads to:-

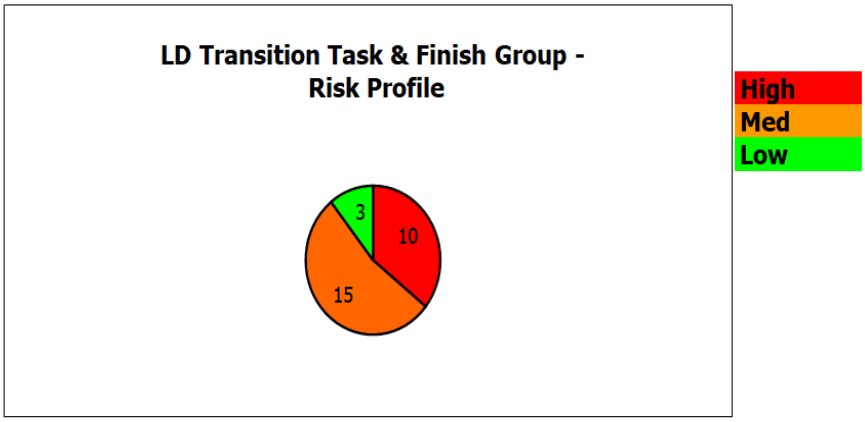
- Identify the key operational risks for the programme across each phase
- Score the identified risks
- Agree risk owners and mitigation plans for each operational risk

The operational risk log is included within the approved Programme Execution Plan. Regular reviews will be carried at workstream meetings to ensure that scorings remain accurate and mitigation plans are appropriate. New risks will also be recorded and updated risk logs reported into the Task and Finish Group.

The figure below shows the current risk profile (v9):-

LD Transition Task & Finish Group - Risk Profile

Version 9.0 of the risk log contains 28 open risks, the chart below details the current risk profile of the project.



High Risks
10 Risks

1.8 Equality and Diversity, including health inequalities

A short life working group (SLWG) met to develop an EQIA (attached to this report). A Teams channel has been set up with the 'live' document being stored centrally to allow the SLWG members to update and add additional information as the document develops. Colleagues from Angus Health & Social Care Partnership are supporting NHST with this work due to their experience and developed practice following rigorous audit and reviews.

1.9 Best Value Characteristics

This report provides evidence of the following Best Value Characteristics:

- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management

Guidance on the Best Value characteristics at this link : SG Best Value Guidance

1.10 Other impacts

Not applicable.

1.11 Communication, involvement, engagement and consultation

A number of meetings have taken place with staff and regular newsletters issued.

The Patient and Carer participation workstream meetings commenced with the leads engaging with local advocacy services to support the workstream.

The Communications workstream held a workshop in November 2024 and January 2025 to develop the LD Inpatient Transition Communications plan which will be considered and reviewed by the LD TT&F Group for approval.

2 List of appendices

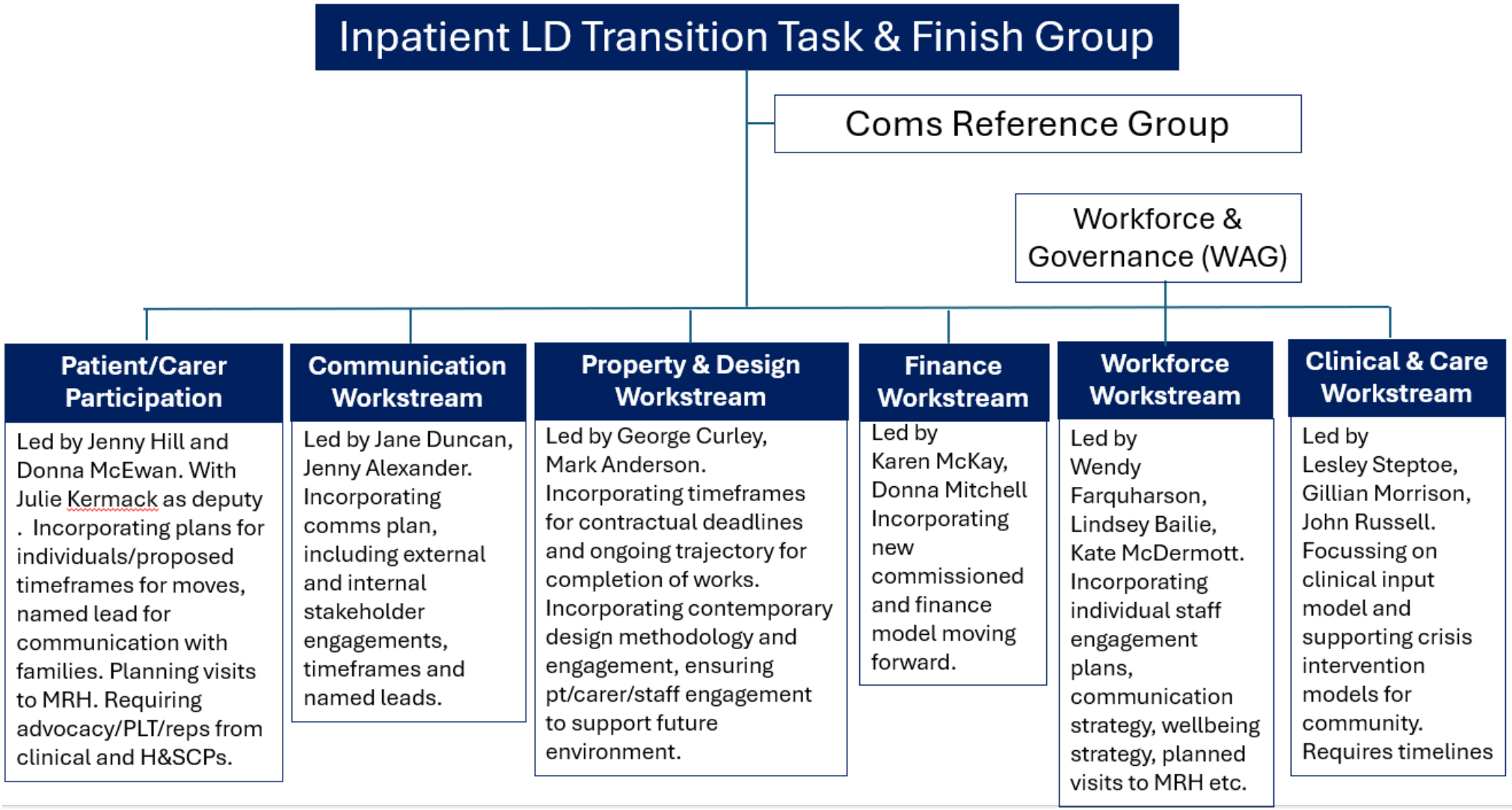
Appendix A - LD Inpatient Transition Programme structure

Appendix B – LD Inpatient Task & finish Group Reporting structure

Appendix C– Workstream Aims and deliverables

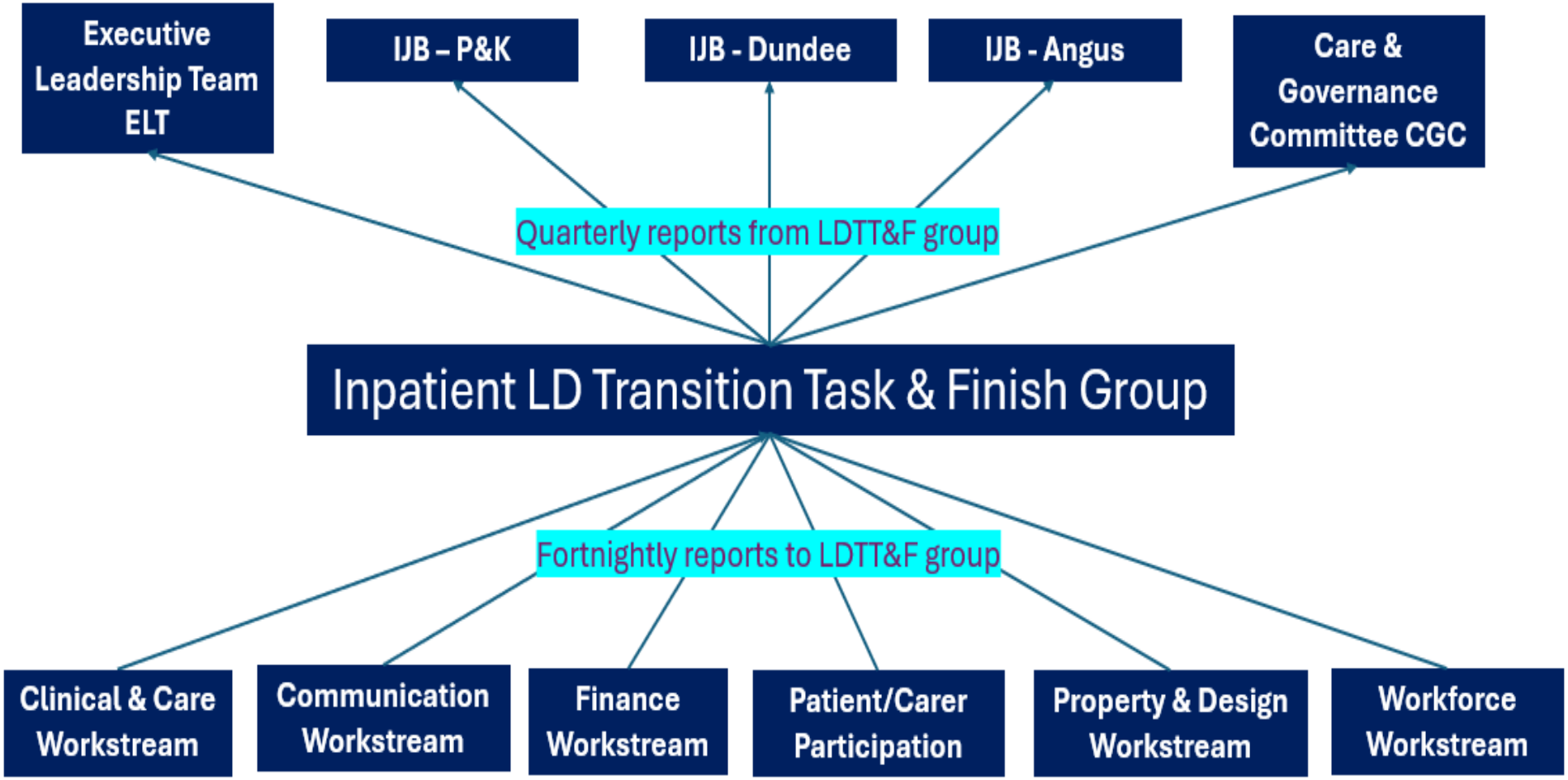
This page is intentionally left blank

Appendix A – LD Inpatient Transition Task & Finish Group Programme Structure v4



This page is intentionally left blank

Appendix B - LD Inpatient Task & finish Group Reporting structure v1



This page is intentionally left blank

Appendix C – Workstream Aims & Deliverables

Overview of Workstream Aims and Deliverables

Programme Manager: Jill beattie, NHST

Draft v1 extracted from v10 of the PEP - 22 October 2024

Ref	Workstream name	Workstream aim
W1	Clinical & Care	To have an improved inpatient environment which will enable therapeutic interventions to be provided supporting discharge to community environment
		Workstream deliverables
		1 - To develop and document discharge plans (moving to a supported community setting) and transition plans (for relocating to a single inpatient site), including estimated timescales, for all inpatients relocating from the LDAU in Carseview 2 - To develop and document discharge plans (moving to a supported community setting) and transition plans (for relocating to a single inpatient site), including estimated timescales, for all inpatients relocating from the Strathmartine 3 - Develop and agree Risk management plans for all strathmartine LD Inpatients 4 - Develop and agree Risk management plans for all Carseview patients

Ref	Workstream name	Workstream aim
W2	Communications	**The Communications and Engagement Workstream aims to ensure a co-produced Communications and Engagement Plan is developed and implemented to ensure all stakeholders are well informed and involved to support the transition of inpatients and staff to new accommodation and community settings**

Workstream deliverables
1 Co-produce a dynamic Communications and Engagement Plan for all stakeholders to ensure coordinated, consistent, and clear two-way communications are available and accessible to all audiences. 2 Ensure wider stakeholder involvement and engagement throughout the programme timeline. 3 Communications and Engagement Workshop to develop key messages, communications channels and two-way information sharing opportunities for all stakeholders. 4 Programme of regular Communications and Engagement "check-in and change" points for all stakeholders to review Communications and Engagement Plan to ensure it continues to deliver the outputs which are tailored to the relevant audiences.

Ref	Workstream name	Workstream aim
W3	Finance	To develop a financial framework derived from a service model that delivers best value.

Workstream deliverables

1 The financial framework will set out the existing resources available, and realign those resources to reflect the future model. The model will be affordable and provide best value.

2 A commissioning model for inpatient LD services will be developed.

3 The property element will align to the Whole System Infrastructure Programme (WSIP) and to SG direction.

4 The programme will reduce the backlog maintenance costs for NHS Tayside for Strathmartine/Bridgefoot

Ref	Workstream name	Workstream aim
W4	Patient & Carer Participation	Patient & Carer Participation workstream aims to support, inform and engage with patients, carers and those impacted by the relocation of LD patients from Strathmartine Centre to Murray Royal or community-based setting

Workstream deliverables
1.Agree what opportunities will exist in other workstreams for patients and carers to participate
2 Use template from communications workstream to develop a communications plan (this will include a section for advocacy workers to link with families)
3 Patients and carers will receive timely and consistent communication regarding the move to MRH
4 Patients and carers will have the opportunity to share feedback, questions and concerns regarding the move and will be responded to
5 Patients ideas and suggestions will be shared with other workstreams to inform the future design of the environment and service

Ref	Workstream name	Workstream aim
W5	Property & Design	The primary aim is to ensure that through effective and inclusive engagement, the required physical environment is delivered to enable safe patient care and supports the objectives and timescales of underpinning and related workstreams
Workstream deliverables		
1 Gather & develop the required physical environment to ensure, safe, functioning & effective patient and staff facilities. 2 Develop timeframes for delivery of the required physical environment change. 3 Ensure effective engagement with key stakeholders throughout the process. 4 Ensure effective engagement with third party partners to enable effective project delivery.		

Ref	Workstream name	Workstream aim
W6	Workforce	**Ensure that the workforce is available and in place, with relevant knowledge and experience to support the transition and ongoing care of inpatients to new accommodation and community settings.**
Workstream deliverables		
1 Identify staff who will transfer to MRH inpatient services		
2 Ensure that plans are agreed for all staff who are not transferring to MRH, in line with Organisational change		
3 Ensure that plans are agreed for all staff who are transferring to MRH, in line with Organisational change		
4 Analyse staffing level tools to ensure adequate skill mix. In line with staffing models developed in the Clinical & Care workstream		
5 Identify the potential gaps in staffing levels for MRH and report findings into the LD TT&F Group		

This is a sub group of the workforce workstream and links closely with the Communications workstream		
Ref	**Subgroup name**	**Subgroup amis**
W6a	**Workforce & Governance (sub group of workforce workstream)**	**This group is chaired by the LD Service Manager and is responsible for leading, communicating and involving staff in various activities for this workstream**
Workstream deliverables		

COMBINED IMPACT ASSESSMENT

EQUALITY IMPACT ASSESSMENT (EQIA)
FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)
CONSUMER DUTY ASSESSMENT (CDA)
CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA)

NHS Tayside

1. INTRODUCTION

Title of policy, practice or project being assessed	Learning Disabilities inpatient and outpatient services in Dundee to move to a single site at Murray Royal Hospital, Perth.

Type of policy, practice or project being assessed: (please mark with a (x) as appropriate)					
	New	Existing		New	Existing
Strategy			Policy		
Guidance			Procedure		
Operational Instruction			Budget Saving Proposal		
Service Development Proposal			Other (Please specify)	X – operational move of building due to environmental issues at existing site	

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Lindsey Baillie – General Manager
Date Assessment Started	August 2024 Previous assessment undertaken in 2018.

3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	The purpose of this is to set out the current issues relating to Learning Disability Assessment Unit, Carseview and environmental issues at Strathmartine and provide the rationale for the operational decision undertaken by NHS Tayside Executive Leadership Team to progress the move to a single site for inpatient learning disabilities services at Murray Royal Hospital Perth.

	Inpatient Learning Disability Services in Tayside are currently provided across two hospital sites; Carseview and Strathmartine. At Carseview there is the 10-bedded Learning Disability Assessment Unit and at Strathmartine there are the 8-bedded Low Secure and 6 bedded Behavioural Support Interventions Wards.
What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)	The main aim of the LD Inpatient Transition Programme is to relocate the existing Learning Disability Inpatient Services to a single site at Murray Royal Hospital, Perth (MRH – Perth). To successfully deliver this programme, NHS Tayside and the three local Integration Joint Boards require to ensure that Learning Disability services will be in place, in terms of clinical service sustainability, workforce availability and financial affordability. There is also requirement to ensure a sustainable model and service delivery to care for patients. The main impact will likely be for staff and inpatients, due to the location of the proposed single site (MRH – Perth). Other groups, including families/carers/guardians etc. may be impacted by the inpatients moving to Perth from Strathmartine, Dundee. Community outpatients may also be impacted if the organisation decides to adapt the existing therapeutic services provided from Craigmill, Strathmartine, Dundee. If this service is to continue without change, the inpatients may have to be transported to and from MRH to continue to receive this therapeutic treatment, which, in some cases, is linked to a court or compulsive treatment order.

4. EQIA PROTECTED CHARACTERISTICS SCREENING

Impact on Service Users, Unpaid Carers or the Public								
Does the policy, practice or project have a potential to impact in **ANY** way on the service users and/or public holding any of the protected characteristics? (Please mark (x) as appropriate)								
	Yes	**No**		**Yes**	**No**		**Yes**	**No**
Age	X		**Race**		X	**Gender Reassignment**		X
Disability	X		**Pregnancy and Maternity**		X	**Marriage and Civil Partnership**		X
Sex	X		**Religion or Belief**		X	**Sexual Orientation**		X

Impact on Staff or Volunteers								
Does the policy, practice or project have a potential to impact in **ANY** way on employees or volunteers holding any of the protected characteristics? This includes employees and volunteers of NHS Tayside, Angus Council, 3rd Sector organisations or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark (x) as appropriate)								
	Yes	**No**		**Yes**	**No**		**Yes**	**No**
Age	X		**Race**		X	**Gender Reassignment**		X
Disability	X		**Pregnancy and Maternity**	X		**Marriage and Civil Partnership**		X
Sex		X	**Religion or Belief**		X	**Sexual Orientation**		X

PLEASE NOTE: If you have answered yes to any of the above protected characteristics in section 4 then please mark yes in the screening decision and proceed to a full EQIA below.

5. EQIA - SCREENING DECISION

Is a full EQIA required? (Please mark as appropriate)	**YES** - Proceed to full EQIA in section 6 below	**NO** – State the reason below and proceed to section 11.
	X	

FULL EQUALITY IMPACT ASSESSMENT (EQIA)

6. EVIDENCE

Evidence: Please provide detailed evidence (e.g. statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy, practice or project that this EQIA relates to. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the evidence process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.	
Quantitative evidence (numerical/statistical)	Number of patients: Learning Disability Assessment Unit - 10 patients, Flat 1 - 9 patients, Behavioural Support Intervention Unit - 5 patients, Gap - 4 Learning Disability patients. Angus residents: 2 Dundee residents: 17 P&K residents: 4 This is subject to change in future, based on current inpatients as at Feb25. Number of staff impacted as of Feb 25: approximately 140 Below is the breakdown of in-patient nursing staffs:

Age	Count
20 - 24	5
25 - 29	14
30 - 34	21
35 - 39	9
40 - 44	17
45 - 49	5
50 - 54	15
55 - 59	21
60 - 64	7
65 +	3

Grand Total	117

- 39% of staff are aged over 50.
- 16% of staff are aged under 30.

Gender	Count
Female	76
Male	41
Grand Total	117

- 65% of staff are female
- 35% of staff are male

Local authority (based on home postcode)	Count	%
Aberdeenshire	1	0.9%
Angus	16	13.7%
City of Edinburgh	2	1.7%
Dundee City	86	73.5%
Fife	5	4.3%
Perth and Kinross	7	6.0%
Grand Total	117	100.0%

For information, of the 16 staff who live in Angus, 12 of them are in the "Monifeith and Sidlaw" council ward.

"Travel to work" zone (based on home postcode)	Count
Aberdeen	1
Arbroath and Montrose	3
Dundee	104

	<table><tr><td>Dunfermline and Kirkcaldy</td><td>3</td></tr><tr><td>Edinburgh</td><td>2</td></tr><tr><td>Perth</td><td>4</td></tr><tr><td>Grand Total</td><td>117</td></tr></table> The "Travel to Work" zone table above is based on a national dataset that links postcodes to their nearest big town or city. Staff members with disabilities - data still to be added. Staff members with caring responsibilities– data still to be added.
Qualitative evidence (narrative/exploratory)	Environmental condition of the current site: The Mental Welfare Commission highlighted significant concern regarding the level of dilapidation and disrepair in the built environment and the impact this was having on the care experience of patients and the working environment for staff. The feedback highlights the requirement to move to a single site for inpatient Learning Disability services. The benefits and limitations of the Strathmartine environment are known and whilst some works have been undertaken to improve the quality of the patients' living environment, there are significant limiting factors and deterioration in the overall quality of the environment. No access to ensuite facilities for patients, limited therapy space within the ward areas, poor visibility, poor lighting, lack of storage, no facilities for clinical examination, no sluice, aging fixtures and fittings, office space does not meet H & S requirements, poor staff changing facilities. Limited onsite support impacts quality of care particularly in the out of hours periods, medical staff on call and senior nursing leadership covering multiple areas, Co-location of services will offer greater access to support to meet health and safety. Quality of Care within LDAU, Carseview was reviewed early in 2024, recognising need to improve standards of care. MWC Visit November 2023 recognised need for additional therapy space.

Other evidence (please detail)	The LD inpatient Transition Task & Finish Group approved six objectives for the Programme to relocate patients from Carseview and Strathmartine to a single site (Murray Royal Hospital). Six workstreams have been established to plan and implement the relocation of patients to Murray Royal Hospital. The LD T&F Programme is currently in the scoping and planning phase. NHST must engage in collaborative discussions with Health & Social Care Partnerships, Patients/families/carers, Staff, Advocacy, third party/voluntary organisations and other stakeholders as required.
What gaps in evidence/research were identified?	Awaiting a breakdown of current inpatients based on their home authority. This information is required to understand the impact of those who will be accommodated out with their home local authority area. Data to be added on staff members with disabilities and caring responsibilities.
Is any further evidence required? Yes or No (please provide reasoning)	No – decision to proceed due to environmental issues as detailed above.
Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	Yes – previous EQIA was undertaken several years ago, decision making around this move was not revisited and assessment was not refreshed prior to this move being initiated, this was due to the urgent operational requirement to vacate the current building due to environmental issues. Best judgement was exercised by CET (Chief Executive Team) NHS Tayside – Executive Lead – Sandra MacLeod (Deputy Chief Executive).

7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the engagement process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.	
Has engagement taken place? Yes or No	Yes – Staff, unions, staff partnership forum, Strathmartine patients, families and carers have been consulted with.
If No, why not?	N/A
If Yes, please answer the following questions:	
Who was the engagement with?	Staff briefings: Began on Wednesday 7th August and staff meetings commenced on Thursday 8th August with a series of meetings with staff affected by the change at Strathmartine and Carseview. Communications have continued with staff since the first engagement and a Communications Expert Reference Group with representation from key stakeholders including families and staff is being established. Three staff drop-in sessions were held on 6, 11 and 14 February 2025 in Angus, Dundee and Perth. 100 staff members attended 20 in Angus, 40 in Dundee and 40 in Perth. Informal 1-1 discussions were held with staff impacted by the move. Very low number of staff have indicated that they would be able to move at this stage. Patients: Strathmartine - Easy-read questionnaire was designed and shared with patients for feedback. Engagement took place on 17/10/24 LDAU survey still to be conducted. Staff Partnership: Feedback still to be added to the assessment Unions: Feedback still to be added to the assessment. Families/ Unpaid Carers: Letter inviting families/carers with patients being cared for in Strathmartine to an independent advocacy session to raise concerns and questions. 2 families engaged in this session.

	Letter inviting families/carers with patients being cared for in LDAU to a group meeting attended by staff from NHS Tayside, HSCPs and Independent Advocacy. This meeting provided an opportunity for families to be updated on progress and raise any questions and concerns they may have. The questions that families have raised at these meetings, and from an email that was received from one family, has formed the draft FAQ document. Whilst questions have been responded to directly from families, it is intended that the FAQ document will support other families who have not yet engaged directly about the move. The FAQ document once finalised will be available on NHST website. Independent Advocacy have also engaged with people with lived experience of learning disability inpatient care and this information has been shared with the Patient Carer Participation Workstream for further consideration. HIS – Planning with People – Two meetings have taken place with HIS. There is ongoing dialogue and support being provided by HIS. Lived experience feedback – Feedback still to be added.
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	Yes, Stakeholder Participation Group has been involved.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	Staff: in person briefing sessions, 1-1 informal meetings. Patients: facilitated discussion in Strathmartine by independent advocacy. Families: facilitated discussion with independent advocacy.
What were the results from the engagement?	Patients provided feedback on a number of areas as detailed below: Family: Service users expressed concerns over ability for family to visit and moving further away from family. They also expressed concerns over their ability to continue to attend social activities. Facilities - Patients posed questions regarding the new accommodation include storage and facilities questions. Therapies - Patients expressed concerns that there are no gardens at the MRH and posed questions as to whether therapies will still be provided.

	Security - Patients posed questions as to whether the site at MRH would be operated in a similar way to Strathmartine. Questions covered whether existing ward rules would remain the same or change. Staffing - Patients are concerned that the staffing may change, continuity of care appears to be important. Positive feedback - positive feedback includes having a bigger building with improved facilities. Patients have expressed a desire to visit the new site.
How did the engagement consider the protected characteristics of its intended cohort?	Staff –NHS Tayside Organisational Change Policy will ensure that protected characteristics are considered as part of this formal process. Strathmartine patient engagement – an easy-read survey was prepared, and assistance was provided for patients to complete the survey.
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	Transitions planning – Future actions are required to ensure robust transitions planning for all patients who will be impacted by the move. Staff considerations – further work is required as the early indications are that only a low number of staff are able to move to work in Perth. Future working arrangements will need to be considered.
Is further engagement required? Yes or No (please provide reasoning)	Yes, ongoing engagement is required with staff, families and patients. LDAU patients have not yet been engaged with, this is due to be conducted. Staff –NHS Tayside Organisational Change Policy will govern the need for additional staff engagement.

8. PROTECTED CHARACTERISTICS

This section looks at whether the policy, practice or project could disproportionately impact people who share characteristics protected by the Equality Act (2010). Please use the following link to find out more about the: protected characteristics. Please specify whether impact is likely to be neutral, positive or negative and what actions will be taken to mitigate against any negative impacts or discrimination. When considering impact, please consider impact on: health, health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council, AHSCP or 3rd sector social justice.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
Age		X	X	Angus and Dundee residents: Potentially negative – it is known that some carers/ family members are older which may impact on their ability to travel to Perth for visits if coming from Angus or Dundee. Potentially negative –the availability/cost of public transport/ travel to Perth from Angus or Dundee may be prohibitive to those who are either younger and in lower paid jobs or older and reliant on a pension. This could prevent family members/ carers from visiting as often which could have an impact on maintaining family life. Mitigating actions have not yet been identified however this is being considered by the wider project group. Perth and Kinross residents: Potentially positive – family members/ carers who live in Perth and Kinross may find travel easier and less expensive than travelling to Dundee.
Sex	X			

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Disability		X	X	Angus and Dundee residents: Potentially Negative Impact – MRH is considerably further away from Angus and Dundee. It is a further 23 miles from the current site in Dundee, this increased distance from home may make it harder for family/ friends to visit and could be a barrier to attending social activities in the Dundee or Angus area. Mitigating actions have not yet been identified however this is being considered by the wider project group. Potentially negative –the availability/ cost of public transport/ travel to Perth from Angus or Dundee may be prohibitive for those with disabilities. This could prevent family members/ carers from visiting as often which could have an impact on maintaining family life. Mitigating actions have not yet been identified however this is being considered by the wider project group. Potentially negative – A high number of staff have indicated that they are unable to move to work at MRH, this is likely to mean a change of staff group which will impact continuity of care and may have a detrimental impact on patients. Mitigating actions have not yet been identified however this is being considered by the wider project group. Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting. Perth and Kinross Residents:

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				Potentially negative – A high number of staff have indicated that they are unable to move to work at MRH, this is likely to mean a change of staff group which will impact continuity of care and may have a detrimental impact on patients. Mitigating actions have not yet been identified however this is being considered by the wider project group. Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting. Potentially Positive Impact – Care closer to home – P&K residents will receive inpatient care within Perth which will ensure care is provided closer to home.
Race	X			
Sexual Orientation	X			
Religion or Belief	X			
Gender Reassignment	X			
Pregnancy and Maternity	X			
Marriage and Civil Partnership	X			

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. unpaid carers, current & former Armed Forces personnel (please specify)		x	x	Angus and Dundee residents: Potentially negative –the availability/cost of public transport/ travel to Perth from Angus or Dundee may be prohibitive to family members/ unpaid carers. This could prevent family members/ carers from visiting as often which could have an impact on maintaining family life. Mitigating actions have not yet been identified however this is being considered by the wider project group. Potentially positive – Families/ unpaid carers may see the improved environment and living conditions as being a positive development and welcome the new accommodation. Perth and Kinross residents: Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting. Potentially Positive Impact – Care closer to home – P&K residents will receive inpatient care within Perth which will ensure care is provided closer to home
Human Rights (Issues and impacts affecting		x	x	Angus and Dundee residents: Potentially negative –the availability/cost of public transport/ travel to Perth from Angus

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections).				or Dundee may be prohibitive to family members/ unpaid carers. This could prevent family members/ carers from visiting as often which could have an impact on maintaining family life. Mitigating actions have not yet been identified however this is being considered by the wider project group. Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting. Perth and Kinross residents: Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting. Potentially Positive Impact – Care closer to home – P&K residents will receive inpatient care within Perth which will ensure care is provided closer to home

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age		x	x	Potentially negative – A very low number of staff have indicated that they are able to

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
				move to MRH. This may mean that some staff will be redeployed to other service areas and may become deskilled in Learning Disabilities where there is already a shortage of suitably qualified staff. This may have an impact on succession planning within NHS Tayside. Potentially negative – A low number of staff have indicated that they are able to move to MRH, this means that recruitment may be required and there is a potential that staff recruited will not have the necessary experience. Potentially negative – Wards are currently reliant on the use of bank staff, there is a risk that bank staff within the Dundee area will choose not to work in Perth. This may result is staff shortages. Potentially positive impact: Staff will be working in a modern, purpose-built building which will provide a better standard of working conditions. Potentially positive impact: It may be easier to attract staff from the central belt to work in Perth than it is to work in Dundee.
Sex		x	x	Potentially negative – A very low number of staff have indicated that they are able to move to MRH. This may mean that some staff will be redeployed to other service areas and may become deskilled in Learning Disabilities where there is already a shortage of suitably qualified staff. This may have an impact on succession planning within NHS Tayside. Potentially negative – A low number of staff have indicated that they are able to move to

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				MRH, this means that recruitment may be required and there is a potential that staff recruited will not have the necessary experience. Potentially negative – Wards are currently reliant on the use of bank staff, there is a risk that bank staff within the Dundee area will choose not to work in Perth. This may result is staff shortages. Potentially positive impact: Staff will be working in a modern, purpose-built building which will provide a better standard of working conditions. Potentially positive impact: It may be easier to attract staff from the central belt to work in Perth than it is to work in Dundee.
Disability	x			
Race	x			
Sexual Orientation	x			
Religion or Belief	x			
Gender Reassignment	x			
Pregnancy and Maternity		x	x	Potentially negative – A very low number of staff have indicated that they are able to move to MRH. This may mean that some staff will be redeployed to other service areas and may become deskilled in Learning Disabilities where there is already a shortage of

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				suitably qualified staff. This may have an impact on succession planning within NHS Tayside. Potentially negative – A low number of staff have indicated that they are able to move to MRH, this means that recruitment may be required and there is a potential that staff recruited will not have the necessary experience. Potentially negative – Wards are currently reliant on the use of bank staff, there is a risk that bank staff within the Dundee area will choose not to work in Perth. This may result is staff shortages. Potentially positive impact: Staff will be working in a modern, purpose-built building which will provide a better standard of working conditions. Potentially positive impact: It may be easier to attract staff from the central belt to work in Perth than it is to work in Dundee.
Marriage and Civil Partnership	X			
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. unpaid carers, current & former Armed Forces	X			

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
personnel (please specify)				
Human Rights (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections).	x			

9. EQIA FINDINGS AND ACTIONS

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
Option 1 - **No major change required** (where no impact or potential for improvement is found and no actions have been identified)	
Option 2 - **Adjust** (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)	x
Option 3 - **Continue** (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	
Option 4 - **Stop and review** (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)	

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	**Date for Completion**	**Who is responsible (initials)**
Action 1 - Staffing – Continue to engage with staff to understand any barriers to moving to Perth and seek to identify any actions to support staff.	Ongoing – Aug 25	
Action 2 - Engagement – Engagement to take place with patients in LDAU to understand how they feel about the planned move.	Ongoing - Aug 25	
Action 3 – Engagement – continue to work with families to understand any barriers that they face are a result of the move to Perth and identify any mitigating actions to support them.	Ongoing – Aug 25	
Action 4 – Data – populate missing data as identified within this assessment.	May 25	

10. EVIDENCE OF DUE REGARD - EQUALITY ACT

Public Sector Equality Duty: The responsible officer should be satisfied that the group, service or organisation behind the policy, practice or project has given 'due regard' to the below duties. Please evidence which parts of the General Equality Duty have been considered. To 'have due regard' means that AHSCP have a duty to consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty.	
	Please mark with an (X) in the relevant boxes.
Eliminate unlawful discrimination, victimisation and harassment.	
Advance equality of opportunity	X
Foster good relations between any of the Protected Characteristic groups	

11. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA) – STRATEGIC DECISIONS ONLY

The Fairer Scotland Duty (FSD) places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. FSD assessments are only required for strategic, high-level decisions.

There are clear links between socio-economic disadvantage and Equality considerations and the protected characteristics so you may find it beneficial to complete the FSD assessment regardless of whether your policy, practice or project is strategically important or not. In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socio-economic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion.

To read more information please visit: Fairer Scotland Duty Guidance - Scottish Government

12. FSDA - SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No?	**YES** - Proceed to section 13. Full Fairer Scotland Duty Assessment (FSDA) below	**NO** – Provide reasoning below and proceed to sections 14 onwards to conclude.
		X – this is an operational decision.

13. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence				
What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?				
Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:				
	Potential Neutral Impact (X)	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence on your selection**
Low and/or no income (those living in relative poverty.)				

Low and/or no wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.)				
Material Deprivation (those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance, leisure and hobbies.)				
Area Deprivation (where people live e.g. rural areas, or where they work e.g. accessibility of transport. Living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.)				
Socio-economic Background (social class including parents' education, people's employment and income)				
Unpaid Carers				
Homelessness, Addictions and Substance Use				
Children, Family and Justice				
Other e.g. current & former Armed Forces personnel (please specify)				

14. CONSUMER DUTY ASSESSMENT (CDA) – STRATEGIC DECISIONS ONLY

The Consumer Scotland Act 2020 Duty came into force on 1 April 2024. The Act requires that a relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, consider the impact of those decisions on consumers in Scotland, and the desirability of reducing harm to them. Angus Health and Social Care Partnership must comply with the obligations and duties set out in the 2020 Act:

Duty to have regard to consumer interests
(1) A relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, have regard to:
(a) the impact of those decisions on consumers in Scotland, and
(b) the desirability of reducing harm to consumers in Scotland.

The definition of 'consumer' for the purposes of the 2020 Act is an individual or small business who buy, use or receive goods or services in Scotland, or could potentially do so, supplied by a public authority or other public body. For example, a service user or patient accessing services through the IJB would meet the definition as a consumer.

There are also the seven consumer principles which must be taken into consideration: Access, Choice, Safety, Information, Fairness, Representation and Redress.

15. CONSUMER DUTY– SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No?	**YES (X)** - Proceed to question 16 below	**NO (X)** – Provide reasoning below and proceed to sections 17 onwards to conclude.
		X – this is an operational decision.

16. EVIDENCE OF DUE REGARD – CONSUMER DUTY

If this strategic decision impacts consumers e.g. service users and patients, you have a duty to give regard to consumer interests. Please confirm that throughout this combined impact assessment you considered and evidenced the following two requirements:	
	Please mark with an (X) in the relevant boxes.
The impact of the strategic decision on consumers and the desirability of reducing harm to consumers have been considered throughout the process.	
An outcomes-based approach has been taken to achieve the best outcomes for consumers.	

17. CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA) - ASSESSING CHILDREN'S RIGHTS

We should encourage children and young people's participation in decision-making; champion their interests, and think about what we can do to place children and young people at the centre of our policies/proposals. You need to:

- identify, research, analyse and record the anticipated impact of any proposed policy, service or other measure on children's human rights and wellbeing.
- think about the means of involving children and young people in the development of your policy/measure.
- ensure decisions are necessary and proportionate when balanced against any impact on children's rights.

*Please Note: There is a new requirement in 2024 to carry out a children's rights assessment under the United Nations Convention on the Rights of the Child for young people aged up to 18.

There are four articles in the United Nations Convention on the Rights of the Child (UNCRC) that are seen as special. They're known as the "General Principles". They help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children. Please answer the following questions below:

Which of the general principles apply to your proposal? Select all that apply: (please mark with an (x) as appropriate)

1. Non-discrimination (Article 2)		**2. Best interest of the child (Article 3)**	
3. Right to life, survival and development (Article 6)		**4. Right to be heard (Article 12)**	
None	x		

What impact will your proposal have on children's rights, i.e. positive, negative or neutral?	None – this change applies to adults only.
How will the proposal give better effect to the UNCRC in Scotland?	N/A - as above
How will the impact be monitored?	N/A - as above
How will you communicate to children and young people the impact of the proposal on their rights?	N/A - as above

18. PUBLICATION

Is the corresponding IJB/Committee paper	No

exempt from publication?	

19. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	Lindsey Bailie
Designation:	General Manager - Inpatient Learning Disability Service
Date:	19/03/2025

Lead Equalities Officer Responsible		Service Leader Responsible	
I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.		I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.	
Name:	Jordan Russell	Name:	
Designation:	Corporate Equalities Team Lead NHS Tayside	Designation	
Date:	19/03/2025	Date:	

For further information on this Combined Assessment, or if you require this assessment is an alternative format, please email: tay.corporateequalities@nhs.scot

20. EQIA REVIEW DATE

A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)	Project is not complete – EQIA will continue to be updated. Final version due August 2025.

21. EQIA 6 MONTHLY REVIEW SHEET

Title of policy, practice or project being reviewed	
Lead Officer responsible for review	
Date of this review	

Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.	Status of action (with reasoning) • Complete • Outstanding • New • Discontinued etc.
Action 1 -	
Action 2 -	
Action 3 etc. -	

This page is intentionally left blank

APPENDIX 1

Title: Learning Disability Inpatient Transition Programme update

Responsible Officer Sandra MacLeod, Interim Deputy Chief Executive, NHS Tayside

Report Author: Maria Docherty, Senior Responsible Officer
Jill Beattie, Programme Manager, NHS Tayside

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to:

- The Learning Disability Inpatient Transition Programme

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This third quarterly report reflects discussions and progress to date in the planning phase of the Learning Disability Inpatient Transition Programme. It is presented to committee members for information and awareness. This report will also be shared with the Integrated Joint Boards across Tayside for information. Please see the table below for the planned committee dates.

Q3 report

Committee	Submission date (pre agenda)	Final paper submission date	Meeting Date
CET	n/a	07/07/2025	21/07/2025
CGC	30/06/2025	25/07/2025	07/08/2025
IJB P&K	17/07/2025	07/08/2025	20/08/2025
IJB Angus	n/a	08/08/2025	14/08/2025
IJB Dundee	25/07/2025	06/08/2025	20/08/2025

2.2 Background

A detailed description of the background has been provided in previous quarterly updates.

This report is focusing on progress since the last update and next steps to deliver the LD Inpatient Transition Task & Finish Programme.

The successful delivery of the move to an improved care environment on a single campus for our patients remains a priority for the Board.

A great deal of work has taken place in the last year to progress this through the Inpatient Learning Disability Services Transition Task & Finish Programme.

The original date of August 2025 to complete the inpatient transition has not been possible. The finalised plans for the patient and staff moves with the associated service and workforce interdependencies and the necessary logistical arrangements continue to be worked up to final stages.

2.3 Assessment

In June 2025, NHS Tayside, Chief Executive Team, supported the recommendation to phase the relocations of LD Inpatient services as follows:

Phase I - The Carseview Learning Disability Assessment Unit (LDAU) service will relocate to the vacant Rannoch Ward at Murray Royal Hospital. This is in line with the original 2018 decision to move to a single site for inpatients made by Perth and Kinross IJB. Refurbishment works were completed in preparation for this move and minor works to the accommodation are required which will be reviewed by the clinical leads.

Phase II – Flat 1 Strathmartine will relocate to the vacant Faskally Ward in the Rohallion unit on the Murray Royal site. The 10-bed ward will require minor enabling works to be completed before the service can relocate and will provide a significant enhancement and benefits for the current Strathmartine inpatients.

NHS Tayside is committed to working with staff and partnership colleagues to explore the most pragmatic and effective way forward through formal organisational change policies and processes. The phased approach for the first two ward moves (above) has been agreed and detailed plans to deliver the moves are now in preparation from the multi-disciplinary teams who require to work together to ensure a smooth transition for our patients.

Detailed plans for Phases I and II will be submitted to the Chief Executive's Team for review on 1 September 2025.

Phase III – To develop plans for existing and patients experiencing delay (delayed discharges) within the Behavioural Support Intervention Unit to be supported by a community model of care in an alternative community environment. The plan is to be developed by January 2026

Phase IV – On approval of the Phase III plan, it is anticipated the community model will be implemented by December 2026.

The Chief Officers of Angus, Dundee and Perth and Kinross Health and Social Care Partnerships are working on a community model for Learning Disability patients, including a plan for those patients who are experiencing significant delays in the hospital setting (Phases III and IV). A monthly progress report will be developed to allow any issues to be resolved immediately.

The existing model of care within Strathmartine co-locates Occupational Therapy and day services. In advance of relocating inpatient services to MRH, plans to access existing therapeutic services will have to be agreed. Future provisions of therapeutic services may be

considered through development of Phase III and Phase IV and are out with the scope of the LD Inpatient Transition Task & Finish Group.

A Short Life Working Group (SLWG) is developing an Equality Impact Assessment (EQIA). A draft document has been prepared for ongoing review as the programme progresses.

2.3.1 Quality/ Patient Care

The benefits and limitations of the Strathmartine environment are known. The impact this is having on patient safety was noted by the Board Medical and Nurse Director in correspondence with the Chief Executive on the 28 June 2024, in which they clearly set out their view that Strathmartine ward environment does not, and will not be able to, create a therapeutic environment for patients and there is requirement to expedite the move to a single site for inpatient learning disability services.

The clinical leads for the service meet every four weeks with Health and Social Care Partnership colleagues to review the discharge/transition plans for each patient. A weekly report is provided to the Executive sponsor, highlighting potential service/staff gaps and risks or obstacles. This information is then shared with HSCP colleagues to inform the development of plans and identify where there is a potential need for investment/commissioning of services. All information is also recorded in MDT Documentation.

2.3.2 Workforce

Workforce impacts will be addressed in line with NHS Tayside's formal HR policies.

2.3.3 Financial

The costs associated with the infrastructure, equipment, transition phases and physical moves, as well as staffing models and transitions will be identified in the finalised plans for the respective phases.

Design and Property

Once Phase I and II designs are finalised, a detailed programme will be costed and approved.

Phase I and II costs will include the transition and fit out of the MRH site; refurbishment/ construction (anticipated to be light touch), equipment and other associated costs with all the new areas under development will be confirmed.

An equipment list will be developed, and Procurement are members of the Clinical & Property workstream to lead this piece of work in collaboration with the clinical leads.

Construction costs will be estimated once the individual construction work packages have been fully designed and costs provided by the contractor.

The recurring revenue impact on the existing unitary charge for MRH, as a PFI building, will be determined following the outputs of all phases and confirmed change in the use of wards.

Workforce Workstream

A workforce plan will be developed with costs for each phase.

Phases III and IV will design the longer-term sustainable workforce models. These models will require to be within the overall financial envelope for Learning Disabilities.

2.3.4 Risk Assessment/Management

A risk log is included within the approved Programme Execution Plan. The risk log is currently being reviewed to reflect the phased approach.

2.3.5 Equality and Diversity, including health inequalities

A review of the EQIA is underway as set out in 2.3

2.3.6 Best Value Characteristics

This report provides evidence of the following Best Value Characteristics:

- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management

2.3.7 Other impacts

Not applicable.

2.3.8 Communication, involvement, engagement and consultation

A number of meetings have taken place with staff and updates issued.

The Patient and Carer participation workstream meetings continue engaging with local advocacy services to support the workstream deliverables. The delivery of recent messages and briefings for patients, families, carers and staff are supported via the clinicians and independent advocacy.

Changes to the existing Independent Advocacy service contracts will need to be agreed and take consideration of the proposed programme phasing. Advocacy services are currently commissioned by Dundee HSCP, however, as the service begins the transition to MRH, there may be a requirement to provide advocacy to both sites, until all LD Inpatient services are provided from a single campus. Perth & Kinross and Dundee HSCPs will require to review existing arrangements and plan for future.

2.3.9 Route to the Meeting

This document has been previously considered by the Programme Executive Lead, Director of Finance, Director of Nursing Mental Health & Learning Disability and Senior Responsible Officer prior to submitting to this committee. The individuals have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

1. That the Committee/IJBs note the progress against the recommendations and request a further update in November/December 2025.

2. That the Committee/IJB take reasonable assurance that the Programme Execution Plan has had further revisions to reflect the phasing and streamlining of the workstreams.

3. A detailed plan will be developed and presented to the Chief Executive Team for approval.

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

This page is intentionally left blank

ITEM No …12……..

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

REPORT ON: **MENTAL HEALTH AND WELLBEING STRATEGIC PLANNING**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB51-2025**

1.0 PURPOSE OF REPORT

1.1 To brief the Integration Joint Board on the progress of the Dundee Mental Health and Wellbeing Strategic Plan 2019-2024, and the co-production of a new Mental Health and Wellbeing Strategic Plan for Dundee.

2.0 RECOMMENDATIONS

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

2.1 Notes the progress to date in implementing the Dundee Mental Health and Wellbeing Strategic Plan for 2019-2024 and the key achievements as described in Section 4.

2.2 Notes the approach planned with key stakeholders to co-produce the new Dundee Mental Health and Wellbeing Strategic Plan for 2026-2031 and the steps achieved towards this as described in Section 4.

2.3 Notes that Dundee Health and Social Care Partnership will collaborate with the other Tayside Health and Social Care Partnerships and NHS Tayside and stakeholders to ensure alignment of local plans with strategic intent across Tayside.

2.3 Instruct the Chief Officer to provide a report presenting the finalised co-produced Dundee Mental Health and Wellbeing Strategic Plan for 2026-2031, to a future IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 Dundee Mental Health and Wellbeing Strategic Plan will be implemented within the available financial resources of Dundee Health and Social Care Partnership

4.0 MAIN TEXT

4.1 This report provides a review of the progress and achievements of the Mental Health and Wellbeing Strategic Plan 2019-2024 which was approved by Dundee Health and Social Care Integration Board in August 2019 (Article V of the minute of the meeting of the Dundee Integration Joint Board held on 27 August 2019 refers). This report outlines our planned approach, as well as the steps towards co-producing the new Strategic Plan in partnership with Dundee Volunteer and Voluntary Action (DVVA).

4.2 The Dundee Mental Health and Wellbeing Strategic Planning and Commissioning Group has representatives from a wide range of statutory, third-sector, and community services including those with lived / living experience. This group has worked collaboratively to progress the priority actions of the Mental Health and Wellbeing Strategic Plan 2019-2024. Planned

initiatives have been informed by the group's expertise and progress updates reported regularly by the workstream leads to monitor and evaluate key developments. Due to COVID-19 disrupting services, it was agreed that work to co-design the new strategic plan would commence at the end of 2024, allowing for the maximisation of workstream developments relating to the key priorities within the current plan before planning another.

4.3 The planned approach to co-producing the new Mental Health and Wellbeing Strategic Plan in partnership with Dundee Volunteer and Voluntary Action (DVVA) commenced in January 2025 and is planned to be finalised by early 2026. A Subgroup of the Dundee Mental Health and Wellbeing Strategic Planning and Commissioning Group was established with representation from key stakeholders. Regular in-person meetings are underway, and a comprehensive review of the progress of all current workstreams has been undertaken.

4.4 The 'Reflecting to Plan Ahead: Review of the Mental Health and Wellbeing Strategic Plan 2019-2024,' was produced in April 2025 and includes details of co-production, key developments, and progress made in achieving the strategic priorities through the ten identified workstreams. A summary is below, and the full report is available in Appendix 1.

Key developments are:

- The development of a multi-disciplinary team and framework to support mental health and wellbeing via Primary Care.
- The introduction of health and wellbeing networks in communities, local fairness initiatives, a third-sector mental health forum, and a health inequalities action plan.
- Engage Dundee survey results that have influenced local activity.
- The expansion of the Tayside Adult Autism Team.
- The initiation of an integrated pathway for people experiencing mental health and substance use.
- The provision of additional units for supported accommodation.
- The development of Hope Point as an 'always open' peer support service for people experiencing emotional distress.
- The introduction of Distress Brief Intervention as a nonclinical approach to support people experiencing distress for up to 14 days by peer practitioners.
- The introduction of Emergency Department Mental Health Navigators.
- The initiation of a Suicide Prevention Co-ordinator and development of Dundee's Suicide Prevention Delivery Plan 2024-2026.
- The establishment of a suicide prevention training forum, alliance of facilitators and a co-ordinated approach to delivering courses has increased the availability and enabled a significant increase in training. In the last 12 months 606 people have received suicide prevention training locally.
- Workforce developments and appointments to enhance the range of professionals and service provision available including peer support roles, pharmacy, advanced nurse practitioners, and trauma leaders to enhance building a trauma-informed workforce.
- The appointment and commissioning of several key roles and services to bring expertise and leadership to the delivery of the plan.

- Advancing co-production across all elements of service design, delivery and evaluation with people with lived / living experience and communities, alongside multi-agency collaboration and partnership working.

Further work is required and currently underway focused on:

- A transition protocol for children and young people with disabilities and complex needs to adult support.

- Improving awareness and access to support through a one-stop portal for high-quality information about mental health and wellbeing, services available, and how to access these.

- Streamlining of pathways to ensure no overlaps and maximise support available.

- Peer support networks co-producing a range of cross-sector training opportunities and a governance framework for peer support.

- Further developing resources to support families bereaved by suicide and further increase awareness and learning around suicide prevention through a sustained programme of training, awareness raising, and suicide prevention campaigns in Dundee.

- Improving the interface between primary care, mental health community services, crisis resolution home treatment teams, and inpatient settings for those experiencing mental health and substance use.

Some current areas of development align with the Tayside-wide strategic redesign and improvement work. These are underway and include:

- A single strengths-based, and needs-led service for people seeking support for neurodiversity.

- Transforming the delivery of intervention and treatment services across in-patient and community services for people diagnosed with Personality Disorders as well as people with significant interpersonal problems arising from Complex Post-traumatic Stress Disorder.

- Community Mental Health Team and unscheduled care pathways redesign assisting in developing clear articulations of clinical pathways for depression, psychosis, and trauma. This will also influence developments around intensive home treatment provision locally.

4.5 The new Dundee Mental Health and Wellbeing Strategic Plan will be informed by several national strategic drivers including the Scottish Mental Health and Wellbeing Strategy 2023, Scotland's Population Health Framework 2025-2035, and Health and Social Care Service Renewal Framework 2025-2035. It will also link with ongoing Tayside Mental Health Redesign work and Models of Care. Representatives from the Mental Health and Wellbeing Strategic Planning Group are current members of the Tayside Mental Health Programme Board and Model of Care Steering Group.

4.6 To support the co-production of the new Plan a Mental Health and Wellbeing Strategic Planning Event was held and facilitated by DVVA in April 2025. This took place in The Steeple, bringing together 90 people from across the city; including individuals with lived and living experience, GPs, community workers, carers, third-sector organisations, and more. The ‘Reflecting to Plan Ahead: Review of the Mental Health and Wellbeing Strategic Plan 2019-2024’, was shared with all participants before the event and presented on the day. Participants had the opportunity to have open and honest conversations about the current Mental Health and Wellbeing Strategic Plan 2019-2024 and explore what priorities should be included in the new Plan. There were

open table discussions and presentations, giving everyone the chance to share their ideas, experiences, and insights, and learn from others.

4.7 Following this, two reports were produced by DVVA in collaboration with the Subgroup. The first evaluated the co-production approach taken at the event and the experience of participants alongside presenting themed findings of the topics discussed. This was shared with participants and key stakeholders from across the Dundee Health and Social Care Partnership. The second was a thematic analysis of the data gathered to understand participants' views of what is working well, issues, and views on how these can be addressed and improved in the new Plan (see Appendix 2 and 3).

4.8 Evaluative feedback found that from the first welcome to the final conversations over coffee, the event created a warm and respectful space where people had the opportunity to feel genuinely heard and was an important first step in a co-produced approach to strategic planning. Key themes noted were that people learned about new services, however, increased awareness of supports and services, and fewer barriers to accessing support are needed. Further findings identified areas for service development to include more signposting to community resources and support to access these, peer support roles in all new developments, and Hope Point is a welcome addition to the city. Both stakeholder reports will support the identification of key priorities, needs, and areas for development going forward into the new Plan (see Appendix 2 and 3).

4.9 A Stakeholder Group has been established building on interest from the Steeple Event to support the ongoing co-production of the new strategic plan and guide the Subgroup. Facilitated by DVVA, the group ensures that stakeholders remain actively involved in decision-making. Meetings will be held every six weeks, with opportunities to participate in person, online, or indirectly through DVVA staff. DVVA will continue outreach in community settings to gather input from those with lived experience. The new Mental Health and Wellbeing Strategic Plan will be co-produced and finalised by early 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

6.1 A risk assessment has not been provided as this report is being provided to the Integration Joint Board for information only.

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

Dave Berry
Chief Officer

DATE: 23 July 2025

This page is intentionally left blank

Dundee
Health & Social Care
Partnership

Reflecting To Plan Ahead
Review of the Mental Health and Wellbeing Strategic Plan 2019-2024



This page is intentionally left blank

Executive Summary

This review offers a reflection upon the work of Dundee Mental Health and Wellbeing Strategic Planning and Commissioning Group on behalf of Dundee Health and Social Care Partnership. Together, we developed the Mental Health and Wellbeing Strategic Plan (2019-2024) and set out our five-year plan with key priorities and ten essential workstreams.

To review our progress, we have collected, examined and summarised information and evidence from each workstream.

Our findings show that we have made significant progress in achieving the priorities identified resulting in many service developments, redesign, and new initiatives taking place. Strengths evident across this work include advancing multi-agency collaboration and partnership working, alongside co-production with people with lived / living experience and communities.

Fundamental principles apparent across this work include a focus on early intervention and prevention and promoting positive mental health and well-being, seeking to prevent mental health issues from occurring or escalating, and addressing underlying causes, adversities, and inequalities wherever possible. Supporting seamless access to person-centred, evidence-based and recovery-focused care has been a core aim of this work.

Going forward we will seek to build on these as we co-produce our Strategic Plan for the next five years.

Arlene Mitchell,

Chair of the Dundee Mental Health and Wellbeing Strategic Planning and Commissioning Group.

Introduction

This review offers a reflection upon the work of the Dundee Mental Health and Wellbeing Strategic Planning and Commissioning Group on behalf of Dundee Health and Social Care Partnership. Together this group developed its Mental Health and Wellbeing Strategic Plan (2019-2024) and set out our plan aiming *"to support the improvement of mental health and well-being and reduce mental health inequalities for the citizens of Dundee".* In doing so, we identified key priorities:

- Reducing Health Inequalities
- Prevention and Early Intervention
- Getting the Right Support at the Right Time
- Focus on Recovery

Accompanying this is the Mental Health and Wellbeing Commissioning Framework 2019-2024 which identifies ten workstreams to support developments and areas of redesign aligned with the Strategic Plan. These are:

1. **The Primary Care Model Supporting Mental Health and Wellbeing**
2. **Locality-Based Early Intervention and Prevention Mental Health and Wellbeing Support**
3. **Clinical Care Pathways**
4. **Unscheduled Care Pathways**
5. **Accommodation with Support**
6. **Child to Adult Transitions**
7. **Integrated Pathway for Mental Health and Substance Use**
8. **Support for People Experiencing Distress**
9. **Workforce Planning**
10. **Suicide Prevention**

This review summarises key developments and progress over the last five years. It also highlights our main achievements, some work that is underway or still needs to be achieved and provides a description of our approach for engagement and involvement of partners, stakeholders, people with lived / living experience, and those from local communities.

1. Primary Care Model Supporting Mental Health and Wellbeing

Key developments and progress

- A Primary Care Mental Health and Wellbeing Framework has been developed detailing the Primary Care Mental Health and Wellbeing Team. This aims to provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, and in the right place by staff who are knowledgeable and skilled. This comprises five distinct services working alongside and within Dundee GP practices. These are:
- The Patient Assessment Liaison Mental Health Service (PALMS) is available in all GP practices provided by a team of mental health specialists.
- Sources of Support is available in all GP practices provided by a team of Primary Care Linkworkers.
- The Welfare Advice Health Partnership is available in 13 GP practices provided by Welfare Rights Officers. Those who do not have an officer are able to access the service in other locations or remotely.
- The Community Listening Service is available in all practices provided by volunteers hosted via the Spiritual Care Service.
- Distress Brief Interventions (DBI) is available in all practices accessed via a referral from PALMS mental health specialists, or Sources of Support Primary Care Linkworkers. An implementation programme is underway to enable all GPs to refer to DBI. This is expected to be completed by mid-2025.
- The Primary Care Mental Health and Wellbeing Strategic Delivery Plan, 2024-2027, has been developed. This is supported by an Action Plan with activities that enable delivery. Three priority action areas are identified and working groups are established to take forward activities focused on: 1) Awareness and Navigation; 2) Service Delivery and Development; and 3) Measuring Outcomes and Success.
- The development of Dundee Primary Care Mental Health and Wellbeing (MHWB) webpages on the NHS Tayside website describing the services available at GP practices and how people can access these. This includes a comprehensive A-Z Directory of Services both local and national to support MHWB. A communications plan is in place to distribute this information widely to people across the city.
- Increasing awareness and accessibility of digital therapies through collaborating with providers and increasing the staff teams who can refer to them.

- An assurance framework has been developed with key service performance indicators and the implementation of dashboards and reporting tools are underway.

Still to be achieved

- Underway is the co-production of a website 'Wellbeing Dundee' on an external platform through engagement with the public and key stakeholders in its content and design ensuring accessibility. This will have high quality information about mental health and wellbeing as well as self-help / self-management and signposting to support / services.
- Full implementation of the Assurance Framework and the related measures including Demographic Data, Service User Contact and Pathways, Service User Experience, and Outcomes Process Measurements.
- Continued service developments identified in the Action Plan.

Engagement and involvement

The NHS Tayside Public Partners and Community Health Advisory Forum were engaged in a focus group to support the development of the plan. An action is underway with Dundee Volunteer and Voluntary Action (DVVA) to establish a consistent approach to enable co-production, utilising the engagement and participation of relevant stakeholders in the design, planning, delivery and evaluation of services and new initiatives.

2. Locality-based early intervention and prevention mental health and wellbeing support

Key developments and progress

- **Local Health and Wellbeing Networks** act as a mechanism for a two-way flow of communication between Strategic Planning Groups and localities. The multi-agency networks, which also involve residents, meet regularly to share learning and information, develop local responses to health/ mental health issues, act as a link to local community planning structures, and contribute to mental health priorities such as the Suicide Prevention Delivery Plan and Hope Point.
- **Engage Dundee surveys:** findings were presented from a 2020 survey exploring citizens' experience of the pandemic lockdown, and in 2023 on the effects of the cost-of-living crisis. Results evidenced the unequal mental health impacts on disadvantaged people and some populations groups such as carers, long-term sick/ disabled, and those on welfare benefits. This raised awareness of inequalities and vulnerabilities and helped influence local priorities.
- **The Communities and Inequalities Workstream** was formed in 2021 to strengthen the focus on mental health inequalities, early intervention, prevention, and locality working. The workstream links with interventions that promote wellbeing by tackling the social determinants of health including Money Advice Services and Local Fairness Initiatives. The workstream also had a focus on:
- The mental health impacts of the Cost of Living through close links with a Public Health Scotland Pathfinder in 2022-24 and the establishment of a local Engine Room to pick up on this work, including the development of intermediate inequalities indicators.
- Improving access to information and supporting signposting, system navigation, and supported engagement with services and activities.
- Improving capacity around mental health promotion and inequalities through the development of new training programmes to support staff and members of the public.
- Suicide prevention efforts at a local level to enhance engagement with at-risk groups and develop new opportunities for participation in community activities.
- Local profiling and data analyses to provide a clearer picture of mental health inequalities, particularly about poverty and deprivation.
- **Fairness Leadership Panel:** Mental health and social isolation have featured as priorities for the panel and good connections have been made between community/ civic commissioners and the Strategic Planning Group.

- **Third Sector Mental Health Forum:** This connects third sector mental health organisations in Dundee. The diverse and growing membership includes over 30 regular attendees representing a wide range of organisations. The forum meets every six weeks, rotating venues to allow different organisations the opportunity to spotlight their work and share insights. The Forum shares information and ideas, supports each other, acts on engagement with people with lived experience and unpaid carers, and reduces barriers to support.
- **Health Inequalities Action Plan:** The City's Community Learning and Development Partnership Plan includes a section on addressing health inequalities, including mental health inequalities, and aims to create more positive and equitable health across Dundee. Governance sits with Dundee Partnership and DHSCP Strategic Planning Advisory Group, with additional reporting to the Mental Health and Wellbeing Strategic Planning Group.

Still to be achieved

- **An agreed resource framework** to evidence the desired shift to prevention/ localities.
- **Improving access to services and support** through a one-stop portal for information is being supported through both the Mental Health and Wellbeing Strategic Planning Group and the Mental Health in Primary Care Strategic Planning Group.
- Further work is required to ensure that mental health developments at a Tayside level link to engagement activity in Dundee.

Engagement and involvement

In 2024, Dundee Volunteer and Voluntary Action shifted focus from the Healthy Minds Network to a broader engagement strategy, working with existing partners and building new relationships to better connect individuals with lived experience to the evolving needs of workstreams, while keeping co-production and meaningful involvement at the heart of the approach.

To support this work, Dundee Volunteer and Voluntary Action's Mental Health Engagement and Third Sector mailing lists, along with the regularly updated Padlet, keep individuals and organisations informed about what's happening across the sector and how they can get involved. They share a wide range of information, including employment and peer opportunities, newsletters, funding updates, and engagement activities. Overall, they help strengthen links between third sector organisations and statutory services by making it easier to stay connected, share information, and work together more effectively.

3. Clinical Care Pathways

Key developments and progress

There has been a focus on two clinical areas that align with Tayside-wide improvement work, Neurodiversity, and Complex Needs.

Neurodiversity

Neurodivergent conditions include Autism Spectrum Conditions (ASC), Attention Deficit Hyperactivity Disorder (AHDH), Tourette's Syndrome, and a number of other conditions. ASC and ADHD are the two most common conditions that lead to people seeking help from mental health services be that for assessment and diagnosis, support, care, or treatment. Research suggests that around 65% of people presenting for help have both of these conditions.

In the lifetime of the 2019-2024 plan, services across Scotland have experienced between a 500% and 1000% increase in referrals and local experience mirrors this.

Within ASC, services are provided through Tayside Adult Autism Team (TAACT):

- A new Consultant Clinical Psychologist post was established to provide dedicated leadership.
- A multidisciplinary team has been rebuilt and now includes Occupational Therapy, Speech and Language Therapy, Nursing, Psychiatry and Clinical Psychology time.
- A needs-based service been made available to people who consider themselves to have ASC (that is, can be assessed without or before diagnosis) through a recognised specialist provider; Dundee Connections run by Scottish Autism.
- Additional assessment, diagnosis, and treatment capacity has been provided through a commissioned partner to improve waiting times.
- A co-produced strategic redesign of services for neurodiversity began in 2021 and outlines plans to bring together neurodivergent conditions that currently sit within TAACT and Community Mental Health Teams (where ADHD is currently assessed and treated), into a single strengths-based, needs-led service. This service will provide care and support within models that maximise the role of commissioned services, normalise neurodiversity and ensure that more focus is taken only when necessary.

Complex Needs

This work encompasses people with Emotionally Unstable Personality Disorder and other Personality Disorders as well as people with significant interpersonal problems arising from Complex-Post Traumatic Stress Disorder.

- A Consultant Clinical Psychologist has been appointed and is leading this work.
- A strategic redesign of services is underway to transform the delivery of intervention and treatment services across in-patient and community services. This will establish peer-based community interventions (supported by specialist clinical staff) as the cornerstone of change, whilst ensuring access to evidence-based group and individual treatments to those who need them.
- Complex case formulation and advice is now available to clinical teams and commissioned partners working with people whose complex needs make it difficult to respond in consistent but flexible and empathic ways.

Still to be achieved

- Cross-Tayside Financial frameworks to be agreed.
- Models to be operationalised.
- Work on Community Mental Health Team redesign is underway and will assist in developing clear articulations of clinical pathways for depression, psychosis, and trauma.

Engagement and involvement

- The Neurodiversity Workstream has included people with lived experience; both people currently using services and people providing services who identify as neurodivergent. Established support organisations (voluntary and funded/partially funded) and staff working within clinical services have also participated.
- The Complex Needs Workstream has run a series of community-based events across Tayside open to people with lived experience, carers and supporters. There was an early focus on engaging ‘expert who deliver’ services. The lead for the service has visited examples of excellence in London where peer-led services form a major component of support and intervention.
- Dundee Volunteer and Voluntary action have supported people to engage in the work described.

4. Unscheduled Care Pathways

Key developments and progress

- A number of actions have been completed. Dundee Community Mental Health Teams (CMHTs) are now seeing all urgent referrals as opposed to these being seen by the Crisis Resolution and Home Treatment Team (CRHTT). This decreases transitions for people. There has been targeted work also on emergency referrals where the CMHT is seeking stepped-up care, especially when seeking hospital admission. Joint assessment of people needing more intensive support has resulted in more people being offered intensive home treatment and data gathered to date points to a 50% reduction in admissions (with most being offered home treatment instead).
- This workstream also has oversight of developments for people experiencing emotional distress. Fuller comment on the development of Hope Point, Dundee's 'always open' centre for people experiencing emotional distress is given below.
- A joint initiative with Scottish Ambulance Service has established a Paramedic Mental Health Ambulance Vehicle. This is staffed each shift by a paramedic with additional mental health training and an experienced community mental health nurse and responds to 999 calls triaged as having a specific mental health focus.

Still to be achieved

- There is significant Tayside work taking place with regard to the redesign of broader community mental health services. This will guide whether intensive home treatment moves from a function delivered by the Crisis Resolution Home Treatment Team to one delivered on a locality basis through Community Mental Health Teams.

Engagement and involvement

- The unscheduled care workstream has had service user and carer involvement throughout.

5. Accommodation with Support

Key developments and progress

- Progress for the completion of the additional units of accommodation, identified through the Strategic Housing and Investment Plan, was significantly impacted by Covid 19 and the subsequent recovery of services. During March 2021, 11 additional units of accommodation were completed. A further seven units of accommodation were completed by November 2023.
- A review of all existing accommodation with support including any voids has been undertaken since 2023 to ensure best use of overall resources/ quality of environments for individuals.
- Discussions are taking place to revisit models of support to ensure flexible support is available.

Still to be achieved

- A further seven units of accommodation will be completed by the end of summer 2025 and may be used to support people for whom their mental health means that they require support.
- Future accommodation needs require to be incorporated within planning alongside neighbourhood services colleagues.
- Progress will be reviewed and the requirements for future developments/ models of support need to be identified and planned for during the process of the new strategic plan.

Engagement and involvement

Engagement within the life of the plan has been with individuals/families/representatives during planning and transition. Future models of support will be co-produced.

6. Child to Adult Transitions

Key developments and progress

- Transition Protocol for Children and Young People with Disabilities and Complex Needs. This joint procedure has begun to be developed.
- All secondary schools now have Community Mental Health Team Social Work staff connected/allocated to them for transition purposes.
- Joint agreement in line with good practice that all young people under 18 who are identified through Adult Concern Reports should be considered under Child Protection procedures initially. Adult Protection should only be considered for this group once Children Services have screened the circumstances of the young person and assessed that this does not merit a Child Protection response.
- Referral form on Mosaic from Children Services (Social Work and Education) to Adult Services has been amended and updated. Referral form was redeveloped to ensure relevant information for identifying transition needs and what service this should be directed towards in Adult Services.
- A Child and Adolescent Mental Health Service Outpatient Transition Management Standard Operating Procedure has been developed to ensure a smooth transition for young people into adult services using joint assessment frameworks with adult services in line with the Principles of Transition (Scottish Government 2018).

Still to be achieved

- Transition Protocol for Children and Young People with Disabilities and Complex Needs to be completed. Once this protocol has been completed, it will be used as a template for developing further transition/pathways between other Children Service Sections/Teams and Adult Services.
- Practice about considering under 18's under Child Protection initially requires to be formalised with a joint procedure.

Engagement and involvement

- A multi-agency approach to design and development has been employed. Engagement within the life of the plan has been with individuals/families/representatives during planning and transition. Future models of support will be co-produced.

7. Integrated Pathway - Mental Health and Substance Use

Key developments and progress

- Several Workshops were held throughout 2023 and 2024 to build relationships between mental health and substance use services, to increase awareness of roles and remits, identify good practice and gaps in services.
- A Mental Health and Substance Use Multi-Agency Consultation Hub (MACH) was implemented in April 2024 as a test of change.
- The Multi-Agency Consultation Hub occurs once a week for maximum of 2 hours with core representation from a range of Public and Third sectors organisations, including but not limited to: Community Mental Health Teams, Dundee Drug and Alcohol Recovery Service, Patient Assessment and Liaison Mental Health Service, Penumbra, We Are With You, Tayside Council on Alcohol, Hillcrest Futures, Positive Steps, and Dundee Independent Advocacy.
- The Multi-Agency Consultation Hub provides in-depth case discussions for individuals with co-occurring drug use and mental health difficulties to offer additional support or specialist care and treatment for their mental health and well-being, self-harm and/or substance use. Individuals and their families can expect a whole system, safe, person-centred, and evidence-based care plan at all stages of their recovery journey via MACH.
- A Standardised Operating Procedure for MACH was agreed, developed, and shared to support MACH.
- Training plans across statutory and voluntary mental health and substance use services agreed a training plan to coordinate appropriate training to upskill the workforce.
- A Mental Health Service User Lived Experience Consultation Group was developed to ensure the views of those who access services are heard.
- Staff and lived experience evaluation post MACH Test of Change - was carried out and results were shared with stakeholders.

Still to be achieved

- Explore the need for a Complex Care Coordinator and central administrative system to broaden and link MACH's reach to other Adult at Risk Pathways.
- Review MACH and link with ongoing Mental Health Redesign work - Models of Care.

- Explore and improve the interface between Mental health Service User community services with the Crisis Resolution Home Treatment Teams and Psychiatric Inpatient settings throughout a patient's journey, i.e., when in crisis, admission, during treatment and discharge planning.
- Review and improve Mental Health Service User pathways with Primary Care.

Engagement and involvement

- The Mental Health Service User Operational Group has included people with lived experience.
- The Mental Health Service User Operational Group has worked alongside statutory and voluntary Mental Health and Substance Use Organisations and Health Improvement Scotland.
- A SWAY document was sent to all relevant agencies to communicate the work being done.

8. Support for People Experiencing Distress

Key developments and progress

- Hope Point became operational in August 2023. This 'always open' peer support for people experiencing emotional distress allows people to access immediate support by telephone, text or by drop in. Operated by Penumbra, there have been around 100 new contacts each month and most people are self-referring. More recently, a direct pathway for Police Scotland has been opened. The outcomes reported by people are overwhelmingly positive.
- Distress Brief Intervention (DBI) is another non-clinical approach to supporting people experiencing emotional distress and offers. DBI Level 1 is provided by front-line staff such as NHS24, Emergency Departments, Police Scotland, and Primary Care to ease the person's distress, provide a compassionate response, and involves an offer of a seamless referral, with confidence and clarity to a DBI Level 2 service. DBI Level 2 is provided by commissioned and trained third-sector staff who contact the person within 24 hours of referral and provide compassionate, problem-solving support, wellness and distress management planning, supported connections, and signposting for around 14 days. DBI – with Penumbra as the operating partner – is in place and fully operational. Initially commissioned on a Tayside-wide basis, this will continue for Dundee in a stand-alone contract from April 2025.
- Emergency Department Navigators is a support programme proactively engaging with people (age 16 and up) presenting in the Ninewells Emergency Department who may benefit from support with problematic substance use, homelessness, domestic violence, poor mental health, social isolation, or having been a victim or perpetrator of violence. The dominant issue for most people is poor mental health. A period of intervention seeks to use a problem-solving approach and to help connect people with community-based resources. The average length of support is 14 weeks.

Still to be achieved

- Hope Point became operational in advance of the 'planned accommodation with support' component being available. Whilst one accommodation is now available, the demand for this has been negligible. It may be that more detailed operationalisation of the pathway will result in more frequent use.
- DBI: additional resources have been identified to enable the continued roll out to all primary care practices across the City. The training model to achieve Level 1 status has been modified to ensure there are no barriers to GP involvement in the project.

- Whilst all three of the above interventions offer something unique in the mechanism/time by which people are proactively engaged into support, there is an overlap which will benefit from further streamlining of pathways between services and narrowing the degree of overlap.

Engagement and involvement

- Hope Point was entirely co-produced with service users and carers, having involvement in writing the tender specification, the panel that awarded the contract and designing the interior spaces.
- Both DBI and the Navigator scheme are local implementation of a pre-existing National Programme and, as such, there was less community engagement around the implementation of these.

9. Workforce Planning

Key developments and progress

- It is important to note that when we established the objectives for Workforce Planning in 2019, we did not foresee, and consequently did not encompass, any considerations related to the COVID pandemic or the cost-of-living crisis. Nonetheless, these major events had a direct impact on some of our workforce, affecting the health and well-being of staff and their families, as well as the broader communities we serve. In response to the pandemic, all organisations within the Health and Social Care Partnership had to rethink work processes and how to deliver services, while prioritising the implementation of new strategies to ensure the safety and well-being of staff and those we support. The ongoing economic crisis, compounded by rising costs and limited resources, continues to present challenges across the sector and is likely to persist for the foreseeable future.

Peer support

- We have implemented a Peer Support approach and established paid positions across statutory and third-sector providers, enhancing the support we provide to individuals facing mental health challenges in Dundee. Host organizations include:
- Penumbra
- Wellbeing Works
- Scottish Action for Mental Health
- Dundee Health and Social Care Partnership
- Perinatal Care Team
- Navigators at Accident and Emergency Department
- The Peer Support Network continues to expand as more organisations acknowledge the importance of lived experience in how we assist individuals on their life journey.

Pharmacy

- Incorporation of pharmacy colleagues has provided the opportunity to improve the safe and effective prescribing, monitoring, and supply of medication within the Community Mental Health Teams. In practice this is achieved by the provision of specialist medicines-related advice and support to colleagues as well as to patients, carers, and families via pharmacy-led clinics, completion of polypharmacy and complex medication reviews, the undertaking of regular audits of medicines storage, prescription, and monitoring against local and national standards and through

pharmacy involvement in the development of local processes surrounding the safe and effective use of medications.

Advanced Nurse Practitioners

- Four Advanced Nurse Practitioners have been employed within the Community Mental Health Teams. They are equipped to assess patients with complex needs, diagnose conditions, prescribe treatment, and exercise increased autonomy in referring patients to other agencies. By operating within the four pillars of practice, they offer essential professional support to all members of the multidisciplinary team.

Trauma-Informed Workforce

- A multi-agency Trauma Steering Group has been established along with a Senior Trauma Champion and relationships are developing between NHS Tayside and Dundee City Council Trauma Informed Practice representatives.
- We have roles in place to support to lead, co-ordinate, and support the learning and development of staff in Trauma-Informed Practice.
- We have a Workforce with Lived Experience Group who are still developing their role and how they will impact policies, procedures and practices in Dundee City Council.
- We are developing training and staff are accessing external Trauma-Informed Practice training.
- Trauma Principles are being applied to new policies.
- External organisations are developing Trauma-Informed Practices and are at varying levels, often practice is ahead of policies at the moment.
- We are developing services that are designed where Trauma-Informed Principles are embedded in design and commissioning (and this may be reflected in contracts/services specs).
- Dundee Health and Social Care Partnership has well-being champions, their role includes offering support to staff and teams to be aware of trauma and its impact.

Still to be achieved

- Peer Support Network members are working together to co-produce a variety of cross-sector training opportunities, including Peer 2 Peer, for those interested in pursuing careers in peer work or engaging in volunteer roles. The governance framework for Peer Support is still in development and is anticipated to be implemented in 2025.

Engagement and involvement

- As part of the Making Recovery Real in Dundee initiative, several consultation events took place in Dundee Contemporary Arts and Discovery Point where people with lived experience were able to contribute to discussions that influenced the development of Peer Support in Dundee. Smaller local events arranged by providers have continued to take place across the community, and the Dundee Volunteer and Voluntary Action Mental Health Update provides information regarding news, developments, or opportunities to those on the mailing list.

10. Suicide Prevention

Key developments and progress

- We appointed a full-time Suicide Prevention Co-ordinator to oversee the development and implementation of the local delivery plan. This coincided with the integration of suicide prevention into the strategic responsibilities of a revised Protecting People governance structure.
- Creating Hope Together in Dundee, Dundee's Suicide Prevention Delivery Plan was developed and approved by the Chief Officers Group in October 2024. The plan sets out the priority aims and actions to support people at risk of suicide for the period 2024-2026. Suicide Prevention Steering Group has been established to co-ordinate implementation of the delivery plan.
- Representation from Dundee at the Tayside Suicide Review Group enhancing the opportunity for collaboration and learning from suicides in Tayside.
- Representation from Dundee at the Tayside Suicide Prevention Steering Group and National Leads Network to enable collaboration, learning, and participation in wider strategic activities.
- Established a suicide prevention training programme in line with the NHS Education for Scotland Mental Health Improvement and Suicide Prevention Framework, enhanced by a successful funding bid to Tayside Health Fund to build an alliance of trainers across partner organisations. Courses are now being delivered at 'informed' and 'skilled' levels to staff and volunteers from a wide range of local agencies.
- Established a Locations of Concern group to monitor incidents and implement improvement measures. This has included improved visibility of support signage and information at locations of concern and support for staff.
- Delivered annual public awareness campaigns for Suicide Prevention Week.
- Development of a Dundee Survivors of Bereavement by Suicide (SoBS) Group meeting monthly at The Rep Theatre.

Still to be achieved

- Implement ‘Creating Hope Together in Dundee 2024-2026’ - the city's Suicide Prevention Delivery Plan. Key areas of focus include:
- Establish a suicide prevention dataset and evaluation framework to identify priority settings/groups, further inform local responses, and monitor progress.

- Further work to fully embed suicide prevention into the new Protecting People governance structure, integrating approaches to performance management, engagement and participation, quality assurance, and learning from multi-agency review processes.
- Establish and embed a range of suicide bereavement support.
- Develop a range of resources to support parents and carers who support others experiencing suicidal ideation, including children and young people.
- Test a Suicide Safer Communities initiative in Lochee and roll out an agreed model city-wide.
- Build capacity for peer support by rolling out the Creating Hope with Peer Support programme.
- Build capacity and learning about suicide and suicide prevention within communities and services both statutory and non-statutory through a sustained programme of training, awareness raising, and suicide prevention campaigns across Dundee.

Engagement and involvement

- A stakeholder engagement event with approximately 100 stakeholders from a range of services and community organisations was held in January 2024. Feedback from the event provided the foundation for the local delivery plan content.
- Facilitated engagement session with the Community Health Advisory Forum to gather views from representatives of communities in the SIMD 20% most deprived areas.
- Engagement sessions with the Substance Use Services Group, Building Bridges Network, and Resolve and Evolve recovery drop-in to ensure the delivery plan addresses the needs of those affected by substance use.
- Dundee Youth Council meeting in July 2024 to gather initial perspectives from young people. There is ongoing engagement with young people/professionals working with young people to determine the detail of individual projects contained within the plan.
- Ongoing representation from Dundee Volunteer and Voluntary Action at the Steering Group with regular opportunities to engage with people with lived / living experience via their Lived Experience Engagement Co-ordinator.

Summary and conclusion

This review has reflected upon the work of the Dundee Mental Health and Wellbeing Strategic Planning and Commissioning Group on behalf of Dundee Health and Social Care Partnership. Over the last five years we have taken a multi-agency and cross sector approach to collaboratively achieve the key priorities and ten workstreams set out in the plan Mental Health and Wellbeing Strategy (2019-2024).

We have made significant progress in achieving the priorities identified resulting in many service developments, redesign, and new initiatives taking place. Strengths evident across this work include advancing multi-agency collaboration and partnership working, alongside co-production with people with lived / living experience and communities. Fundamental principles apparent across this work include a focus on early intervention and prevention and promoting positive mental health and well-being, seeking to prevent mental health issues from occurring or escalating, and addressing underlying causes, adversities, and inequalities wherever possible. Supporting seamless access to person-centred, evidence-based and recovery-focused care has been a core aim of this work.

Work is still ongoing from the Strategic Plan (2019-2024), and is multi-faceted incorporating trauma-informed, peer-led and community focused principles. Building relationships has been key to success, and creating a climate for growth, development, overcoming challenges and cross-sector learning has been essential. Going forward we will seek to build exponentially on these as we co-produce our Strategic Plan for the next five years.

Links to Related Policy and Strategic Documents

- Dundee Health and Social Care Partnership Strategic and Commissioning Plan 2016 - 2021.
- 'Every Life Matters' – Scotland's Suicide Prevention Action Plan (2017 - 2022) lists the actions which leaders nationally and locally must take to transform society's response and attitudes towards suicide and these actions extend beyond health and social care.
- Personalising Realistic Medicine: Chief Medical Officer for Scotland's Annual Report 2017- 2018, Scottish Government (2019) outlines the fourth annual report on the current implementation of Realistic Medicine in Scotland.
- Scottish Government Mental Health Strategy 2017 – 2027 was published on 30 March 2017, and is the Government's focus on improving Mental Health. It contains 40 specific actions, each intended to tackle a specific issue. The strategy includes a focus on prevention and early intervention, accessible services, physical wellbeing of people with mental health problems, rights and information.
- Scottish Government (2023) Mental Health and Wellbeing Strategy. A renewed strategy that lays out the long-term vision and approach to improving the mental health and wellbeing of everyone in Scotland.
- Scottish Government (2022-2032) Creating Hope Together: Scotland's Suicide Prevention Strategy.
- Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce, NHS Education for Scotland outlines a framework for the Scottish Workforce as detailed in the Survivor Scotland Strategic Outcomes and Priorities (2015-2017) publication.
- The City Plan for Dundee 2017 – 2026 builds on a series of Dundee Outcomes which reflect and contribute to the national ambitions for Scotland. It has 5 strategic priorities one of which is to improve the mental health and wellbeing of the people of Dundee.
- Tayside Primary Care Improvement Plan The National Health and Wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services.
- The Carers (Scotland) Act 2016 is designed to support carers' health and wellbeing and to help make caring more sustainable.
- 'What Research Matters for Mental Health Policy in Scotland' (2015). The research priorities outlined in this paper were developed by the Mental Health and Protection

of Rights Division of the Scottish Government to support 5 key policy objectives articulated through the Mental Health Strategy 2012-2015 and the Suicide Prevention Strategy 2013-2016. Although both strategies were coming to an end, the paper included emerging sentiments about the direction of travel for the next strategies.

This page is intentionally left blank

Dundee Volunteer and
Voluntary Action

MENTAL HEALTH AND WELLBEING STRATEGIC PLANNING EVENT

23rd April 2025



mhengagement@dvva.scot

This page is intentionally left blank

Table Of Content

03 Background

04 Event Summary

05 General Feedback

06 Primary Care Feedback

07 Communities / Localities Feedback

08 Peer Support Feedback

09 Mental Health and Substance Use Feedback

10 Crisis / Out of Hours Feedback

11 Suicide Prevention Feedback

12 Next steps



This page is intentionally left blank

BACKGROUND

This review offers a reflection upon the work of the Dundee Mental Health and Wellbeing Strategic Planning and Commissioning Group on behalf of the Dundee Health and Social Care Partnership. Together, we developed the Mental Health and Wellbeing Strategic Plan (2019-2024) and set out our five-year plan with key priorities and ten essential workstreams.

To review our progress we have collected and summarised information and evidence from each workstream.

Findings show that we have made significant progress in achieving the priorities identified resulting in many service developments, redesign, and new initiatives taking place. Strengths evident across this work include advancing multi-agency collaboration and partnership working, alongside co-production with people with lived / living experience and communities. Fundamental principles apparent across this work include a focus on early intervention and prevention and promoting positive mental health and well-being, seeking to prevent mental health issues from occurring or escalating, and addressing underlying causes, adversities, and inequalities wherever possible. Supporting seamless access to person-centred, evidence-based and recovery-focused care has been a core aim of this work.

Going forward we will seek to build on these as we co-produce our Strategic Plan for the next five years.

Arlene Mitchell,
Chair of the Dundee Mental Health and Wellbeing Strategic Planning and Commissioning Group.

Key documents from the event

Dundee Health and Social Care Partnership Mental Health and Wellbeing Strategy (2019 - 2024) and commissioning framework

www.dundeehscp.com/sites/default/files/publications/mental_health_wellbeing_strategic_plan_2019-2024.pdf

www.dundeehscp.com/sites/default/files/publications/mental_health_wellbeing_commissioning_framework.pdf





EVENT SUMMARY

On 23 April, Dundee Health and Social Care Partnership hosted a packed and energised Mental Health and Wellbeing Strategic Planning Event, facilitated by Dundee Volunteer and Voluntary Action (DVVA), bringing together 90 people from across the city; including individuals with lived and living experience, GPs, community workers, carers, third sector organisations and more.

The event provided the opportunity to:

- **Have open and honest conversations about the previous strategic plan**
- **Explore what priorities should be included in the new plan**
- **Share lived experience, views and ideas**
- **Learn from others**

From the first welcome to the final conversations over coffee, the event created a warm and respectful space where people felt genuinely heard.

OVERVIEW

A Snapshot of the Day

· 133 people signed up
· 90 attended

· 54 gave feedback

· 28 want to stay involved

· 96% said it was easy to contribute

· 90% left satisfied or very satisfied

General Feedback



The 3 key themes which participants noted, throughout the event were:

1 - Coming along to the event, enabled them to learn about new services

'Some of the services discussed I had no knowledge of"

2 - There needs to be increased awareness of what supports and services are available and how to access these

''It is clear that there are lots of positive sources of support out there. However, there is a need for there to be information raising/ awareness of this support"

3 - Participants want information to be clear, easily understood and accessible by all

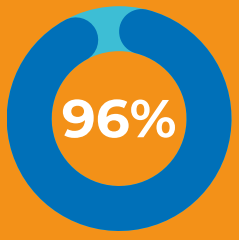
''The names of things don't promote understanding of what they are"

FEEDBACK FROM PARTICIPANTS

" It was an excellent experience. this was something very new to me. made some new connections especially for being able to refer to other services that didnt even know existed. got a much wider view how services have been stream lined."



90% of particpants left the event feeling satisfied / incredibly satisfied



96% of participants noted that it was easy/ very easy to engage and share their views



Table facilitators and scribes from 10 different agencies/organisations supported during the event

Mental Health and Wellbeing Strategic Planning Event Feedback

Primary Care

Feedback collected from the Mental Health and Wellbeing Strategic Planning Event, held on 23rd April 2025 in the Steeple Church Dundee.
90 people attended and provided feedback.

KEY THEMES

- Improved awareness of supports available
- Awareness raising of what's available at your GP
- Less barriers to accessing support
- Improved communication

KEY QUOTES FROM PARTICIPANTS

- "No information offered – didn't know how to navigate services"
- "PALMS – accessed help rather than the GP and found this to be helpful"
- "Some practices starting to have Welfare Rights, not everywhere"
- "We need more information at GPs of different services available"
- "PALMS do great work and the community nurses can do similar work"
- "Difficulty getting an appointment with a GP still a massive issue"
- "DBI much less known about"
- "Been put off contacting GP due to wait times on phone"





PARTICIPANTS WOULD LIKE:

01. Clear information on what services are available at their GP

02. Consistency of what GPs offer across the city

03. " When people attend GPs they should be able to get as much holistic support as possible"

04. Easier access to GP supports

FOR FURTHER INFORMATION ON THIS EVENT:
MHENGAGEMENT@DVVA.SCOT

Mental Health and Wellbeing Strategic Planning Event Feedback

Communities/ Localities

Feedback collected from the Mental Health and Wellbeing Strategic Planning Event, held on 23rd April 2025 in the Steeple Church Dundee. 90 people attended and provided feedback.

KEY THEMES

- Improved awareness of supports available in communities
- Information needs to be easily accessible
- More signposting to community supports
- A need for consistency across the city

KEY QUOTES FROM PARTICIPANTS

- "More signposting needed – some people don't like to ask"
- "Lack of knowledge around services and how they are accessed "
- "In crisis- difficult for someone to understand where to go"
- "More opportunities to access health services in the community. Locality-based services and place-based approach"
- "More of the 'hub' approach"
- "Need more early intervention, family and community work"
- "Different people having different experiences. Not consistent. Postcode lottery."
- "Community centres need to have more information"





PARTICIPANTS WOULD LIKE:

01. Clear information on what services are available for Mental Health and Wellbeing in communities

02. Consistency of what on offer across the city. No geographical differences

03. Information should be clear, accessible and easily understood - less acronyms

04. Wider signposting into community supports

FOR FURTHER INFORMATION ON THIS EVENT:
MHENGAGEMENT@DVVA.SCOT

Mental Health and Wellbeing Strategic Planning Event Feedback

Peer Support

Feedback collected from the Mental Health and Wellbeing Strategic Planning Event, held on 23rd April 2025 in the Steeple Church Dundee. 90 people attended and provided feedback.

KEY THEMES

- Improved awareness of supports available
- Peer Support should be central to any new projects
- Peer Support is a valuable offer
- A need for consistency in Peer Support across the city

KEY QUOTES FROM PARTICIPANTS

- "Peer support is good"
- "Every new development should include peer support as part of it"
- "Peer support should be part of every area"
- "Peer support is the way to go"
- "Community Mental Health and Wellbeing navigators (more of these are necessary) being the first port-of-call and signpost/onward refer across communities "
- "People start as a volunteer, then move into paid employment, there is a lot of training but no where to go in terms of career progression etc"





PARTICIPANTS WOULD LIKE:

01. Peer Support to have training and structures within the city

02. Peer Support to be imbedded in any new projects/ developments

03. Increased awareness and information of Peer Support within the city

04. Peer Support based in as many areas as possible

FOR FURTHER INFORMATION ON THIS EVENT:
MHENGAGEMENT@DVVA.SCOT

Mental Health and Wellbeing Strategic Planning Event Feedback

Mental Health and Substance Use

Feedback collected from the Mental Health and Wellbeing Strategic Planning Event, held on 23rd April 2025 in the Steeple Church Dundee. 90 people attended and provided feedback.

KEY THEMES

- Improved awareness of supports available
- MACH is a welcome support within the city
- More integration between Mental Health and Substance Use
- Feels like progress is being made in this area

KEY QUOTES FROM PARTICIPANTS

- "Substance use services failing to appreciate the mental health challenges of individuals"
- "Addiction services- don't look at person, just the drugs being taken"
- " MACH - really good idea and it brings people together well - it is not well known even by professionals "
- " Feels like progress"
- "Never heard about MACH"
- "All these services around crisis intervention/MH+SU/ are amazing but its profile needs raised and fully promoted across professionals, front-line workers and communities. "





PARTICIPANTS WOULD LIKE:

01. Long term supports - not quick fixes

02. Less acronyms- clear service names/ clear descriptions of what services do

03. Increased awareness and information

04. Family approaches to Mental Health and Substance Use Services

Mental Health and Wellbeing Strategic Planning Event Feedback

Crisis/ Out of Hours/ Peer Support

Feedback collected from the Mental Health and Wellbeing Strategic Planning Event, held on 23rd April 2025 in the Steeple Church Dundee. 90 people attended and provided feedback.

KEY THEMES

- Improved awareness of supports available
- Hope Point has been a welcome addition to the city
- Peer Support has to be integral to crisis/ out of hours support
- The co-production in this area was successful

KEY QUOTES FROM PARTICIPANTS

- "Lived experience involvement in the setting up of Hope Point was crucial at every stage"
- "Know what you're getting with peer support there"
- "Peer support like these examples (Hope Point and Navigators) really break down barriers"
- "Not aware there was a service to help"
- "Hope Point has been a huge achievement for the city and it's development included people from across the city"
- "Hope point is an amazing resource"





PARTICIPANTS WOULD LIKE:

01. Peer Support to be central in crisis / out of hours support

02. Clear information for those in crisis/distress of where to access support

03. Increased awareness and information

04. Crisis supports to include support for children and the wider family

Mental Health and Wellbeing Strategic Planning Event Feedback

Suicide Prevention

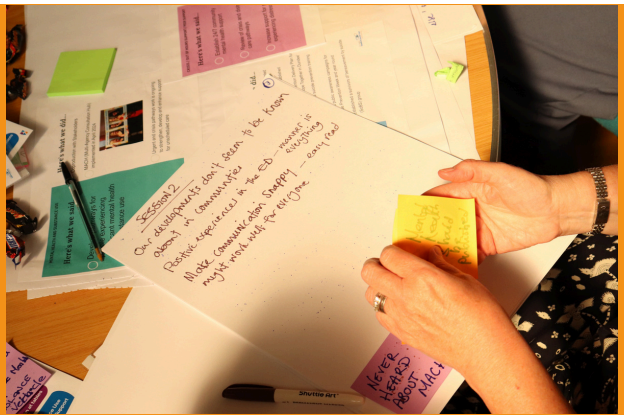
Feedback collected from the Mental Health and Wellbeing Strategic Planning Event, held on 23rd April 2025 in the Steeple Church Dundee. 90 people attended and provided feedback.

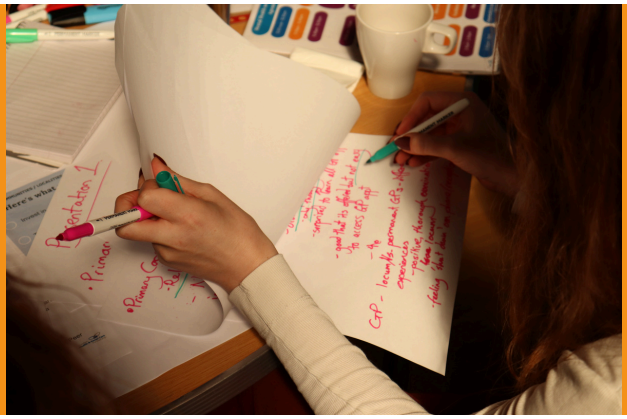
KEY THEMES

- Improved awareness of supports available
- Risk looks different for different individuals - one size doesnt fit all
- Hope Point has made an impact for those experiencing suicidal thoughts
- More training needed- targeting families/ communities

KEY QUOTES FROM PARTICIPANTS

- "I haven't heard of a bereavement of suicide support group"
- " Risk is not one size fits all – risk needs reviewed on individual basis – more family/ loved one involvement"
- "Suicide Help app needs more promotion. "
- "It would be really good to have a menu or record of training available and accessible to everyone to access the right training for their skillset/confidence level"
- "More training for families to better understand what to ask/ say to someone who is suicidal"





PARTICIPANTS WOULD LIKE:

01. More promotion of existing supports

02. Increased training opportunities

03. Increased awareness and information

04. More family/ loved one involvement in care

FOR FURTHER INFORMATION ON THIS EVENT:
MHENGAGEMENT@DVVA.SCOT

Next Steps...

Step 1

Collate feedback from the event, and share this widely to individuals, communities, decision making structures and wider public.

STEP 01

STEP 02

Step 2

Continue to gather the views and experiences of individuals and communities, to ensure as many voices as possible can contribute to these discussions.

Step 3

Create a Stakeholder Group for individuals and communities to join, to continue their involvement in the development of the strategic plan.

STEP 03

STEP 04

Step 4

Continue to put voices of lived and living experience, at the heart of decisions being made, regarding the Mental Health and Wellbeing Strategic Plan for Dundee City.

You can join the Stakeholder Group by signing up here:

For further information please contact:
Shannon Shankland
Mental Health Engagement Coordinator, Dundee Volunteer and Voluntary Action
Shannonshankland@dvva.scot

239

CO-PRODUCTION OF THE DUNDEE MENTAL HEALTH AND WELLBEING STRATEGIC PLAN 2026-2031

Insights from Key Stakeholders and Strategic Plans



Dr Emma Lamont
Dundee Health and Social Care Partnership

Shannon Shankland
Dundee Volunteer and Voluntary Action

This page is intentionally left blank

Table Of Content

3 Introduction

4 Dundee Health and Social Care Partnership Strategic Plan and Commissioning Framework

6 Reflecting and reviewing to plan ahead

8 National Priorities for Mental Health and Wellbeing

9 Whole systems model

11 Stakeholder engagement event

12 Methodology

13 Findings

19 Limitations and conclusion



This page is intentionally left blank



INTRODUCTION

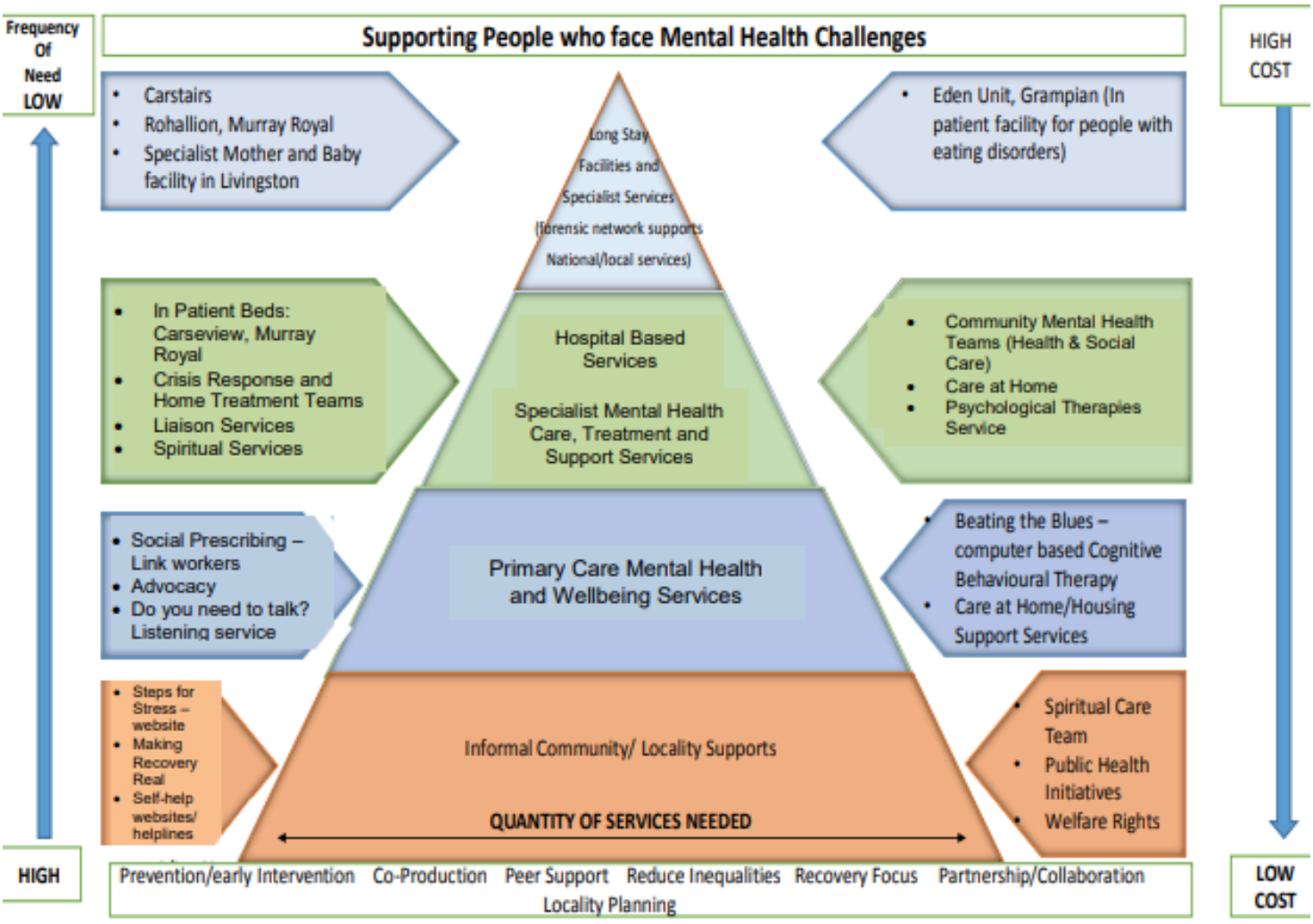
In Dundee, we will co-produce our Mental Health and Wellbeing Strategic Plan 2026-2031 with key stakeholders, including local people with lived/ living experience using experience-based co-design. This is a structured yet flexible method of co-designing mental health care and support with key stakeholders and members of the target populations.

This approach will enable service users and community members to work collaboratively with health care service providers and be central to service design and improvements.

Evidence indicates that when lived experience are engaged, the resulting work is more responsive to the needs and priorities of the target population, more likely to be feasible, easily adopted, implemented, and sustainable (Hawk et al., 2024). In healthcare settings, the engagement of service users can also result in an increased satisfaction with care and improved clinical outcomes (Modigh et al., 2021).

Dundee Mental Health and Wellbeing Strategic Plan 2019-2024

The pyramid below has been adapted from a model produced by the World Health Organisation and features in the Mental Health and Wellbeing Strategic Plan 2019-2024. The model illustrates some examples of mental health and wellbeing support that is available in Dundee and has further shaped strategic developments in recent years. Going forward this model will be redeveloped to reflect recent developments across the mental health and wellbeing sectors.



(Dundee Health and Social Care Partnership - Mental Health and Wellbeing Strategic Plan, 2019 - 2024, P6)



DUNDEE MENTAL HEALTH AND WELLBEING COMMISSIONING FRAMEWORK

Dundee Mental Health & Wellbeing Commissioning Framework (2019-2024)

Aim	Priorities	Outcomes	Workstream/ Redesign Group	Governance	Funding Stream
To support the improvement of mental health & wellbeing & reduce mental health inequalities for the citizens of Dundee	Reducing Health Inequalities	National Health and Wellbeing Outcomes	Primary Care Model Supporting Mental Health and Wellbeing	Dundee Mental Health and Wellbeing Strategic and Commissioning Group	• Dundee Health & Social Care Partnership (HSCP) Revenue Budget • Action 15 Funding / Primary Care Investment
			Locality based Early intervention / Preventative Mental Health and Wellbeing Support	Dundee Mental Health and Wellbeing Strategic and Commissioning Group	• Dundee HSCP Revenue Budget • Action 15 Funding / Primary Care Investment
	Prevention & Early Intervention		Clinical Care Pathways	Tayside Mental Health Alliance	• Dundee HSCP Revenue Budget • Perth & Kinross HSCP (hosted inpatient) budget
		Mental Health Quality Outcomes: Timely, Safe, Person Centred, Effective, Efficient, Equitable and Trauma Informed	Unscheduled Care Pathways	Tayside Mental Health Alliance	• Dundee HSCP Revenue Budget • Perth & Kinross HSCP (hosted inpatient) budget
			Accommodation with Support	Dundee Mental Health and Wellbeing Strategic and Commissioning Group	• Dundee HSCP Revenue Budget • Dundee City Council General Services Capital Plan • Affordable Housing Supply Programme (AHSP) Grant, Scottish Government
	Right Support at the Right Time		Child to Adult Transition Pathways	Tayside Mental Health Alliance	• NHS Tayside • Dundee City Council • Dundee HSCP Revenue Budget • Perth & Kinross HSCP (hosted inpatient) budget
			Integrated Pathway – Mental Health / Substance Misuse	Dundee Mental Health and Wellbeing Strategic and Commissioning Group	• Dundee Health & Social Care Partnership Revenue Budget
		Actions from National Mental Health Strategy 2017 - 2027	Support for People Experiencing Distress	Dundee Mental Health and Wellbeing Strategic and Commissioning Group	• Dundee Health & Social Care Partnership Revenue Budget • Action 15 Funding
	Focus on Recovery		Workforce Planning	Dundee Mental Health and Wellbeing Strategic and Commissioning Group	• Dundee HSCP Revenue Budget • Perth & Kinross HSCP (hosted inpatient) budget
			Suicide Prevention	Dundee Suicide Prevention Strategic Planning Group	• Dundee Health & Social Care Partnership Revenue Budget

Co-production — Human Rights Approach — Collaboration

(Dundee Health and Social Care Partnership - Mental Health and Wellbeing Commissioning Framework, 2019 - 2024)

Reflecting and Reviewing to Plan Ahead

In January 2025, a Subgroup of the Dundee Mental Health and Wellbeing Strategic Planning and Commissioning Group was established with representation from key stakeholders. We reviewed the Mental Health and Wellbeing Strategic Plan 2019-2024, and examined the progress made, key developments and work that is still underway through the ten identified workstreams. This is summarised below:

Key developments include:

· The development of a multi-disciplinary team and framework to support mental health and wellbeing via Primary Care.

· The introduction of health and wellbeing networks in communities, local fairness initiatives, a third-sector mental health forum, and a health inequalities action plan.

· Engage Dundee survey results that have influenced local activity.

· The expansion of the Tayside Adult Autism Team.

· The initiation of an integrated pathway for people experiencing mental health and substance use.

· The provision of additional units for supported accommodation.

· The development of Hope Point as an 'always open' peer support service for people experiencing emotional distress.

· The introduction of Distress Brief Intervention as a nonclinical approach to support people experiencing distress for up to 14 days by peer practitioners.

· Emergency Department Mental Health Navigators.

· The development of Dundee's Suicide Prevention Delivery Plan 2024-2026.

· The pilot of a suicide prevention training alliance supporting the delivery of courses to 606 participants across Dundee in the last 12 months.

· Workforce developments and appointments to enhance the range of professionals and service provision available including peer support roles, pharmacy, advanced nurse practitioners, and trauma leaders to enhance building a trauma-informed workforce.

· The appointment and commissioning of several key roles and services to bring expertise and leadership to the delivery of the plan.

· Advancing co-production across all elements of service design, delivery and evaluation with people with lived / living experience and communities, alongside multi-agency collaboration and partnership working.



Further work is required and currently underway focused on:

· A transition protocol for children and young people with disabilities and complex needs to adult support.

· Improving awareness and access to support through a one-stop portal for high-quality information about mental health and wellbeing, services available, and how to access these.

· Streamlining of pathways to ensure no overlaps and maximise support available.

· Peer support networks co-producing a range of cross-sector training opportunities and a governance framework for peer support.

· Further developing resources to support families bereaved by suicide and further increased awareness and learning around suicide prevention through a sustained programme of training, awareness raising, and suicide prevention campaigns in Dundee.

· Improving the interface between primary care, mental health community services, crisis resolution home treatment teams, and inpatient settings for those experiencing mental health and substance use.

Some current areas of development align with the Tayside-wide strategic redesign and improvement work. These are underway and include:

· A single strengths-based, and needs-led service for people seeking support for neurodiversity.

· Transforming the delivery of intervention and treatment services across in-patient and community services for people diagnosed with Personality Disorders as well as people with significant interpersonal problems arising from Complex Post-traumatic Stress Disorder.

· Community Mental Health Team and unscheduled care pathways redesign assisting in developing clear articulations of clinical pathways for depression, psychosis, and trauma. This will also influence developments around intensive home treatment provision locally.

SCOTTISH PRIORITIES FOR MENTAL HEALTH AND WELLBEING

In 2023, Scottish Government and COSLA through involvement of key stakeholders published the Scottish Mental Health and Wellbeing Strategy, setting out their long-term approach. This provides guidance and will support the development of a tailored new Strategic Plan for Dundee. Their key priorities for adult mental health and wellbeing are:

01 Tackle mental health stigma and discrimination

02 Improve mental health and wellbeing support in a wide range of settings with reduced waiting times and improved outcomes.

03 Improve population mental health and wellbeing, building resilience and enabling people to access the right information and advice in the right place for them in a range of formats.

04 Ensure that people receive the quality of care and treatment for the time required.

05 Increase capacity within GP and primary care, universal services and community based mental health support.

06 Strengthen support and care pathways for people requiring neurodevelopmental support in partnership with health, social care, education and third sector.

07 Expand and improve the support available to people in mental health distress and crisis and those who care for them.

08 Work across local government and with partners to develop a collective approach to understanding and shared responsibility for promoting good mental health and addressing the causes of mental health inequalities, supporting groups at risk.

09 Reduce the risk of poor mental health and wellbeing in adult life by promoting the importance of good relationships and trauma-informed approaches from the earliest years of life, taking account where relevant adverse childhood experiences. We will ensure help is available early on when there is a risk of poor mental health and support the physical health and wellbeing of people with mental health conditions.

www.gov.scot/publications/mental-health-wellbeing-delivery-plan-2023-2025

Whole Systems Model

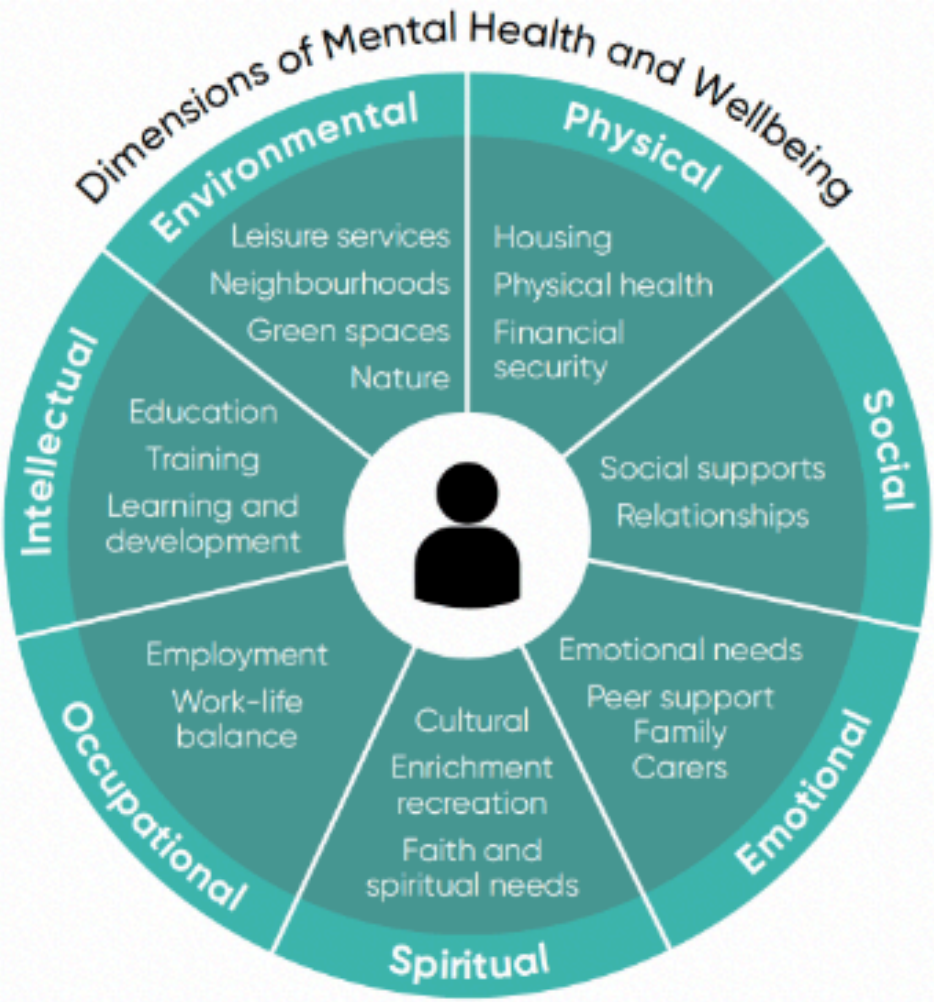
The Scottish Mental Health and Wellbeing Strategy 2023, highlights the need for a whole systems model of care. They explain:

'People's needs for mental health care vary enormously. Some people may be able to manage their mental health conditions themselves, especially with support from family members, peer support groups, faith-based organisations or community providers. Many others will need formal interventions to support their mental health conditions, typically offered through a range of daytime services'.

'Our whole systems model outlines that we must continue focusing on prevention and early intervention. There is a key role for local support in the community. Support, care and treatment needs to be delivered in a way that is as local as possible and as specialist as necessary.

This requires a system that is responsive to local and individual needs. However, we know that some mental health conditions are long-term or lifelong, resulting in people needing ongoing support for the rest of their lives'.





Support, Care and Treatment Pathway



Self management Self-care Community supports Third sector Digital support Digital mental health and wellbeing supports Helplines e.g. Breathing Space Peer support	Primary care, GPs General mental health care Helplines e.g. NHS 24 Mental Health Hub Digital/online support and therapies	Specialist secondary mental health care and treatment Community mental health team Older adults community mental health team CAMHS Psychological therapies teams Liaison/urgent care teams	Highly specialist services Inpatient care Forensic teams Perinatal services Eating disorder services

(Scottish Government Mental Health & Wellbeing Strategy 2023, P31 - 32)



STAKEHOLDER ENGAGEMENT EVENT

On 23 April 2025, Dundee Health and Social Care Partnership hosted a packed and energised Mental Health and Wellbeing Strategic Planning Event, facilitated by Dundee Volunteer and Voluntary Action (DVVA). This brought together 90 people from across the city; including individuals with lived and living experience, GPs, community workers, carers, third sector organisations and more.

The event provided the opportunity to:

- **Have open and honest conversations about the previous strategic plan.**
- **Explore the priorities that need to be included in the new plan.**
- **Share lived experience, views and ideas**
- **Learn from others.**

Methodology

The Strategic Planning Event facilitated discussions reviewing the progress and achievements of the current Mental Health and Wellbeing Strategic Plan 2019-2024, and explored ideas and suggestions for the new Strategic Plan.

Priorities discussed were:

- Primary Care
- Communities and Localities
- Peer Support
- Mental Health and Substance Use
- Distress, Crisis and Out of Hours, and Suicide Prevention

The findings were summarised into a report and shared widely with stakeholders, including those who attended the event. Findings highlighted 1) that there is a need for information that is clear and accessible, 2) increased awareness of what support and services are available and how to access these, and 3) peer support to be central to any new projects.

We agreed to further analyse the feedback from the event to understand:

- What is working well?
- What are the pressing issues that need addressed and ideas for improvement or developments?





Findings

1. What is working well?

- **Information, awareness and navigation**
- **Care and treatment**
- **Service design and culture**

Information, awareness and navigation

Several areas were positively highlighted and participants expressed they were keen see further developments in these.

- Suicide awareness training offered by a new initiative called Every Life Matters, free accessible workshops at two levels suitable for communities and practitioners from across a wide range of settings.

- Posters, leaflets and TV screens with information about mental health and wellbeing services available in waiting areas at GP practices. Some practices, it was noted, had wellbeing noticeboards with a range of support services showcased.

- Hope Point was described as a good resource for people in distress and at risk of suicide who required immediate support. The flash reports, flyers, posters, and cards promoting the service and raising awareness were also considered excellent and valued.

Care and treatment

Several areas connected to care and treatment were highlighted for working well and making a positive contribution.

- Third sector organisations offering a wide range of mental health and wellbeing care and support, however a need for more was expressed.
- Services at GP practices are welcomed; they noted PALMS as a swift and accessible service offering assessment and referral to specialist services or signposting to third sector, digital therapies or self-help/ self-management.
- Linkworkers and their connections to GPs were highlighted as positive resources.
- Multi-agency Consultation Hub (MACH) was described as breaking down barriers to support for those with substance use and mental health issues. Some viewed it as a good triage service with good buy-in from services; however, it was highlighted that the name did not mean anything to people and could be a source of confusion.
- Any spaces or initiatives where communities can come together and have hubs with number of services and opportunities for people to come along; Douglas Community Centre was highlighted and this approach could be developed further.
- It was considered positive where people did not need a mental illness diagnosis to be able to access help or support.



Service design and culture

Several principles relating to service design and culture were viewed as very positive.

- Co-production of services with key stakeholders including people with lived/living experience, community members and third sector. Hope Point was given as a good example of co-production with a successful outcome.
- Access to 24/7 support for distress and suicide risk – Hope Point.
- Peer support roles have increased across sectors, but more are needed, and the role is valued.
- Where trauma informed practice is evident, this is valued, as is any support that is relational, compassionate, and caring.



Findings

2. Issues and ideas for improvement and development

- Information, awareness and navigation
- Community based support
- Community mental health teams and associated
- Service design and commissioning
- Transforming culture

Information, awareness and navigation

Several issues and suggestions for improvement and development were made by participants.

- Accessible information about suicide prevention initiatives, awareness training, and where to get support in crisis. A social movement /information about suicide prevention opportunities to get involved in and prevention campaigns. Promotion of the Suicide Help App/website. More information for the public about suicide bereavement support.

- Increased information about crisis supports – where to go and when, or what is available for those in crisis, more promotion of Hope Point and other crisis supports.

- One true source of mental health and wellbeing information, a map, directory of services/support, self-help information using websites, and digital information etc.

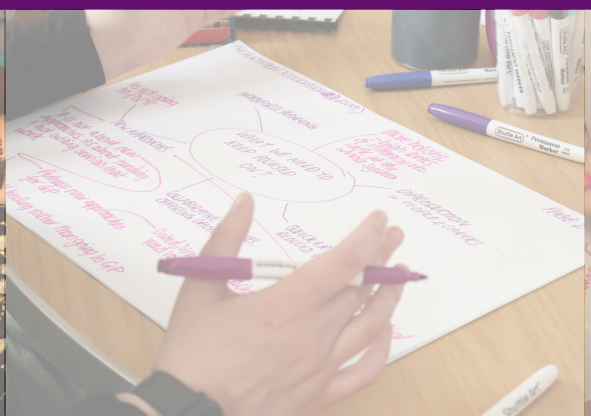
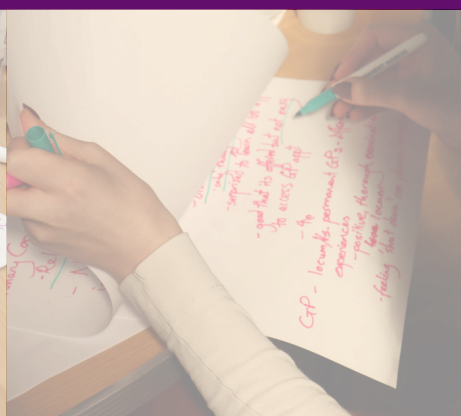
- Condition specific and support information for neurodiversity.

- Better advertising of Primary Care services, and other community mental health services promotion far and wide, more promotion of PALMS (suggested name change to promote understanding).

Community based support / care

Participants highlighted suggestions for improving access to care and support for mental health issues within communities.

- Hub models bringing together services in local places and spaces. More mental health information and support offered in Community Centre's.
- Working together – maximizing our resources; making every contact count.
- Community mental health navigators, coaches or volunteers.
- Easy to access peer support for anyone and not just those in distress /crisis.
- Non -medical approaches to care, no diagnosis needed .
- More psycho-social approaches including trauma counsellors, counselling, early intervention initiatives, groups, self- help groups, coping strategies, self-management, information about mental health, family approaches, mood management, anger management, emotional / self-regulation groups and Decider skills, self-help taught, nature & wellbeing activities, employability support, mental health and third sector self referral options.





Community mental health services and associated

Participants discussed their experience with current care and treatment. Although they were positive about aspects of care several difficulties were identified along with views on how to improve these. Areas for improvement are:

- Individual risk assessments involving families and support offered to all families caring for someone who is suicidal would be welcomed.
- More intensive support for people discharged from hospital, also involving families.
- Increased support for people not ill enough for hospital to cover increased risk and enhance support / wellbeing.
- Support for people referred to community mental health services but declined and offered no alternative support.
- Improved follow-up and support during a mental health crisis.
- Better support following diagnosis to understand this and the prognosis/recovery.
- Better links between hospital and community care.
- Support when on waiting lists (waiting well/ peer) - shorter waiting times for psychology and community mental health services. If this isn't possible, people ask for support while waiting.
- Longer term supports.
- Digital approaches / increase ways for people to communicate with services and vice versa.

Service design / commissioning

Participants described elements that would improve or develop service design and commissioning.

- Ensuring co-production is at the heart and communities lead on decisions.
- More peer roles across sectors with peer support sitting alongside professional support.
- Peer support needs to be key in the commissioning and service design processes.
- Development of clear pathways for individuals looking to become involved in peer support and more career possibilities for peer supporters.
- More employability support to encourage individuals into peer support roles and clear support for those undertaking peer support roles.
- Hub models of support.
- Further develop Multi-agency Consultation Hub (MACH), enable Primary care to refer to MACH.
- Mental health and substance use care for young people / early intervention.
- Service design that enables a whole family approach – including carers.
- Making best use of the skills within the third sector and mapping what we have and areas for development and dovetail with Primary Care.

Transforming cultures

Some participants expressed issues relating to societal and organisational culture and gave suggestions to transform them.

- Stigma and discrimination continue in services and at a society level; more initiatives and campaigns to address this are needed.
- Some participants feel a lack of compassion from staff, not being listened to, and a distrust of services following a negative experience.
- Some described a change in culture could improve people's experience of care and suggested more holistic approaches and partnership working with third sector, compassionate person-centred care, and trauma informed practice (including buildings and spaces).
- A framework of support and emphasis on staff wellbeing across sectors.

Limitations

There were limitations noted when analysing the data.

Firstly, the data does not represent a full appraisal of the mental health and wellbeing support and developments that are taking place. For example, but not exhaustive, there was no discussion around support for people diagnosed with personality disorder, or complex emotional needs specifically. There was also no data relating to neurodevelopmental difficulties.

These and others will require further engagement to understand and consider when planning going forward.



Conclusion

Analysis of the feedback from participants identified themes which demonstrate satisfaction with many areas of mental health and wellbeing services within Dundee, while also recognising areas where developments and expansions may be possible.

Many of the suggestions provided by participants focus on community-based initiatives, informal and self-help support; while expanding knowledge of existing resources and ways to improve support that is currently available.

A key theme, of inclusive decision making and commissioning, allowing people's voices to be at the heart of decisions being made was highlighted as a key achievement, and there is continued appetite for this within all aspects of mental health and wellbeing service development.

This page is intentionally left blank

Dundee Integration Joint Board Integrated Impact Assessment

There are 2 steps in this Integrated Impact Assessment process. **Step1** is a pre-assessment screening tool which should be completed for every IJB report. **Step 2** is the Integrated Impact Assessment record to be completed when screening has indicated that IIA is required.

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Complete all boxes with an X or an answer or indicate not applicable(n/a).

Document Title	MENTAL HEALTH AND WELLBEING STRATEGIC PLANNING					
Type of document	Policy		Plan		Other- describe	Progress Update of Strategic Plan 2019-2025
Date of this Pre-Integrated Impact Assessment Screening	22.07.25					
Date of last IIA (if this is an update)	AUGUST 2019					

Description of Document Content & Intended Outcomes, Planned Implementation & End Dates

To brief the Integration Joint Board on the progress of the Dundee Mental Health and Wellbeing Strategic Plan 2019-2024, and the co-production of a new Mental Health and Wellbeing Strategic Plan for Dundee 2026-2031. An IIA will be undertaken alongside the development of a new Plan.

Lead Officer/Document Author (Name, Job Title/Role, Email)

Arlene Mitchell, Locality Manager (Mental Health and Learning Disabilities), arlene.mitchell@dundee.city.gov.uk

Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)

Emma Lamont, Programme Manager, Mental Health and Wellbeing. emma.lamont4@nhs.scot

Job Title of colleagues or name of groups who contributed to pre-screening and IIA

Note- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that may not require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.

Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	**Yes**	**No**
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

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

An update to an existing Plan (when additional actions are described and planned)		x

Will the recommendations in the report impact on the people/areas described below? When the answer is yes to any of the following an IIA must be completed	**Y**	**N**
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: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn		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 Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).		x
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

An IIA is required when YES is indicated at any question in the screening section above.

The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.

From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y		N	x

In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)

Anticipated Date of IJB		**IJB Report Number**	
Date IIA completed			

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

End of Impact Assessment Record.

The completed 'Step 1-Essential Information and Pre- Impact Assessment Screening Tool' part of this document **must be sent to IJB** pre-agenda meetings with draft IJB reports.

When Step 1 indicates that Step 2 (IIA) is required both Step 1 and Step 2 completed pages must be must accompany draft IJB Reports to IJB Pre-Agenda stage and at should be included with IJB papers. IIA records should accompany IJB papers will be published with relevant IJB Report. Any changes or additions agreed at IJB should be made before final publication.

Additional Information and advice about impact assessment can be found at https://www.gov.scot/publications/local-development-planning-regulations-guidance-consultation-part-d-interim-impact-assessments/pages/3/

The IJB IIA record has been developed from the DCC IIA, guidance which contains more detailed information about each of the sections in the DCC IIA can be accessed here: https://www.dundeecity.gov.uk/sites/default/files/publications/20220131_iia_guidance_2022_v1.1.pdf

This form was last updated in February 2024.

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

This page is intentionally left blank

ITEM No …13……..

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

REPORT ON: **REDUCING HARM FROM DRUG AND ALCOHOL USE – UPDATE REPORT**

REPORT BY: **INDEPENDENT CHAIR, DUNDEE DRUG AND ALCOHOL PARTNERSHIP**

REPORT NO: **DIJB50-2025**

1.0 PURPOSE OF REPORT

1.1 To provide the Integration Joint Board with a summary overview of progress made during the second year of the Dundee Alcohol and Drug Partnership's Strategic Framework 2023-2028 and inform them of priorities for the second year of delivery. To seek approval of the 2024-25 annual return from the Dundee Alcohol and Drug Partnership to the Scottish Government.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report, the progress toward implementation of the Dundee Alcohol and Drug Partnership's (ADP) delivery plan and the process of integrating with the new multi-agency Protecting People Governance Structure (section 4.2)

2.2 Approve the draft ADP 2024-2025 Annual Report, noting that the draft has been submitted to the Scottish Government on the 13 June 2025 to meet their submission date guidelines (section 4.3 and appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 Delegated resources to the Dundee Integration Joint Board (IJB) provide funding for statutory and commissioned drug and alcohol services. These resources are managed within the overall Dundee IJB Financial position. Additional funding is allocated annually from the Scottish Government to manage developments to support national drug and alcohol priorities. The specific utilisation of these funds is managed via Dundee Alcohol and Drug Partnership to meet local priorities within these national guidelines.

3.2 The value of additional Scottish Government allocation funding for drug and alcohol services in Dundee is approximately £2.4m in 2024/25, and £1.2m in 2025/26 (with further funding delegated of £0.8m delegated to the Dundee IJB and managed by Dundee ADP to support strategic priorities). The totality of this funding will be used to support the implementation of the delivery plan with direction of spend provided through the publication of the Alcohol and Drug Partnership's Strategic Framework.

4.0 MAIN TEXT

4.1 BACKGROUND

4.1.1 The Alcohol and Drug Partnership's (ADP) strategic framework and delivery plan were published in January 2023 and sets out the vision that "*People in Dundee thrive within safe, nurturing and inclusive communities, supported by accessible and effective alcohol and drug services that focus on prevention, protection, harm-reduction, resilience and recovery."* This vision is underpinned by five key priorities:

- Reducing significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time.
- Reducing the enduring impact of drug and alcohol use through an increased focus on prevention.
- Empowering people with lived experience to participate in and influence decision-making, commissioning, planning and improvement.
- Promoting cultures of kindness, compassion and hope, tackling stigma and discrimination and embedding trauma-informed approaches.
- Ensuring appropriate and effective governance arrangements and strengthening communications with stakeholders.

During 2024 – 2025 the ADP received updates on progress in relation to year two actions within the Action Plan. The ADP has also reviewed its Action Plan within the context of the new multi-agency Public Protection (PP) committee structure. It has been agreed that for 2025-26 the ADP will maintain a separate Action Plan but where relevant and appropriate begin to collaborate to support the delivery of whole system actions within the revised structure of integrated Protecting People subgroups.

4.1.2 The work of the ADP continues to be informed by the wider planning context that recognises poverty, deprivation, the range of trauma and adversities present across the population that contribute to high levels of drug and alcohol related harm. The implementation of the delivery plan reflects the high priority given by all local partner agencies to tackling harm caused by drugs and alcohol and recognise the need to continue to work at pace to improve responses to people currently affected alongside preventing future harm. Significant progress has been made during the second year of the strategic framework (2024/25) towards achieving the five key priorities, key achievements are summarised in section 4.2 of this report.

4.2 OVERVIEW OF KEY ACHIEVEMENTS

4.2.1 The implementation of the national Medication Assisted Treatment (MAT) Standards continues to be a key aspect of the work of all ADPs across Scotland during 2024/25. The annual national benchmarking report on MAT implementation was published on 17 June 2025 providing an assessment on progress with local implementation of all 10 standards, demonstrating the considerable progress made in Dundee since 2022:

Table 1: **MAT Standards Benchmarking by Reporting Year - Dundee**

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
2022						N/A	N/A	N/A	N/A	N/A	N/A
2023							N/A				
2024						N/A					N/A
2025						N/A					N/A

Red	2022 MAT 6 to MAT 10 were not assessed
Provisional Amber	2023 MAT 6 and MAT 10 were assessed separately
Amber	2024 MAT 6 and MAT 10 were assessed jointly
Provisional Green	2025 MAT 6 & 10 were assessed jointly but no RAGB score provided.
Green	

It is important to note, that the benchmarking report does not report directly on outcomes but recommends actions to address areas where service delivery may be able to improve from the perspective of people affected by substance use. The 2024/25 benchmarking report was published within the context of a year-on-year decline in the overall numbers of prescriptions for Opioids Replacement Therapy (OST); this is largely attributed to the fact that increasingly individuals use drugs (including non-opioid drugs such as cocaine and benzodiazepines) for which there are no OST treatments.

4.2.2 The benchmarking report highlights that during 2024-25 Dundee continued to offer fast access to treatment (essentially no waits were recorded) and a range of treatment options. Those who have experienced a non-fatal overdose are quickly identified and supported to access treatment, and increasing numbers have opted out to be supported by the shared-care arrangements with Primary Care. Dundee has continued to prioritise Independent Advocacy and harm reduction support to all those accessing MAT.

A large proportion of frontline staff (89% on a Tayside basis) have completed appropriate psychologically and trauma informed training. Individuals with co-occurring drug and mental health difficulties can access mental health support in an integrated way. A primary focus of this report is the adoption of a human rights-based approach based on the National Collaborative Charter of Rights to underpin improvements determined by local experiential programmes, and this will remain a key focus for the coming years. In Dundee the ADP has continued to prioritise and invest in the engagement with those lived and living experience.

The benchmarking report also outlines some of the remaining challenges across Scotland, including information governance and data sharing, the need to increase the focus on other support options (for those affected by the use of non-opioid drugs) including residential rehab and psychological interventions, the need for a greater focus on those affected by alcohol use, and the implementation of MAT in justice settings.

4.2.3 The ADP has recently undertaken a comprehensive review of progress achieved against their Year 2 Delivery Plan. With the development of a joint Protecting People governance structure (see section 4.1.1), the review of year two included discussions on which actions should remain within a separate ADP Delivery Plan, and which should now shift to the relevant Protecting People subgroups. It now proposed that the ADP will continue to oversee implementation and monitor progress with respect to all the MAT Standards, the alcohol pathway, the residential and community rehabilitation framework, the Year of Kindness project, specific communication around substance use, staff well-being, and managing the ringfenced substance use fund allocation from Scottish Government. Other key priority areas, including the focus on prevention and working with lived / living experience, developing trauma-informed practices and tackling stigma will now shift to the relevant Protecting People Subgroups.

4.2.4 Looking beyond the implementation of the MAT Standards, other notable developments in drug and alcohol services during 2024/25 included:

- The ADP has undertaken a review of the Alcohol Pathway for Dundee, including an overall review of the harm as well as the detox and rehabilitation processes. A revised multi-agency pathway is now being developed.

- Following an initial process to develop a response to the impact of non-opioid use, a pathway for non-opioids brief-intervention and referrals was developed and is being tested. Specific workforce development sessions were delivered to help staff respond to non-opioids use. This work will continue as a key focus in the coming months. More specifically, the Cocaine treatment pathway for those using powdered cocaine is starting to take shape. A Cocaine brief intervention training has been developed and is being rolled out in a few pilot areas to begin with. This strategy along with the Public Health Needs assessment for Cocaine and local data is helping to inform what is needed to provide the best evidence-based support for people using Cocaine.

- The Non-Fatal Overdose (NFOD) response has continued to develop and improve, with successful implementation of the A&E pathway. Work is also underway to improve harm reduction in acute hopsital settings, primarily focussed on the provision of naloxone.

- Dundee Recovery Network continues to develop, with more involvement from those with lived experience contributing to Local Community Planning Partnerships, to the work within local communities and to the projects funded through the ADP 'Decentralised fund'. Dundee Recovery Network is moving towards being constituted, and Recovery Month received funding from the ADP which led to a range of more ambitious events being run to celebrate people's recovery.

- Independent Advocacy (IA) continues to be available to all individuals accessing specialist substance use services, including the Shared Care scheme with Primary Care. Individuals with living experience report that this support has been key to help them remain in services and have access to all the support they need. Longer-term funding is still to be secured for this support to be mainstreamed.

- The Multi-Agency Consultation Hub (MACH) continues to facilitate joint decision-making and supporting individuals affected by substance use and mental health (SUMH). Adult with co-occurring SUMH requiring additional support, specialist care, treatment for their mental health and wellbeing, self- harm and/or substance use have a whole system, safe, person-centred and evidence-based care plan. In addition to MACH the MAT 9 work hosted by Health Improvement Scotland has begun to explore the pathways for Mental Health Crisis Support, Home treatment and Inpatient Care for people with Drug and Alcohol problems and mental health issues. The attendance and buy in from all partners in this work should be noted. The Mental Health Models of Care work is another piece of work being taking forward from a multiagency point of view that draws together the needs of people who experience problems with Mental Health and Drug and/or Alcohol under a strategic plan.

- Following an interim report and recommendations from Scottish Families Affected by Alcohol and Drugs (SFAAD) (leading on the development of a family-Focused Approach) it is planned to set up a joint Public Protection working group to progress to implementation. The ADP is awaiting the final report from the scoping study conducted by SFAAD.

- The 'Decentralised' fund was allocated for the third year, but for 2025-26 at a reduced level. The ADP has asked Neighbourhood Services to utilise this fund to focus on the implementation of the Substance Use Prevention Framework and improve associated outcome/ impact measurement and reporting.

- The ADP allocated funding to support the continuation of the Planet Youth project. The project now includes one worker who is supported by the Protecting People Prevention

worker and links with the Protecting People Prevention Subgroup. The ADP are still waiting to hear about national plans for continuation support for Planet Youth.

- Drug Checking Service - progress has slowed. It is not possible to progress with the Home Office licence application until there is clarification about the NTL. This is being discussed with the Scottish Government who are involved in efforts to resolve the situation. All other areas in Scotland (Glasgow and Aberdeen) are in the same position.

- Feasibility study on Safer Consumption Facility for Dundee – In collaboration with Dundee University the ADP has submitted a proposal for funding to the Scottish Government to support a local feasibility study to help inform a decision around this development. The funding application has been approved, and the study will commence in September 2025.

4.2.5 Due to significant challenges relating to property portfolios across partner organisations and the availability of capital funding, Constitution House remains as a site for service delivery. This has aided the service to implement the Community Alcohol Programme (2-week Detox and Relapse prevention programme) as there was no community setting available to provide this from - evidence from patient feedback is that the programme is good. It is worth noting that significant progress has been made in ensuring that DDARS service are delivered from 10 alternative sites, including Hillbank, Wishart Centre, the Women's Hub and Lochee. This brings added benefits, for example, in Hillbank the progress made in terms of working with Hillbank patients in their own practice is one of the factors that has prompted the practice to explore being part of the Shared Care arrangements and this is being taken forward now. The patient experience has been good as they have had the availability of a holistic health check which has helped several patients discover underlying health issues and receive appropriate treatment.

4.2.6 The ADP is currently undertaking a Finance & Commissioning review with support from the HSCP. This review will consider the specific allocations made from the ring-fenced substance use funding provided by the Scottish Government to local areas. It will also cover the allocations made to local organisations via CORRA. The rationale for and aims of the review include:

- Some local allocations of the ring-fenced funding are historical and were made at a time when the extent / nature of need and key priorities in the city were different. To ensure funding is allocated where it is most needed, and providing the best impact, it is good practice to evaluate the allocations.

- Overall, public finances are under significant pressure, there is an increased need to understand the full financial landscape and be aware of all the funding available to maximise the positive impact on the recipients of help.

- This review will provide an opportunity to jointly consider the additional financial pressures (especially for third sector organisations) resulting from increases in the cost of living / National Insurance contribution. The aim would be to identify top key priorities and areas for collaboration.

- Historically, there has been more scrutiny of third sector organisations and as part of this review the ADP aims to create greater balance by also scrutinising the funding allocated to public sector organisations.

It is planned for the review to be completed by the end of October 2025. It will then progress to final approval and implementation by March 2026.

4.2.7 The delivery landscape continues to be challenging, with high levels of need and demand across the local population and public sector finance and workforce pressures. Prevalence and the nature of drug use are also shifting, requiring partners to adjust and change the type and methods of the support they provide. The ADP recognises the significant resource that will be required to sustain MAT Standard implementation. In key areas of service provision, including Independent Advocacy and support to develop residential rehabilitation pathways, short-term

funding risks will require to be addressed via the Commissioning Group. Although progress is being made, shifting focus and resources to prevention projects remains a challenge, especially in the context of current pressures on frontline treatment and care services. There is also the need to improve methods and approaches to monitoring outcomes for people that are achieved over longer period of time as they move through their recovery journey; this work will now be led by the new Protecting People Performance Management subgroup.

4.3 ANNUAL REPORT TO SCOTTISH GOVERNMENT

4.3.1 On an annual basis, ADPs across Scotland are required to submit an annual report on their activities and achievements to the Scottish Government. It is a requirement that the submission is approved by both the ADP and the IJB and is submitted by the end of June each year. The report includes questions form across drug and alcohol policy areas. The findings from this survey are published as official national statistics in the autumn. The data collated form all ADPs help inform and revise the National Mission and the work of national advisory groups, including those supporting programmes around the Whole family Approach, Residential Rehab and Surveillance.

4.3.2 Key highlights from the annual report 2024-25 include: Dundee demonstrates an effective governance structure to support the work of the ADP; there is well established engagement with those with lived and living experience; there is a robust harm reduction approach, including a well-established non-fatal overdose response and a good systems for the supply of naloxone; progress with focus on alcohol harm and access to residential rehab has been made; and, the establishment of join assessment and support planning for those affected by mental health and substance use has progressed. Dundee was also able to demonstrate progress in implementing the Whole family Approach, trauma-informed approach (within the human rights focus) and work around gender issues.

4.3.3 The document was submitted to the Scottish Government in draft format on 13 June 2025 to meet reporting deadlines and the ADP considered and approved it on 4 July. The IJB is asked to consider and approve the annual report, attached as appendix 1, in order that it can be confirmed as the final submission to the Scottish Government.

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.

5.2 As described at section 4.1.2, please note that the strategic framework and delivery plan were subject to a full Integrated Impact Assessment at the point of consideration and approval by the Chief Officers Group.

6.0 RISK ASSESSMENT

6.1 A risk assessment has not been provided as this report is mainly being provided to the Integration Joint Board for information only, and there are no risks associated with the submission of the ADP Annual Report.

7.0 CONSULTATIONS

Members of the Alcohol and Drug Partnership, 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

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

None.

Pamela Dudek
Independent Chair, Dundee Alcohol and Drug Partnership

DATE: 20 July 2024

Jenny Hill
Head of Service, Health and Community Care

Vered Hopkins
Lead Officer, Protecting People

This page is intentionally left blank

Appendix 1 – Alcohol and Drug Partnership Annual Reporting Survey 2024/25
Draft Dundee Response (as submitted to Scottish Government on 13 June 2025)

This page is intentionally left blank

Scottish Government
Riaghaltas na h-Alba

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2024/25

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission to reduce drug deaths and improve lives, as well as activities relating to alcohol **during the financial year 2024/25**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

This survey includes questions from across drug and alcohol policy areas. It has been designed to collate as many asks as possible from Scottish Government to minimise requests throughout the year. There is a combination of established questions which enable comparison year on year and new questions that reflect current and anticipated future data needs.

We do not expect you to go out to services to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these as ADP.

The data collected will be used to better understand progress at a local level and will inform:

- National monitoring of the National Mission to reduce drug deaths and improve lives;
- The work of the ongoing evaluation of the Nation Mission, including the economic evaluation;
- The work of advisory groups including those supporting the programmes around Whole Family Approach, surveillance, and residential rehabilitation among others;
- The work of national organisations which support local delivery; and
- Future policy planning around drugs and alcohol.

Findings will be published as Official Statistics in the autumn. The publication reporting on the 2023/24 ADP survey is available on the Scottish Government website. We plan to publish data from closed answer (quantitative) questions at an ADP level to enable best use of the survey data and ensure transparency. Data from closed answer (qualitative) questions will be shared with Public Health Scotland and their commissioned research teams to inform drug and alcohol policy monitoring and evaluation, where excerpts and/or summary data may be used in published reports, and will be subject to FOI requests. You may still wish to publish your return, as in previous years.

The deadline for returns is Friday 13th June 2025. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings, so if sign off is not possible by the date of submission, please indicate this when you provide your return and advise an expected sign off date if possible.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an ‘x’. [single option]

Aberdeen City ADP
Aberdeenshire ADP
Angus ADP
Argyll & Bute ADP
Borders ADP
City of Edinburgh ADP
Clackmannanshire & Stirling ADP
Dumfries & Galloway ADP
X Dundee City ADP
East Ayrshire ADP
East Dunbartonshire ADP
East Renfrewshire ADP
Falkirk ADP
Fife ADP
Glasgow City ADP
Highland ADP
Inverclyde ADP
Lothian MELDAP ADP
Moray ADP
North Ayrshire ADP
North Lanarkshire ADP
Orkney ADP
Perth & Kinross ADP
Renfrewshire ADP
Shetland ADP
South Ayrshire ADP
South Lanarkshire ADP
West Dunbartonshire ADP
West Lothian ADP
Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.
[multiple choice]

Alcohol death review group

X Alcohol harms group

X Drug death review group

X Drug trend monitoring group/Early Warning System

None

Other (please specify): During 2024-25 we have undertaken a review of our alcohol services. including the review of harms and a review of the alcohol pathway. We are now moving to reshape the alcohol pathway.

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.
[single option]

X Yes

No

Don't know

3b. If no, please provide details on why this is not the case.
[open text – maximum 500 characters]

NA

Question 4

Please list what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths. Please describe how these have been used to inform local decision making in response to emerging threats (e.g. novel synthetics) in the past year. [open text – maximum 2,000 characters]

The ADP maintained a dedicated resource for this function, managed by the Health Intelligence manager. We continue to progress the use of the locally developed dashboard to make DAISy information more accessible. KPIs are reported by the Health Intelligence to the ADP strategic group and commissioning group on a quarterly basis to inform funding and other decisions. The ADP also uses monitoring and surveillance information from the Tayside drug deaths review group which meets monthly and provides a detailed annual report. Intelligence comes from the Dundee non-fatal overdose group. There is a Tayside wide needs assessment group for drugs and alcohol which has been gathering intelligence around alcohol related harm and Police colleagues convene a drug trend monitoring group involving local services and statutory bodies to share intelligence. The ADP uses information

from RADAR reports (now also shared with all operational managers) and feeds into RADAR through multiple routes. We have successfully implemented A&E NFOD Pathway. Local treatment services review all fatalities to inform learning and service delivery, this in turn is fed into Drug Death Review group. In terms of surveillance of alcohol related harms, we do this through the alcohol licensing report, which also comes to the ADP for awareness, and indicators with respect to alcohol related harm are included in the ADP's Performance Framework report. We have developed closer links with the Dundee suicide review group.

Question 5

5a. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, etc.) ? Mark with an 'x'.
[single option]

X Yes

No

5b. Please provide details of any revisions
[open text – maximum 500 characters]

Drug trends Monitoring & Overdose Prevention Group reviews data from drug deaths, NFODs, RADAR and feedback from lived experience. Cocaine Brief Interventions in place & responding to Nitizene as a new area of concern. Developments to respond to Ketamine problems and harms. A&E are now part of the NFOD process.

Question 6

Please describe ways in which you routinely engage with commissioned services in your ADP area (e.g. through online surveys, reporting databases, email or phone communication, ADP representation on governance or advisory structures, events etc.).
[open text – maximum 1000 characters]

The ADP has established a Substance Use Services Group that includes all the commissioned services and that group meets monthly. There is representation on the ADP of two members representing all the commissioned services. There is a third sector managers' group, they have direct engagement with the ADP. Commissioned services are represented and contribute to the work of all the Public Protection subgroups (which the ADP is part of). In addition, ADP support staff attend monitoring meetings with all the commissioned services. In 2024, following from the national staff survey (as part of the review of the National Mission) the ADP undertaken a 'deeper dive' of the national review, including a more detailed questionnaire and some interviews, including representatives from commissioned services.

Cross-cutting priority: Resilient and Skilled Workforce

Question 7

7a. What is the whole-time equivalent[1] staffing resource routinely dedicated to your ADP Support Team as of 31 March 2025?
[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and	4.00

[1] Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

temporary staff, and those shared with other business areas)	
Total vacancies (whole-time equivalent)	0.00

7b. Please list the job title for each vacancy in your ADP Support Team on the 31 March 2025 (if applicable).
[open text – maximum 500 characters]

The above is a rough estimation as Dundee does not have a separate ADP support team. Support to ADP is provided by the Protecting People Team, where staff cover several areas of vulnerabilities, with most staff working across a number of committees/ partnerships and subgroups. The ADP also share some support officers with the other two Tayside ADPs and those are managed by NHST Public Health. Other support provided from wider DHSCP resources (i.e. financial monitoring / advice and ADP managing

Question 8

Please select any initiatives you have undertaken as an ADP that are aimed at improving employee wellbeing (volunteers as well as paid staff). Mark all that apply with an 'x'
[multiple choice]

Training and awareness

X Promotion of information and support initiatives

X Provision of training on issues including trauma awareness and crisis management

Other (please specify): Whole family Focus/ Human Rights/ Gendered Approach

Workplace support

X Flexible working

X Implementation of risk assessment for work at home and in the workplace

X Inclusive workplace initiatives (including staff networks and wellbeing champions)

X Provision of occupation health services

X Staff recognition schemes

Use of disability passports

X Workload management

Other (please specify):

Institution-provided support

X Provision of coaching and supervision for staff and volunteers

X Provision of counselling for staff and volunteers

Other (please specify):

Wellbeing activities

Drug and/or alcohol death reflective sessions

X Peer support groups

X Provision of mindfulness courses/learning materials

X Social and physical activities

Other (please specify):

Engagement

X Participation in local Clinical Care Governance Meetings

X Undertaking of staff needs assessments and engagement to understand wellbeing needs

X Regular meetings about staff pressures with senior and junior staff

Other (please specify):

Other initiatives which don’t fit in these categories (please specify):

Cross cutting priorities: Lived and Living Experience

Question 9

9a. Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'.
[multiple choice]

X Engagement with recovery communities

X Experiential data collected as part of the Medication Assisted Treatment (MAT) programme

X Feedback / complaints process

X Lived / living experience panel, forum and / or focus group

X Questionnaire / survey

No formal mechanism in place

Other (please specify): We are still in the process of improving and developing sustained two way relationship between recovery communities and the PP system in the city.

9b. In the past year, have members of any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Mark all that apply with an 'x'.
[multiple choice]

X People who are current or former employees or volunteers at the ADP or drug and/or alcohol services

X People who are not employed at the ADP or at drug and/or alcohol services

X People who are currently accessing treatment or support for problem **drug** use (may include treatment for problem alcohol use)

People who are currently accessing treatment or support for problem **alcohol** use

X People with living experience of drug and/or alcohol use who are not currently receiving treatment or support

X People who are experiencing homelessness

X Women

Young people

Other (please specify):

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

X Through ADP board membership

X Through a group or network that is independent of the ADP

Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision-making (e.g. the delivery of the service)? Mark all that apply with an 'x'.
[multiple choice]

X Asked about in reporting

X Stipulated in our contracts

None

Other (please specify):

Cross cutting priorities: Stigma Reduction

Question 12

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.
[multiple choice]

X ADP strategy, delivery and/or action plan

X Alcohol deaths and harms prevention action plan

X Communication strategy

Community action plan

X Drug deaths and harms prevention action plan

X MAT standards delivery plan

Service development, improvement and/or delivery plan

None

Other (please specify): We consider stigma reduction as part of all the Protecting People strategies and action plans which the ADP contributes to.

Question 13

Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

In addition to the information provided in the 2023-24 annual return, developents during 2024-25 include: more involvement with people with lived experience sitting on the LCPPs discussing that funding and contributing to the work within local communities. Dundee Recovery Network is moving towards being constituted, Recovery Month received funding from the ADP which led to a range of more ambitious events being run to celebrate people's recovery

Fewer people develop problem substance use

Question 14

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an ‘x’. [multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)		X	X
People from minority ethnic groups		X	X
People from religious groups			
People who are experiencing homelessness	X	X	X
People who are LGBTQI+		X	X
People who are pregnant or peri-natal	X	X	X
People who engage in transactional sex	X	X	X
People who have been involved in the justice system		X	X
People with hearing impairments and/or visual impairments			X
People with learning disabilities and literacy difficulties	X	X	X
Veterans		X	X
Women	X	X	X
None of the above			
Other (please specify			

Question 15

Which of the following education or prevention activities were funded or supported[2] by the ADP?[3] Mark all that apply with an 'x'.
[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	X
Harm reduction services		X	X
Learning materials		X	X
Mental wellbeing		X	X
Peer-led interventions		X	X
Physical health			
Planet Youth	X	X	
Pregnancy & parenting			
Youth activities	X	X	
Other (please specify)			
None			

[2] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.
[3] Note: activities which are not relevant for older age groups have been shaded out to avoid confusion on completion of this question.

Risk is reduced for people who use substances

Question 16

16a. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Mark all that apply with an 'x'.
[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X		X	X
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices		X		
Homelessness services	X	X	X	
Hospitals (incl. A&E, inpatient departments)	X	X		X
Justice services	X			
Mental health services				
Mobile/outreach services	X	X	X	
Peer-led initiatives	X		X	
Prison	X	X		X
Sexual health services		X		
Women support services	X			
Young people's service	X			
None				
Other (please specify)				

16b. Please provide details about any changes to settings in which harm reduction initiatives have been delivered in the past year. Please describe the changes and any reasons for these changes.
[Open text- maximum 2,000 characters]

Work has continued to embed the core harm reduction interventions into settings where MAT is provided as per MAT standards. Work is also underway to improve harm reduction in acute hopsital settings, primarily focussed on provision of naloxone. Training HR delivered to mental Health providers.

Question 17

17a. Which of the following harm reduction interventions are there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.
[multiple choice]

X Drug checking

X Drug testing strips

X Harm reduction advice and support in relation to psychostimulants

Heroin Assisted Treatment

X Naloxone availability in public facilities (e.g. pre-stationed naloxone, naloxone box etc.)

Provision of foil

X Safe supply of substances

Safer drug consumption facility

X Safer inhalation pipe provision

Other (please specify):

17b. Please provide any details (e.g. scale of demand, source of requests, whether current demand exceeds supply etc.).
[open text – maximum 500 characters]

Items ticked are not currently provided but welcome interventions to add to existing harm reduction approaches. Demand for harm reduction for non-opiate use far exceeds the capacity we currently have to deliver, and we can offer limited interventions due to legal restrictions. Consideration needs to be given to how we can support people using psychostimulants, particularly powdered cocaine, when services have been designed to meet the needs of people using opiates.

Question 18

18a. Do you have an adequate supply of naloxone in your ADP area to meet general needs? Mark with an 'x'.
[single option]

X Yes

No

Unsure

18b. Within the context of a more toxic and unpredictable drug supply which may require higher doses of naloxone to be administered, do you have adequate supply of naloxone in your ADP area to meet demand if a significant incident were to occur? Mark with an 'x'.
[single option]

Yes

No

X Unsure

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.
[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services	X	
Hospitals (including emergency departments)	X	
Housing services	X	
Mental health services	X	
Police Scotland	X	
Primary care	X	
Prison	X	
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services	X	
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

Further workforce training required

High staff turnover

Insufficient funds

X Issues around information sharing

Lack of leadership

Lack of ownership

Lack of physical infrastructure

Lack of staff to support out of hours or extended core business hours

Workforce capacity

None

Other (please specify): Staff turnover can be a bit of an issue but this is not a major problem for us.

Question 21

In what ways have you worked with justice partners[4]? Mark all that apply with an 'x'. [multiple choice]

Strategic level

X ADP representation on local Community Justice Partnership

X Contributed to strategic planning

X Coordinated activities between justice, health or social care partners

X Data sharing

X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)

X Provided advice and guidance

Other (please specify): During 2024-25 CJS has been incorporated to the Public Protection governance structure under the leadership of the Dundee COG, which the ADP is also part of.

Operational level

Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)

X Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)

X Supported staff training on drug or alcohol related issues

X Activities to support implementation of MAT standards

Other (please specify):

Service level

Funded or supported:

Navigators for people in the justice system who use drugs

X Services for people transitioning out of custody

X Services in police custody suites

X Services in prisons or young offenders' institutions

X Services specifically for Drug Treatment and Testing Orders (DTTOs)

X Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement

Other (please specify): Independet Advocacy is now also available.

[4] Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.
[multiple choice]

	Pre-arrest[5]	In police custody[6]	In courts[7]	In prison[8]	Upon release[9]
Advocacy or navigators		X	X	X	X
Alcohol interventions	X	X	X	X	X
Drug and alcohol use and treatment needs screening	X	X	X	X	X
Harm reduction inc. naloxone	X	X	X	X	X
Health education & life skills		X	X	X	X
Medically supervised detoxification	X	X	X	X	X
Opioid Substitution Therapy	X	X	X	X	X
Psychosocial and mental health based interventions	X	X	X	X	X
Psychological and mental health screening	X	X	X	X	X
Recovery (e.g. café, community)	X				X
Referrals to drug and alcohol treatment services	X	X	X	X	X
Staff training	X	X	X	X	X
None					
Other (please specify)					

[5] Pre-arrest: Services for police to refer people into without making an arrest.
[6] In police custody: Services available in police custody suites to people who have been arrested.
[7] In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).
[8] In prison: Services available to people in prisons or young offenders' institutions in your area (if applicable).
[9] Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23
What barriers to accessing support, if any, are there in your area for people who are involved in the justice system? Mark all that apply with an ‘x’.
[multiple choice]

Lack of accessibility to mainstream alcohol and drug services and support services (such as lack of transport options)

Lack of services tailored specifically to people who are on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

Lack of specific pathways for people who are involved in the justice system

Lack of support for people who are involved in the justice system after receiving treatment

Services with entry requirements which exclude people convicted of specific offences (such as arson)

Services with entry requirements which exclude people on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

X None

Other (please specify):

Question 24
What types of residential services are available in your area which can be accessed by people who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders to access support? Mark all that apply with an ‘x’.
[multiple choice]

X Mainstream residential rehabilitation services (i.e. those who are open to anyone)

X Mainstream residential services other than rehabilitation (e.g. recovery housing)

Residential services specifically targeted to people involved in the justice system, such as Turnaround or other service (please specify which services):

X Mainstream stabilisation/crisis services

Other (please specify):

Question 25

25a. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Mark all that apply with an ‘x’.
[multiple choice]

X Yes, for alcohol

X Yes, for drugs

No

Unsure

25b. Who provides testing services for drugs and/or alcohol? Mark all that apply with an 'x'.
[multiple choice]

	Alcohol testing	Drugs testing
Private provider		
NHS addiction services	X	X
Other local provider (please specify)		
Other arrangement (please specify)		
Not applicable		

25c. What methods are used for drugs and/or alcohol testing? Mark all that apply with an 'x'. [multiple choice]

	Alcohol testing	Drugs testing
Handheld devices		
Spit tests	X	X
Urine tests	X	X
Electronic monitoring		
Patches		
Other (please specify)		
Not applicable		

People receive high quality treatment and recovery services

Question 26

What **screening options** are in place to address alcohol harms? Mark all that apply with an ‘x’.
[multiple choice]

X Alcohol hospital liaison

X Arrangements for the delivery of alcohol brief interventions in all priority settings

X Arrangement of the delivery of alcohol brief interventions in non-priority settings

Fibro scanning

Pathways for early detection of alcohol-related liver disease

None

Other (please specify):

Question 27

What **treatment options** are in place to address alcohol harms? Mark all that apply with an ‘x’.
[multiple choice]

X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)

X Alcohol hospital liaison

X Alcohol-related cognitive testing (e.g. for alcohol related brain damage)

X Community-based alcohol detox (including at-home)

X In-patient alcohol detox

X Pathways into mental health treatment

X Psychosocial counselling

X Residential rehabilitation

None

Other (please specify):

Question 28

28a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an ‘x’.
[multiple choice]

- Availability of aftercare
- X Availability of detox services
- X Availability of stabilisation/crisis services
- X Challenges accessing additional sources of funding
- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Geographic distance
- Insufficient base funding
- Insufficient staff
- Lack of awareness of residential rehabilitation among potential clients
- Lack of awareness of residential rehabilitation amongst referrers
- Lack of bed capacity within ADP area
- Lack of specialist providers
- Lack of transportation to travel to available capacity
- Scope to further improve/refine your own pathways
- Variation in prices from different providers
- X Waiting times
- None
- Other (please specify):

28b. What actions are your ADP taking to overcome these barriers to residential rehabilitation?
[open text – maximum 500 characters]

Strengthen the residential rehab pathway preparing for residential stay and back to communities. We work with all partners to create easier access to detox through reduction plans, inpatient detoxes and the offer of community detoxes. We support stabilisation plans within community programmes in the Pathway 2 Recovery Service. We link with stabilisation units in other areas and offer this as a placement option. Working with SFAAD to continue embeding family inclusive approach.

Question 29

29a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an ‘x’.
[single option]

- No revisions or updates made in 2024/25

Yes - Revised or updated in 2024/25 and this has been published

X Yes - Revised or updated in 2024/25 but not currently published

29b. If yes, please provide brief details of the changes made and the rationale for the changes.
[open text – maximum 500 characters]

Those involved in the support of the pathway respond to the changing needs, including efforts to engage with those "hard to reach". We seek the views of participants in our pathway on their journey. We are making contact with SPS in relation to their P2R programme and seeking to holistically support the people accessing RR by adding pre and post rehab support, as a Multii Agency, Dundee wide approach to recovery.

Question 30
Are there any specific groups in your ADP area who do not have their needs met by the current residential rehabilitation provision (for reasons such as lack of appropriate models of care, inadequate capacity, the location of services or any other factors)? Mark all that apply with an ‘x’.
[multiple choice]

Lesbian, gay or bisexual people

People from minority religions

People on OST

People who are experiencing homelessness

People who are involved in the justice system

People who are pregnant or perinatal

People with child dependents

People with co-occurring mental health problems

People with council tenancies

People with specific physical health condition, including long term illness and disability

Trans people

Women

X None

Other (please specify): We are working creatively to make RR (including pre and post RR support), available to all. We have found that providers are keen to engage with our Pathway to support people holistically.

Question 31

31a. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Mark all that apply with an 'x'.
[multiple choice]

X Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation/crisis services

X Burden of data collection and reporting

X Challenges engaging with GPs

Difficulty identifying all those who will benefit

X Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

X Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

31b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?
[open text – maximum 500 characters]

More work is done within community settings including PC surgeries, and more sharing accommodation with 3rd sector. We work closely with GPs to support them take part in MAT and help organisations with data collection. We work to embed MAT in everything but not sure this would be sustained without additional funding. We developed new information leaflet to advertise and explain MAT.

Question 32

Other than opioids, which substances are currently the highest priority in your ADP area for treatment and support? Please rank the substances of concern in your area in order of priority – add a number to all that apply, with 1 being highest priority.
[ranking]

1 Alcohol

7 Cannabis/cannabinoids

4 Cocaine, and other stimulants

6 Ketamine

5 Pregabalin/gabapentin

3 Street benzos

2 Polydrug use (please specify any most common combinations of drugs): benzos, pregabalin, cocaine

X Other (please specify): Nitazenes

Question 33

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and/or drugs**? Mark all that apply with an 'x'.[10]
[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Justice services			X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)		X	X
Recovery communities			X
School outreach	X	X	X
Support/discussion groups (including 1:1)	X	X	X
Other (please specify)			

[10] Note that treatment and support services which are inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

Quality of life is improved by addressing multiple disadvantages

Question 34

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	X	
People from minority ethnic groups		X
People from religious groups		X
People who are experiencing homelessness	X	
People who are involved in the justice system	X	
People who are LGBTQI+	X	
People who are neurodivergent		
People who are pregnant or peri-natal	X	
People who engage in transactional sex	X	
People with hearing impairments and/or visual impairments		X
People with learning disabilities and literacy difficulties		
Veterans	X	
Women	X	
Other (please specify)		

Question 35

35a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'.
[single choice]

X Yes

No

35b. Please provide details.
[open text – maximum 500 characters]

The MHSU 'Multi-Disciplinary Consultation Hub' developed in early 2024 was further established. Adult with co-occurring MHSU requiring additional support, specialist care, treatment for their mental health and wellbeing, self- harm and/or substance use have a whole system, safe, person-centred and evidence based care plan. Progress made with information sharing and staff development.

Question 36

What arrangements are in place within your ADP area for people who present at substance use services with mental health problems **for which they do not have a diagnosis**? Mark all that apply with an 'x'.
[multiple choice]

Dual diagnosis teams

X Formal joint working protocols between mental health and substance use services specifically for people with mental health problems for which they do not have a diagnosis

X Pathways for referral to mental health services or other multi-disciplinary teams

X Pathways for referral to third sector services for mental health support

X Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

Provision of joint appointments for those with co-occurring mental health problems and problem substance use

X Provision of mental health assessments for people who are presenting with mental health problems

None

Other (please specify):

Question 37

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.
[multiple choice]

X By representation on strategic groups or topic-specific sub-groups

X By representation on the ADP board

X Through partnership working

X Via provision of funding

Not applicable

Other (please specify):

Question 38

Which of the following activities are you aware of having been undertaken in ADP funded or supported[11] services to implement a trauma-informed approach? Mark all that apply with an 'x'.
[multiple choice]

X Engaging with people with lived/living experience

X Engaging with third sector/community partners

X Provision of trauma-informed spaces/accommodation

X Presence of a working group

X Recruiting staff

X Training existing workforce

None

Other (please specify):

Question 39

39a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'.
[single option]

X Yes

No

Don't know

39b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.
[single option]

X Yes

No

Don't know

[11] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 40

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.[12]
[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Advocacy			X
Carer support	X	X	X
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
First aid training			
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services		X	X
School outreach	X	X	X
Social work services	X	X	X
Support/discussion groups	X	X	X
Other (please specify)			

Question 41

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.
[multiple choice]

X Advocacy

X Commissioned services

X Counselling

X One to one support

X Mental health support

X Naloxone training

X Support groups

Training

None

Other (please specify):

[12] Note support services which are likely to be inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

Question 42

42a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.
[single option]

X Yes

No

Don't know

42b. Please provide details of these activities and priorities for 2024/25.
[open text – maximum 500 characters]

The ADP continued working with SFAAD to establish a Whole Family Approach. We are currently awaiting the final report and plan to progress recommendations. SFAAD continue to support local agencies to implement WFA and taking account of their needs. Specific support is available to kinship families.

Question 43

When did your ADP most recently conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member's substance use? Mark with an 'x'. [single option]

2020/21

2021/22

2022/23

x 2023/24

2024/25

None undertaken in the past 5 years

There are plans to undertake one in 2025/26

Unsure

Question 44

Which of the following services supporting a Family Inclusive Practice[13] or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Mark all that apply with an 'x'.
[multiple choice]

Advice

[13] Family Inclusive Practice is a collaborative approach where professionals actively involve a person's family and social networks in care, proactively ask about the needs of the whole family, to ensure all family members are supported.

X Advocacy

Benefits and debt advice

X Mentoring

X Peer support

Personal development

X Social activities

X Support for self care activities

X Support for victims of gender based violence and their families

Youth services

None

Other (please specify):

Question 45
What support would be helpful to facilitate the implementation of a Family Inclusive Practice or a Whole Family Approach? Mark all that apply with an ‘x’.
[multiple choice]

X Additional funding

X Additional resources

Advice to support setting up of lived and living experience forums/co-production methods

Guidance at a national level

Information shared from other services

Sharing of participation tools

Workforce training

Analytical support (please specify any details):

Other (please specify): The workforce recieves training from SFAAD/ including practical tools and guidance.

Question 46
What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Mark all that apply with an ‘x’.
[multiple choice]

X Asked about in their reporting

Prerequisite for our commissioning

X Regular training provided to services

None

Other (please specify): Going forward this will be a prerequisite for funding.

Question 47

In what ways do you work with the Children's Service's Planning Partnership (CSPP) in your area? Mark all that apply with an ‘x’.
[multiple choice]

- X ADP representation on CSPP
- Co-location of services
- Co-management of projects
- X Coordinated activities
- Coordinated living and lived experience co-production approaches
- X Co-ordination around staff training
- X CSPP representation on ADP
- X Data sharing
- Integrated planning
- X Joint interpretation of data and evidence at a strategic level
- X Joint referrals to relevant services
- X Knowledge sharing
- Pooled funding
- X Shared and joint outcomes
- X Shared assessment of local needs
- None
- Other (please specify):

Finances

Question 48

How much funding does the ADP receive from the following sources? Please mark all which apply with an ‘x’ and provide details on the amount of funding which is received.
[multiple choice, numeric]

X Health board: £ 2,383k

X Local authorities: £ 507k

X Funding from other grant funder(s) (such as Corra and Inspiring Scotland Foundation): £ 225k

X Other (please specify source and how much funding) IJB: £ 696k

Question 49

49a. How often do you provide financial reports for you ADP area? Mark all that apply with an ‘x’.
[multiple choice]

Monthly

Quarterly

Six monthly

Annually

X Other (please specify): Every two months to the full ADP

49b. Who is financial reporting provided to? Mark all that apply with an ‘x’.
[multiple choice]

X IJB/IA Chief Financial Officer

X IJB/IA Chief Officer

X ADP Chair

X Other (please specify): to the full ADP

49c. Do you have a dedicated finance officer or team within the ADP? Mark with an ‘x’.
[single option]

Yes

No, the ADP coordinator undertakes this as part of their role

No, finances are managed externally to the ADP

X Other (please specify): The ADP Lead Officers works together with the IJB Chief Finance Officer to manage the ADP accounts. We also have a Commissioning Group to manage and support the work.

Question 50

50. Please describe what financial system(s) are used to manage finances in your area (i.e. Oracle, Efin, Excel spreadsheets).
[open text – maximum 500 characters]

We use Business Objects, E-Financials and Civica as our financaial systems, We also use Excel spreadsheets to consolidate financial positions and to use information from the contract monitoring/project returns. Use of Verbal and written information is shared using excel spreadsheets.

Confirmation of sign-off

Question 51

Has your response been signed off at the following levels? Mark all that apply with an 'x'. [multiple choice]

ADP

IJB

X Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 20/08/2025

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2024/25 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2025.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

This page is intentionally left blank

ITEM No …14……..

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).

4.6 Performance Considerations and Trajectory Adjustments:

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)	• Ensure implementation plans are robust and deliverable • Ongoing engagement with Scottish Government around service delivery and financial risks
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:	

	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

This page is intentionally left blank

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)

This page is intentionally left blank

ITEM No …15……..

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

REPORT ON: **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024-25**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB55-2025**

1.0 PURPOSE OF REPORT

1.1 This is presented to the Integration Joint Board to inform them of the content of the Director of Public Health Annual Report 2024/25.

2.0 RECOMMENDATIONS

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

2.1 Review the information contained within the report and utilise it to support in future strategic planning in conjunction with the recently published Population Health Framework document.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 The Director of Public Health (DPH) annual report provides an overview of key health and ill-health metrics and risk factors that can be influenced to determine the likelihood and course of disease. The report informs Tayside NHS Board's monitoring of the population health across Tayside, with comparisons made to the overall Scottish average and is integral to future strategic planning.

4.2 This overarching summary of the population health in Tayside, is designed as a reference tool, for NHS Tayside and partner agencies to be informed of key population health metrics and current public health challenges. Following feedback in previous years, we hope that it continues to provide a focus for action required to improve the health of people living in Tayside and further galvanise collective effort to improve health, reduce inequalities and focus on prevention for best outcomes for all.

4.3 Key points include:

- The number of people over 75 in Tayside is expected to increase by 24% between 2018 and 2028. The birth rate in Tayside has fallen by 23% since 2008 compared to 20% for Scotland.

- Life expectancy is higher in Tayside than Scotland, but varies across the region. Males born in the most deprived areas of Dundee are likely to live 12.8 years fewer than in the least deprived. The proportion of life spent in good health varies across Tayside. Healthy life expectancy is decreasing for Dundee males, with men born currently anticipated to live only 55.9 years in good health on average.

- The gap between people dying prematurely in the most and least deprived quintiles continues to increase. Drug and alcohol-related deaths and suicide disproportionately impact people in deprived areas.

- Almost one in every three households in Dundee City are in fuel poverty and around one in every four households in Angus and Perth & Kinross. 22% of Angus, 26% of Dundee City and 18% of Perth & Kinross children live in poverty.

- Trends in cancer diagnoses have changed very little in the past 10 years. New diagnoses decreased in 2020 during the pandemic then increased again in 2021 and 2022. Lung cancer diagnoses rates have generally fallen across Scotland and Tayside, but have remained the same in Dundee City over the last 17 years. COPD hospital admission rates continue to decrease across all of Tayside.

- The number of people living in Scotland with type 1 and type 2 diabetes has steadily increased over the last 10 years. In Tayside there were 1,630 new cases in 2023 with approximately 90% being new cases of type 2 diabetes.

- Over a fifth of the Tayside population are prescribed drugs for anxiety, depression or psychosis.

- Hospitalisations for psychiatric illness have decreased but are higher in Tayside, and Dundee in particular, than Scotland.

- The suicide rate in Tayside is higher than the national average with 21 per 100,000 population in Dundee compared to 15 per 100,000 for Scotland. Suicide rates vary by sex with males around 3 times as likely to die by suicide than females. There has been a general increase in suicides for both males and females in Tayside over the last 10 years.

- Children and young people's mental health has declined in the past decade, exacerbated by the pandemic. Three quarters of people with a mental health condition start developing it prior to 18 years of age.

- The alcohol-related hospital admission rate is higher in Tayside than the national rate for the first time in 10 years. Drug-related hospital admission rates have decreased in Dundee City for the first time in 10 years, but they remain more than double the national rate.

- Drug-related death rates have fallen in Dundee City for the 3rd consecutive year but is still around 50% greater than the national rate.

- The incidence of HIV in Tayside and Scotland are showing a downward trend. The infection rate for chlamydia and gonorrhoea in Tayside decreased in the last year but remain higher than the national rate.

- Teenage pregnancy rates have generally decreased, however, the rate in Tayside increased last year for the first time in 15 years.

- Terminations have been steadily increasing over the past decade with Tayside higher than Scotland (20.4 per 1,000 females compared to 17.6 in 2023).

- Two thirds of Tayside adults are meeting physical activity guidelines, however, this varies considerably by sex (68% in males and 61% in females).

- Fewer than one third of the Tayside population are of healthy weight with this proportion being lower in males than females and for people living in more deprived areas.

- Children and young people who are growing up in the most deprived areas are less likely to have a healthy weight.

- The percentage of babies exclusively breastfed at 6-8 weeks is increasing across all local authorities and deprivation areas in Tayside.

- The proportion of primary school children showing no obvious dental decay continues to improve in Tayside although deprivation is associated with poorer dental health.

- Screening uptake in Tayside in general is above the Scottish average but varies with socioeconomic deprivation.

- Uptake for many adult immunisations in 2023/24 have been higher in Tayside than Scotland. COVID-19 – 60.9% versus 56.6%, flu – 57.7% versus 53.7. Uptake for shingles, pneumococcal and RSV is higher in Tayside than Scotland. However, there is a lower coverage rate of RSV and pertussis immunisations amongst pregnant women.

- Annual childhood uptake rates declined gradually in Scotland over the past 10 years across all routine immunisations. And in Tayside, childhood vaccination coverage is lower than the average for Scotland across multiple measures.

4.4 The current financial landscape is stark. In order to achieve best health outcomes for all, reduce health inequalities and ensure a sustainable health and social care system into the future, action must be focused on promoting and maintaining good health and wellbeing and preventing ill health from developing. This primarily means creating an environment where good health thrives.

An environment where physical activity is made accessible and encouraged, harmful substances – e.g. drugs, alcohol, tobacco, vapes, high fat/sugar foods – are not promoted nor readily available, people are engaged in good employment, poverty is eradicated, and action to mitigate climate change are imperative to ensuring best health for all of us, now and into the future.

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

6.1 A risk assessment has not been undertaken as this report is for information.

Population Health is a strategic risk for NHS Tayside and all associated partners, the NHS Tayside controls and action being taken to mitigate this risk are reported to the Population Health Committee. In addition, a focus on improving population health is an NHS Tayside corporate objective for 2025/26, and includes the future embedding of the Population Health Framework published in June 2025 and accompanying health indicators in organisational and whole system work and governance.

7.0 CONSULTATIONS

7.1 The NHS Tayside Population Health Committee, the Chief Officer, Chief Finance Officer and Heads of Service, Health and Community Care were consulted in the delivery 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

Dave Berry
Chief Officer

DATE: 24 July 2025

Dr Simon Hilton / Heidi Douglas
Associate Directors of Public Health

NHS Tayside

Director of Public Health

Annual Report 2024/25



This page is intentionally left blank

Contents

Foreword 5

Executive Summary 6

1. General Population Statistics 8
- 1.1 Key population demographics
  - 1.1.1 Population estimates
  - 1.1.2 Migration
  - 1.1.3 Ethnicity
  - 1.1.4 Median age
  - 1.1.5 Population pyramids
  - 1.1.6 Birth rates
- 1.2 Population projections
- 1.3 Socioeconomic context
- 1.4 Life expectancy
- 1.5 Healthy life expectancy
- 1.6 Premature mortality (<75 years)
- 1.7 Premature mortality (15-44 years)

2. Wider Determinants of Health 22
- 2.1 Employment rates
- 2.2 Lower paid occupations
- 2.3 Homelessness
- 2.4 Fuel poverty
- 2.5 Children in poverty
- 2.6 School leavers attainment level
- 2.7 School leavers destinations

3. Physical Health 28
- 3.1 Coronary heart disease (CHD)
- 3.2 Cancer
- 3.3 Chronic obstructive pulmonary disease (COPD)
- 3.4 Diabetes
- 3.5 Summary

4. Mental Health 34
- 4.1 Local and national context
  - 4.1.1 Hospitalisations
  - 4.1.2 Suicide
  - 4.1.3 Self-harm
  - 4.1.4 Mental health in children
- 4.2 Current and future activity
- 4.3 Call to action

5. Modifiable Risk Factors 41
5.1 Substance use – alcohol and drugs
5.1.1 Alcohol consumption
5.1.2 Alcohol-related health harm
5.1.3 Alcohol-specific mortality
5.1.4 Prevalence of problem drug use
5.1.5 Drug-related health harm
5.1.6 Drug-related mortality
5.1.7 Current and future activity
5.1.8 Call to action
5.2 Sexual health and blood borne virus
5.2.1 Harm reduction and maintaining hepatitis C elimination
5.2.2 HIV elimination – getting to zero new transmissions and Fast Track Cities
5.2.3 Sexual and reproductive health
5.2.4 Teenage pregnancy
5.2.5 Terminations
5.2.6 Call to action
5.3 Tobacco use
5.3.1 Local and national context
5.3.2 Current and future activity
5.3.3 Call to action
5.4 Physical activity
5.4.1 Local and national context
5.4.2 Current and future activity
5.4.3 Call to action
5.5 Healthy weight
5.5.1 Adults
5.5.2 Children
5.5.3 Call to action
5.6 Dietary intake
5.7 Breastfeeding
5.7.1 Local and national context
5.7.2 Current and future activity
5.7.3 Call to action
5.8 Oral health
5.8.1 Local and national context
5.8.2 Current and future activity
5.8.3 Call to action

6. Screening 76
6.1 Local and national context
6.1.1 Breast screening
6.1.2 Bowel screening
6.1.3 Cervical screening
6.1.4 Diabetic retinopathy screening
6.1.5 Abdominal aortic aneurysm (AAA) screening
6.2 Current and future activity
6.3 Call to action

7. Health Protection 83
7.1 Infectious diseases
7.1.1 Local and national context
7.1.2 Current and future activity
7.2 Immunisations
7.2.1 COVID-19 and adult vaccination programmes
7.2.2 Shingles and other vaccination programmes
7.2.3 Childhood immunisation
7.3 Call to action

Summary 93

Tables and Figures 94

This page is intentionally left blank

Foreword



Dr Emma Fletcher
Director of Public Health

The current health challenges here in Tayside, across Scotland and in the UK are stark. As a result of higher birth rates in the 1960s there are more people currently entering their 60s than ever before. At the same time, our overall health is worsening. Levels of obesity are increasing, giving rise to increased incidence of type 2 diabetes and other associated health conditions, mental health is deteriorating, and substance use of all types is remaining stubbornly high. These are all interlinked and highly dependent on the environment in which we live.

At the same time, public sector finances are under inordinate pressure. Reasons for this include the changing demographics and health challenges of the population, and the wider political and financial context in which we live (nationally and internationally).

The provision of health and care services is mostly reactive. There to support and help people when problems arise. However, treating ill health is costly in all ways and less effective than achieving prevention.

Furthermore, money consumed by the health services is resource away from other services such as schools, public transport networks, wider community opportunities to promote physical activity and wellbeing. How we choose to use our public sector resource has ramifications for everyone.

The next ten years or so are going to be incredibly challenging as we balance reactive health and care needs against the strategic imperative to promote health and wellbeing for all.

As you read this report, please think about how we should all be spending our public sector funds. Do we want to be spending money on, for example, medications to lower blood pressure? Or do we want to be creating the conditions where we live and work that promote healthy eating and active leisure, such that blood pressure medication might not be needed in the first place?

I would suggest it's the latter and I would encourage of all of us to use our voice to help create a healthier environment for everyone, across all ages and communities, to thrive.

This page is intentionally left blank

Executive Summary

- The Tayside population is 414,130: 151,120 (36%) live in Perth & Kinross, 148,350 (36%) in Dundee City and 114,660 (28%) in Angus. The median age of people living in Dundee (38 years) is almost a decade lower than people living in Angus and Perth & Kinross.

- The number of people over 75 in Tayside is expected to increase by 24% between 2018 and 2028. The birth rate in Tayside has fallen by 23% since 2008 compared to 20% for Scotland.

- Life expectancy is higher in Tayside than Scotland, but varies across the region. Males born in the most deprived areas of Dundee are likely to live 12.8 years fewer than in the least deprived. The proportion of life spent in good health varies across Tayside. Healthy life expectancy is decreasing for Dundee males, with men born currently anticipated to live only 55.9 years in good health on average.

- The gap between people dying prematurely in the most and least deprived quintiles continues to increase. Drug and alcohol-related deaths and suicide disproportionately impact people in deprived areas.

- Almost one in every three households in Dundee City are in fuel poverty and around one in every four households in Angus and Perth & Kinross. 22% of Angus, 26% of Dundee City and 18% of Perth & Kinross children live in poverty.

- Trends in cancer diagnoses have changed very little in the past 10 years. New diagnoses decreased in 2020 during the pandemic then increased again in 2021 and 2022. Lung cancer diagnoses rates have generally fallen across Scotland and Tayside, but have remained the same in Dundee City over the last 17 years. COPD hospital admission rates continue to decrease across all of Tayside.

- The number of people living in Scotland with type 1 and type 2 diabetes has steadily increased over the last 10 years. In Tayside there were 1,630 new cases in 2023 with approx 90% being new cases of type 2 diabetes.

- Over a fifth of the Tayside population is prescribed drugs for anxiety, depression or psychosis.
- Hospitalisations for psychiatric illness have decreased but are higher in Tayside, and Dundee in particular, than Scotland.

- The suicide rate in Tayside is higher than the national average with 21 per 100,000 population in Dundee compared to 15 per 100,000 for Scotland. Suicide rates vary by sex with males around 3 times as likely to die by suicide than females. There has been a general increase in suicides for both males and females in Tayside over the last 10 years.

- Children and young people's mental health has declined in the past decade, exacerbated by the pandemic. Three quarters of people with a mental health condition start developing it prior to 18 years of age.

- The alcohol-related hospital admission rate is higher in Tayside than the national rate for the

first time in 10 years. Drug-related hospital admission rates have decreased in Dundee City for the first time in 10 years but they remain more than double the national rate.

- Drug-related death rates have fallen in Dundee City for the 3rd consecutive year but is still around 50% greater than the national rate.

- The incidence of HIV in Tayside and Scotland are showing a downward trend. The infection rate for chlamydia and gonorrhoea in Tayside decreased in the last year but remain higher than the national rate.

- Teenage pregnancy rates have generally decreased, however, the rate in Tayside increased last year for the first time in 15 years.

- Terminations have been steadily increasing over the past decade with Tayside higher than Scotland (20.4 per 1,000 females compared to 17.6 in 2023).

- While smoking prevalence, smoking-related hospital admissions and smoking-attributable deaths have decreased, in 2021 a fifth of deaths in Scotland continue to be smoking-related.

- Two thirds of Tayside adults are meeting physical activity guidelines, however, this varies considerably by sex (68% in males and 61% in females).

- Fewer than one third of the Tayside population are of healthy weight with this proportion being lower in males than females and for people living in more deprived areas.

- Children and young people who are growing up in the most deprived areas are less likely to have a healthy weight.

- The percentage of babies exclusively breastfed at 6-8 weeks is increasing across all local authorities and deprivation areas in Tayside.

- The proportion of primary school children showing no obvious dental decay continues to improve in Tayside although deprivation is associated with poorer dental health.

- Screening uptake in Tayside is, in general, above the Scottish average but varies with socioeconomic deprivation.

- Uptake for many adult immunisations in 2023/24 have been higher in Tayside than Scotland. COVID-19 – 60.9% versus 56.6%, flu – 57.7% versus 53.7. Uptake for shingles, pneumococcal and RSV is higher in Tayside than Scotland. However, there is a lower coverage rate of RSV and pertussis immunisations amongst pregnant women.

- Annual childhood uptake rates declined gradually in Scotland over the past 10 years across all routine immunisations. And in Tayside, childhood vaccination coverage is lower than the average for Scotland across multiple measures.

1. General Population Statistics

To be able to plan and deliver health and social care services most effectively and identify opportunities to prioritise early intervention and reduce inequalities, it is important to understand who our population are and what affects their health. This understanding helps identify people and communities which are more likely to experience inequalities and where targeted health improvements can be made, in addition to seeking to promote health and wellbeing across the whole population.



The Tayside population is 414,130: 151,120 (36%) live in Perth & Kinross, 148,350 (36%) in Dundee City and 114,660 (28%) in Angus.



The median age of people living in Dundee (38 years) is almost a decade lower than people living in Angus and Perth & Kinross.



The number of people over 75 in Tayside is expected to increase by 24% between 2018 and 2028.



37% of Dundee's population live in the most deprived areas of Scotland compared to 7% in Angus and 6% P&K.



Life expectancy is higher in Tayside than Scotland, but varies across the region. Males born in the most deprived areas of Dundee are likely to live 12.8 years fewer than in the least deprived.



The birth rate in Tayside has fallen by 23% since 2008 compared to 20% for Scotland as a whole.



The proportion of life spent in good health varies across Tayside. Healthy life expectancy is decreasing for Dundee males, with men born currently anticipated to live only 55.9 years in good health on average.



The gap between people dying prematurely in the most and least deprived quintiles continues to increase. Drug and alcohol-related deaths and suicide disproportionately impact people in deprived areas.

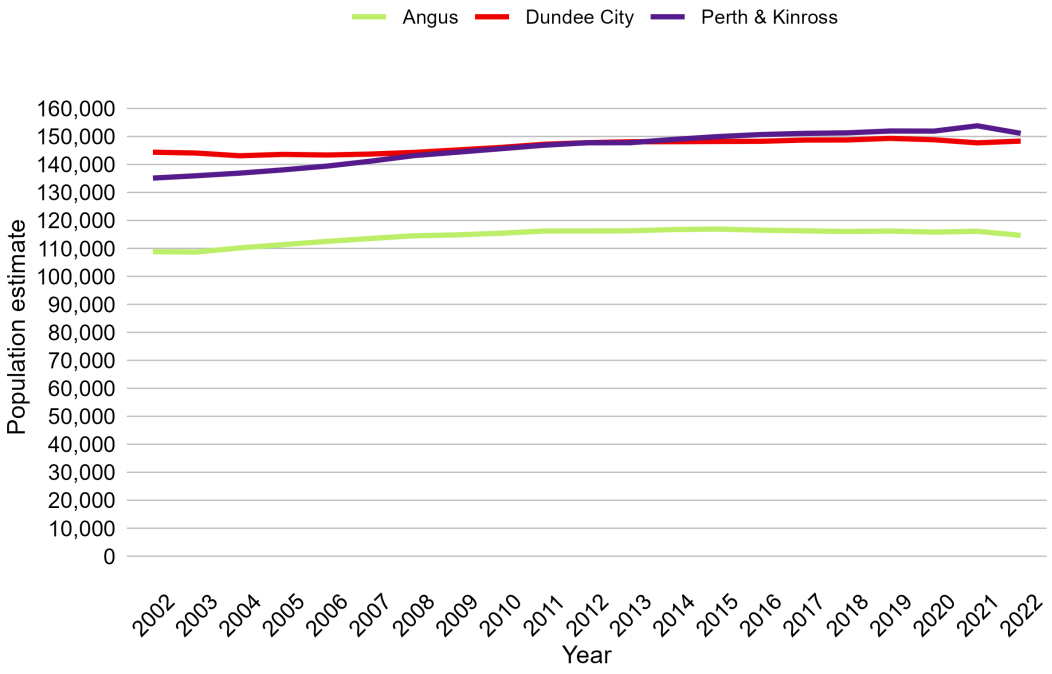
1.1 Key population demographics

1.1.1 Population estimates

The geographical area covered by Tayside comprises the three local authority areas of Angus, Dundee and Perth & Kinross, with an estimated combined population of 414,130[1] (49% male; 51% female).

Of the three local authority areas, Angus accounts for 28% (114,660) of the population, Dundee City for 36% (148,350) and Perth & Kinross 36% (151,120) (figure 1).

Figure 1: Population estimates of Tayside by local authority area; 2001-2022



Source: National Records of Scotland (NRS) Midyear Population Estimates (MYPE)

In general, the population of Tayside has increased over the last 20 years. However, it has decreased slightly since last year. The Angus and Perth & Kinross populations have decreased marginally between 2021 and 2022 while Dundee's population has remained the same. The biggest population change over the last twenty years has occurred in Perth & Kinross, which has seen a 12% increase.

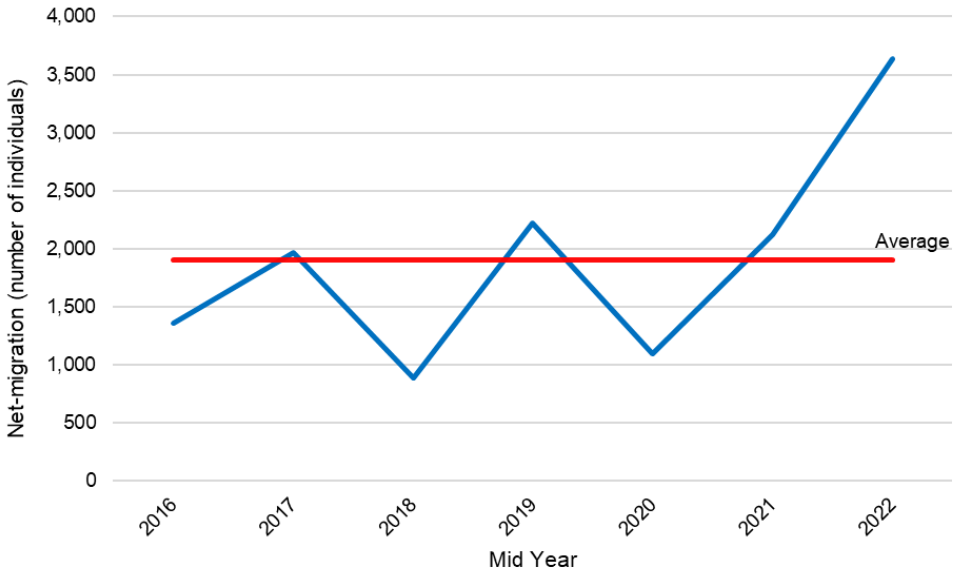
1.1.2 Migration

In 2022 there was the largest estimated net-migration over the last 7 years, with a net-increase of 3,640 individuals. This comprised 16,700 individuals moving into the area and 13,060 moving out (figure 2).

Dundee City saw the biggest net-migration increase (1,890, an increase of 146% from the previous year), and this was mainly due to a 51% increase in international individuals moving into the city and a 19% fall in people leaving the city.

1 Mid-2022 Population Estimates Scotland

Figure 2: Net-migration for NHS Tayside; mid-year 2016 – mid-year 2022



Source: National Records of Scotland (NRS) Midyear Populations Estimates (MYPE)

1.1.3 Ethnicity

Data on ethnicity is from the 2011 and 2022 Census[2]. The 2022 census reported that 90% of the population of Tayside self-identified themselves as White: Scottish, other British or Irish. This varied by council area from 84% in Dundee; 94% in Angus; and 91% in Perth & Kinross. The next largest ethnic grouping comprised people who identified as White: Other White followed by Asian, Asian Scottish or Asian British.

Table 1: Tayside 2011 and 2022 Census population by ethnic group

Ethnicity	2011 Census - Number of People	2022 Census - Number of People
White: Scottish, other British or Irish	382,358	370,634
White: Polish	5,486	7,992
White: Other White	8,058	12,378
White: Gypsy/Traveller	702	541
Asian, Asian Scottish or Asian British	8,611	12,215
African	1,527	2,686
Caribbean or Black	495	351
Other ethnic groups: Arab, Arab Scottish or Arab British	982	1,654
Mixed or multiple ethnic groups	1,420	4,106
Other ethnic groups	259	1,432

Source: Scotland's Census (www.scotlandscensus.gov.uk)

The ethnic background of a person impacts the likelihood of developing some health conditions[3] and also services must be responsive to ensuring people from all ethnic backgrounds can experience equitable access to healthcare in an easy and timely manner. Where possible, the Public Health Directorate in NHS Tayside analyses data by ethnicity to help

2 2022 Census Outputs Consultation
3 The Health of People from Ethnic Minority Groups in England

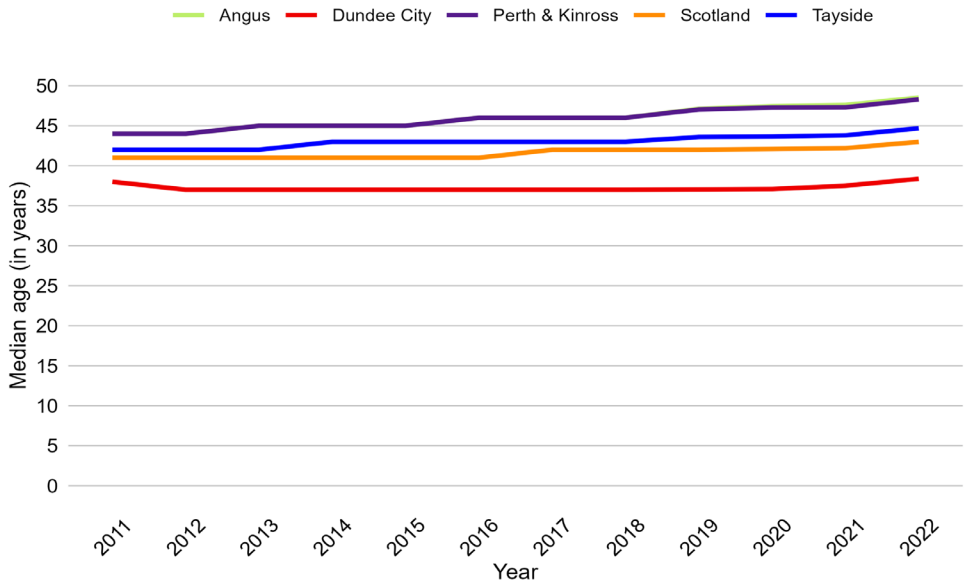
with the targeting of resources. However, current data systems do not allow for easy analysis of health outcomes by ethnicity due to poor data quality and issues of data completeness. Public Health Scotland are working with NHS Boards and other key partners to improve the recording of ethnicity across all routinely collected health and social care datasets[4].

Poorer health outcomes are associated with a range of socioeconomic determinants of health, many of which are disproportionately experienced by people from minority ethnic backgrounds[5] and therefore, whilst data may be lacking in some areas, action to reduce all inequalities will also significantly benefit people of ethnic minority groups also.

1.1.4 Median age

The population of Tayside is, overall, older than the Scottish average. Approximately 21.3% Tayside residents are of a pensionable age[6] compared to 19% nationally. The median age of people living in Tayside is 44.7 years old compared to 43.0 years across Scotland as a whole. There is, however, considerable variation within Tayside, with the median age of people living in Dundee City being 38.4 years compared to 48.5 years and 48.3 years in Angus and Perth & Kinross respectively. Furthermore, whilst the median age of people in the Angus and Perth & Kinross areas have increased steadily over the last 10 years, it has only recently slightly increased in Dundee City in 2021 and 2022 (figure 3).

Figure 3: Comparison of median age of the population of Tayside and Scotland; 2011-2021



Source: National Records of Scotland (NRS) Midyear Populations Estimates (MYPE)

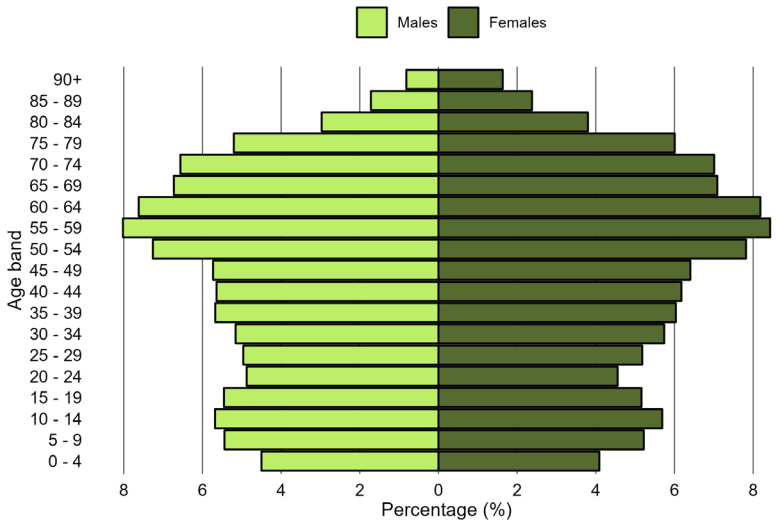
1.1.5 Population pyramids

The population pyramids (figures 4-6) show the distribution of age and sex across the three local authority populations. The largest proportion of the population are aged between 55-59 in Angus and Perth & Kinross compared with 20-24 in Dundee.

Where the majority of the population lies in the older brackets, we are seeing what is termed an 'ageing population'. In Dundee City the largest proportion of its population are younger adults (aged 20-34 years), most likely a result of the significant student population in the city.

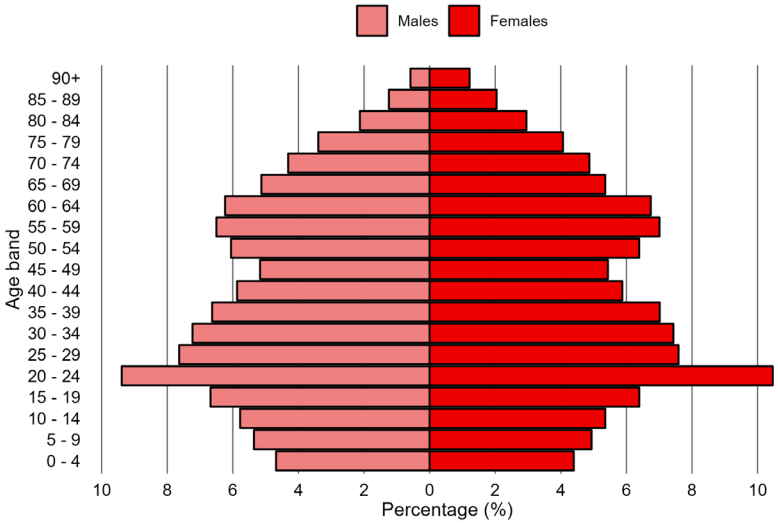
4 Monitoring Ethnic Health Inequalities in Scotland During COVID-19
5 Scottish Index of Multiple Deprivation 2020
6 Pensionable age as at 30 June 2023 was approximately 66 years

Figure 4: Population estimates of Angus by age and sex as at 30 June 2022



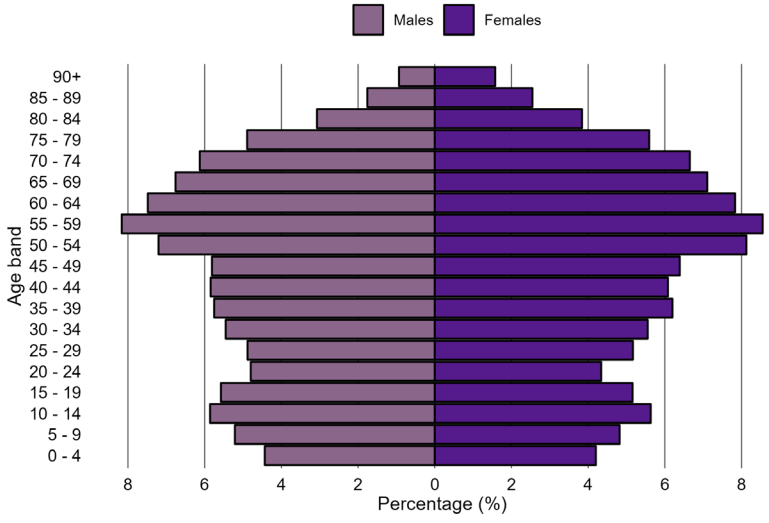
Source: National Records of Scotland (NRS) Midyear Populations Estimates (MYPE)

Figure 5: Population estimates of Dundee City by age and sex as at 30 June 2022



Source: National Records of Scotland (NRS) Midyear Populations Estimates (MYPE)

Figure 6: Population estimates of Perth & Kinross by age and sex as at 30 June 2022

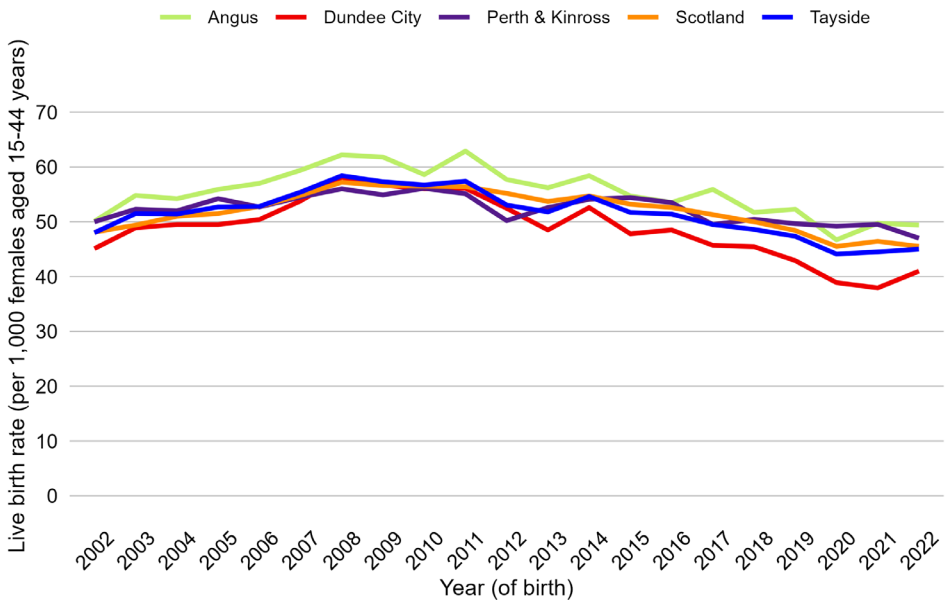


Source: National Records of Scotland (NRS) Midyear Populations Estimates (MYPE)

1.1.6 Birth rates

Since 2002 the birth rate in Tayside and Scotland has decreased overall, however Tayside has seen a small rise in the last two years (figure 7). Angus and Perth & Kinross' birth rates have decreased between 2021 and 2022, to 49 and 47 per 1,000 females aged 15-44 respectively, while Dundee's rate has increased to 41 in the last year. In general, however, birth rates have been falling across Tayside and Scotland since 2008.

Figure 7: Live birth rate per 1,000 female population aged 15-44 years in Tayside by local authority area and Scotland; 2001-2022



Source: National Records of Scotland (NRS) - Vital Events Birth Table 3.08

1.2 Population Projections

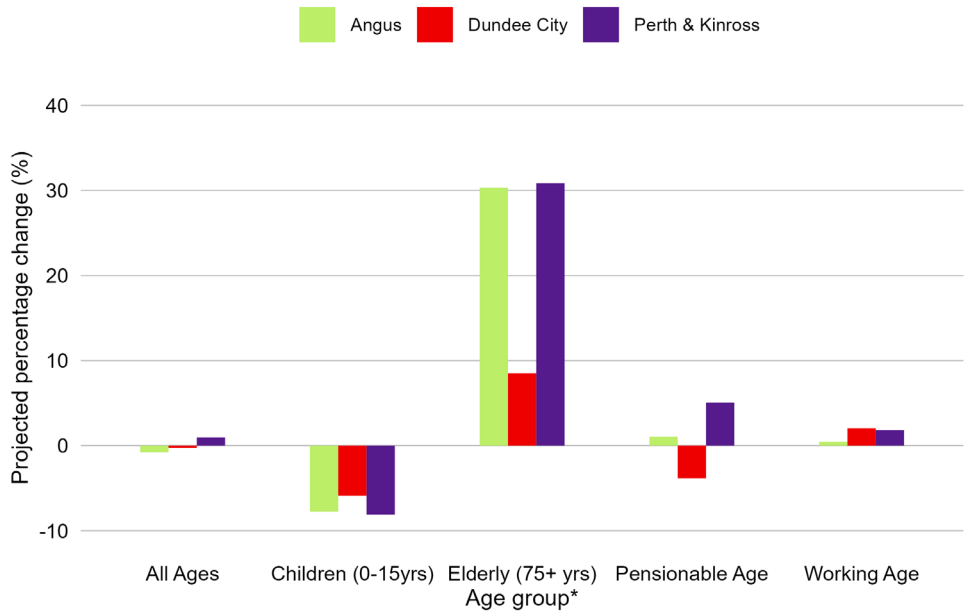
Population projections are useful for healthcare planning. They are trend-based and calculated to show how the population may change if particular assumptions are made. Interim 2020-based national projections for Scotland were published in January 2022[7]. They were classed as 'interim' to recognise the period of uncertainty in the mid-2020 base year and in setting long-term demographic assumptions following the onset of the coronavirus pandemic. Whilst the results of the Scotland Census 2022 are awaited, no sub-national population projections have been produced and so only 2018-based projections are available for Tayside[8].

National Records Scotland (NRS) predicts that the overall population of Tayside shall remain stable over the next 5 years. A slight decrease (-0.8% and -0.3%) is predicted in the population of Angus and Dundee City respectively; however, this will be offset by a predicted slight increase (+1.0%) in Perth & Kinross. However, any projected change in the population varies when further examined by specific age groups. For example, whilst the 75+ years age group is expected to increase overall by 24% for Tayside (compared to 25% nationally), the increase in this age group is predicted to be greatest in Angus (30%) and Perth & Kinross (31%), compared to 9% in Dundee City (figure 8).

7 Population Projections Scotland 2020-Based

8 Next Update Expected to Be 2023-Based Projections and Will Be Published Spring/Summer 2025

Figure 8: Projected percentage change in population of Tayside by local authority area; 2018-2028



** Children under 16, working age and pensionable age populations based on state pension age (SPA) for a given year. The figure for 'working' age and 'pensionable age and over' takes into account the changes in the State Pension Age (SPA), as set out in the 2014 Pensions Act. In 2018, SPA reached 65 for women, meaning it was the same as for men. Between 2019 and 2020, SPA will rise from 65 years to 66 years for both men and women (by October 2020 (Pensions Act 2011)). A further rise in state pension age to 67 will take place between 2026 and 2028 (Pensions Act 2014).*

Source: National Records of Scotland (NRS) Projected Population of Scotland (2018-based)

1.3 Socioeconomic Context

Deprivation across Scotland is measured using the Scottish Index of Multiple Deprivation[9] (SIMD). This is an area-based measure of deprivation, combining indicators across various domains to give a relative measure of deprivation for small geographies called datazones (areas containing approximately 500-1000 people) which are then ranked from most to least deprived across Scotland.

Data are most commonly presented by quintiles, as in this report. Approximately 20% of the Scottish population live within each SIMD quintile, with quintile 1 containing the most deprived datazones and quintile 5 containing the least deprived.

However, it should be noted that many people experiencing socio-economic disadvantage live outside areas categorised as the most deprived communities. Also, if an area is identified as 'deprived', this can relate to people having a low income or it could also mean that people who are living in that area have fewer resources or opportunities. This is because other indicators, such as 'average drive time to a GP surgery in minutes' or 'premises without access to superfast broadband', are also included in the calculations for SIMD.

Deprivation varies across Tayside. More than one-in-three people (37%) who live in Dundee City are living in areas of greatest deprivation in Scotland, compared to only one-in-14 people (7%) in Angus and one-in-17 people (6%) in Perth & Kinross (table 2).

9 Scottish Index of Multiple Deprivation 2020

Table 2: Proportion of Tayside's 2022 population estimates living in each SIMD 2020 quintile by local authority area

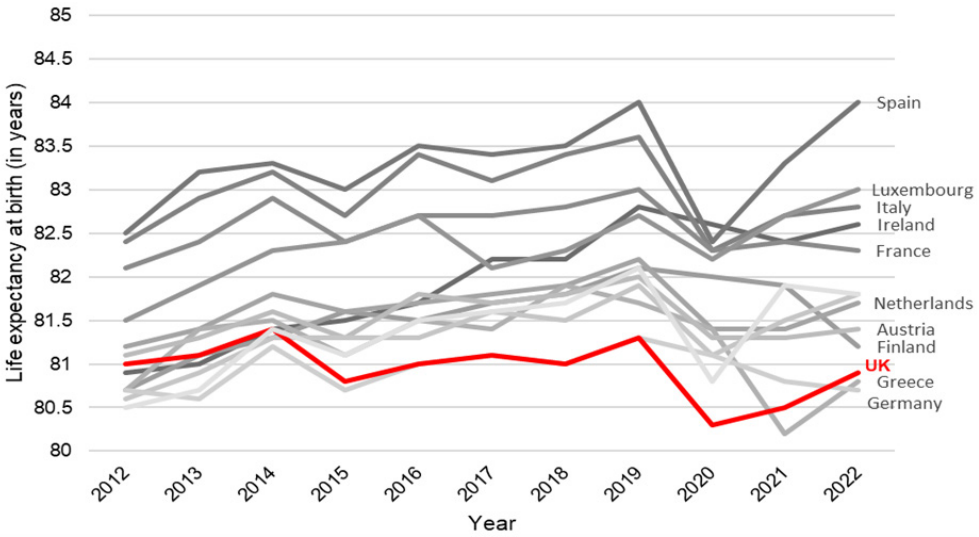
SIMD 2020 Quintile	Angus	Dundee City	Perth & Kinross
1 (most deprived)	7%	37%	6%
2	21%	19%	13%
3	29%	12%	21%
4	30%	16%	35%
5 (least deprived)	13%	16%	25%

Source: 'Small Area Population Estimates [SAPE]' based on Data Zones for 2021 via NRS and 'SIMD_2020' - Scottish Government

1.4 Life expectancy

The UK has one of the lowest life expectancies in Western Europe (figure 9) and Scotland has the lowest life expectancy[10] of all the UK countries (figure 10). Trends across Scotland overall had been improving year on year, until 2012-2014, but since then growth in life expectancy has stalled (figure 11). The current life expectancy in Tayside for men is 77 years and 81 years for women. This is similar to the Scottish average of 76.5 and 80.7 years respectively.

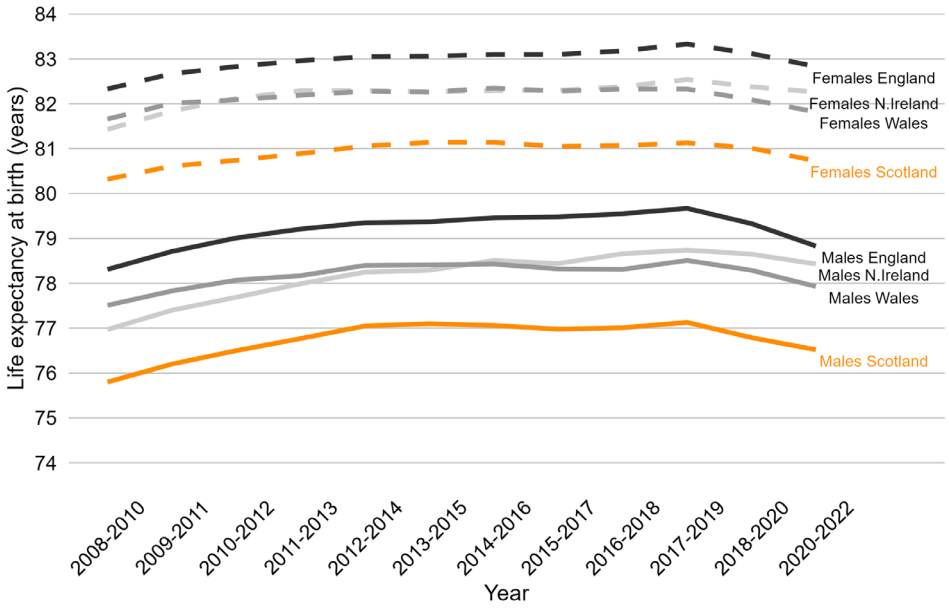
Figure 9: Life expectancy (LE) at birth for population of Western Europe; 2012-2022



Source: https://data.oecd.org/healthstat/life-expectancy-at-birth.htm
Note: UK life expectancy figures for 2021 are unavailable

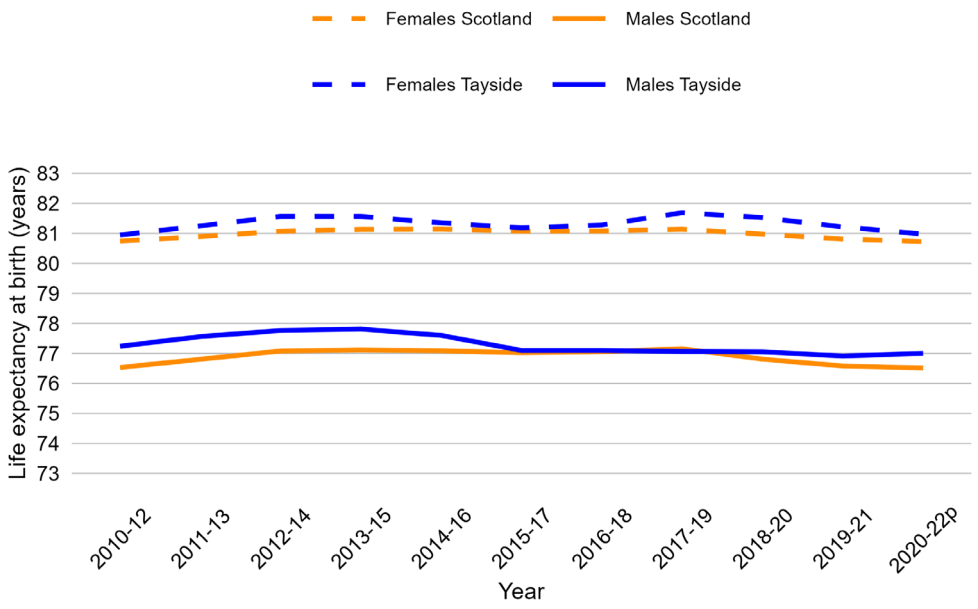
10 The average number of years a baby born today can expect to live if current mortality rates continue to apply

Figure 10: Life expectancy (LE) at birth for population across the United Kingdom; 2008-10 to 2020-22



Source: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2020to2022

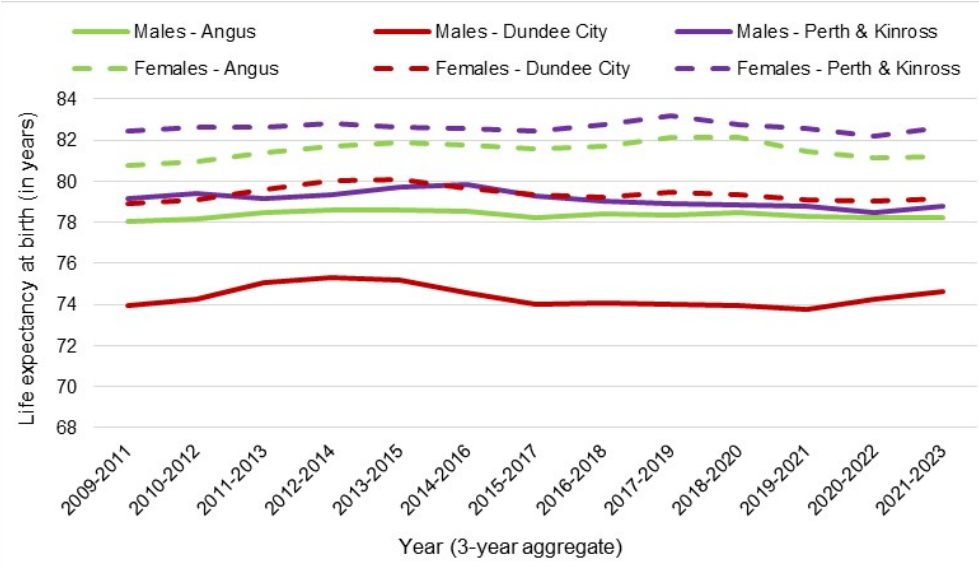
Figure 11: Life expectancy (LE) at birth for population of Tayside and Scotland by sex; 2010-12 to 2020-22



Provisional source: Life expectancy in Scotland 2020-2022 (NRS) * The 2020-2022 figures are calculated using the 2020 based population projections (international migration variant) for 2022 populations and are provisional until the 2022 MYE are released*

Within the local authority areas in Tayside, men and women who live in Dundee City have the lowest life expectancy. Growth in life expectancy has generally stalled in each of the local authority areas in Tayside and had been starting to show a decreasing trend in Dundee City males, although there has been a small rise in the last 3 year average (figure 12).

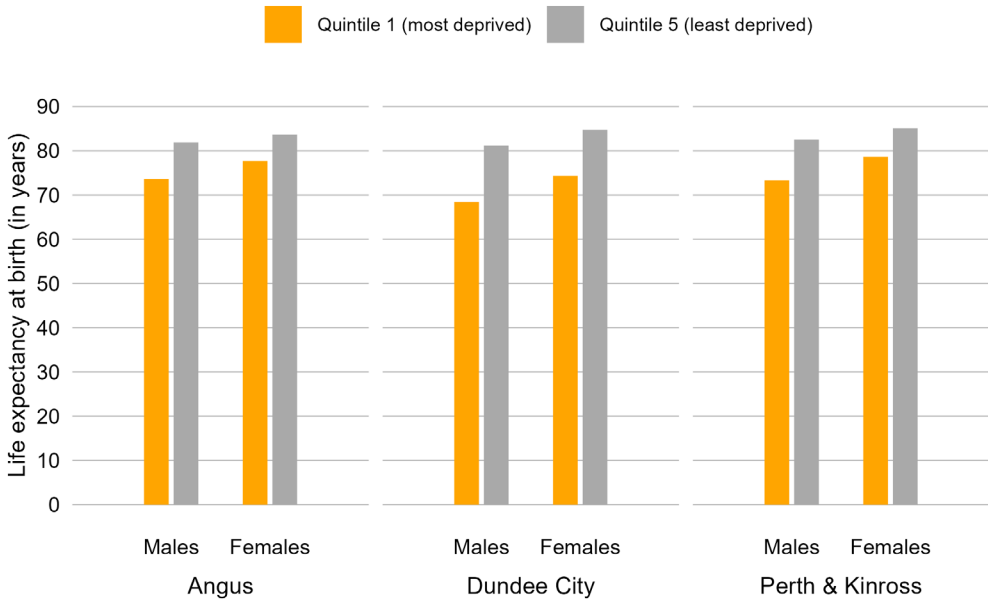
Figure 12: Life expectancy (LE) at birth for population in Tayside by local authority area and sex



Source: Data Tables for Life Expectancy in Scotland, 2021-2023 - Table 3. https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/life-expectancy/life-expectancy-in-scotland/2021-2023/data-tables

Deprivation is strongly linked to life expectancy. Currently males born in the most deprived areas in Dundee City are anticipated to live on average 12.8 years fewer than males in the least deprived areas. The equivalent gap in Angus and Perth & Kinross is 8.2 and 9.2 years respectively. While the inequality gap in females is less prominent, it has widened slightly[11]. The current difference in life expectancy for females is 10.4 years, 6.0 years and 6.5 years in Dundee City, Angus and Perth & Kinross respectively (figure 13).

Figure 13: Life expectancy at birth for population of Tayside by local authority area and deprivation; 2019-2023



Source: Data Tables for Life Expectancy in Scotland, 2021-2023 - Table 3. https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/life-expectancy/life-expectancy-in-scotland/2021-2023/data-tables

11 Data Tables for Life Expectancy in Scotland, 2021-2023 - Table 3

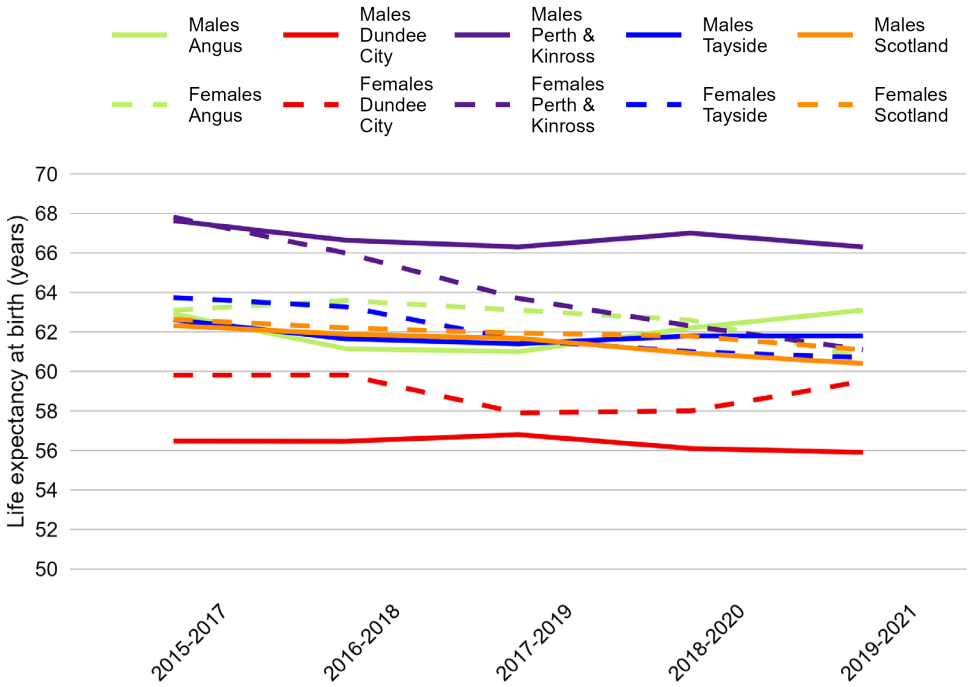
1.5 Healthy life expectancy

Healthy life expectancy (HLE) provides insight into the proportion of life spent in good health. It is calculated by extracting the prevalence of self-reported good health from each age group and geography, drawn from the 2011 census, and combining this with population statistics to provide HLE estimates[12].

Nationally, in the last decade, estimated HLE has fluctuated but decreased overall. In the most recent period that data is available (2019-21), both males and females across Scotland reported a decrease in their HLE from the previous year (2018-20) while very little change overall has occurred in Tayside.

Whilst the number of years that males and females are expected to live healthy lives in Tayside is similar to the national average, there is variation across the region. Healthy life expectancy for males in Angus and females in Dundee City increased in 2019-21. However, despite the increase in HLE for females in Dundee City, residents continue to experience the least number of years in good health (figure 14).

Figure 14: Healthy life expectancy at birth for population of Tayside and Scotland by sex; 2015-17 to 2019-21



Source: Healthy life expectancy in Scotland (NRS)

A comparison of life expectancy and healthy life expectancy gives an indication of the proportion of their life that an individual can expect to live in good health (table 3). Notably, the HLE for women is much closer to the HLE for men than overall life expectancy and therefore women experience a longer period of living with comorbidities in later life.

While males living in Dundee not only have the lowest life expectancy in Tayside, they also spend the least amount of time living in good health.

There has been a decrease in healthy life expectancy for females in Perth & Kinross in recent years but the reasons for this are unclear.

12 Life Expectancy Methodology

Table 3: Proportion of life spent in good health in Tayside by local authority area and Scotland; 2019-2021

Administrative Area	Males			Females		
	HLE at birth (years)	LE at birth (years)	Proportion of life spent in good health (%)	HLE at birth (years)	LE at birth (years)	Proportion of life spent in good health (%)
Scotland	60.4	76.6	78.9%	61.1	80.8	75.6%
Angus	63.1	78.3	80.6%	60.7	81.6	74.4%
Dundee City	55.9	73.5	76.1%	59.5	79.1	75.2%
Perth & Kinross	66.3	78.9	84.0%	61.1	82.7	73.9%
Tayside	61.8	76.9	80.4%	60.7	81.2	74.8%

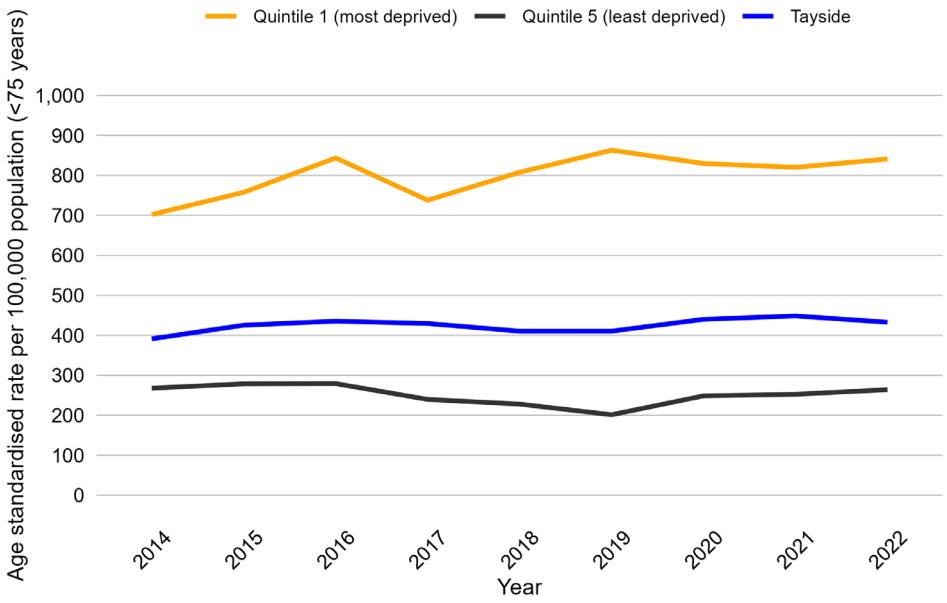
Source: Life expectancy and healthy life expectancy in Scotland (NRS)

1.6 Premature mortality (<75 years)

Premature mortality gives a further indication of the health status of a population. In Scotland, more than 24,000 people aged under 75 years died in 2021 – an age standardised rate of 471 per 100,000 population – and an increase of 690 deaths (3%) from the previous year. A disproportionate number of people who died before reaching 75 years old lived in the most deprived areas of Scotland. The premature mortality rate was 839 per 100,000 population in the most deprived areas in 2021, compared to 247 per 100,000 in the least deprived.

In Tayside, there were 1,752 deaths in people aged under 75 years in 2022, an age standardised rate of 432 per 100,000 population, and a decrease of 71 deaths (-3.5%) from 2021. Comparing the premature mortality rate in Tayside over the last nine years, the gap between people dying prematurely in the most and least deprived quintiles has been widening in general (figure 15).

Figure 15: Age standardised premature (<75 years) mortality rates per 100,000 population in Tayside by SIMD quintile; 2014-2021



Source: NRS, SIMD 2016 and 2020v2

There are differences in the main causes of premature death when the most and least deprived areas in Tayside are examined (Table 4). While lung cancer and heart attack were the most common cause of death for people living in the least deprived areas, lung cancer followed by substance use (drugs) were the most common drivers of premature mortality for people living in the most deprived areas.

Table 4: Causes of premature (<75 years) mortality in Tayside
Comparison of the 10 main causes of death within the most and least deprived areas based on five-year aggregate (2018-2022)

Cause of death SIMD Quintile 1 (most deprived)	Number of deaths	% of all SIMD Quintile 1 premature deaths	Top 10 Main Causes	Cause of death SIMD Quintile 5 (least deprived)	Number of deaths	% of all SIMD Quintile 5 premature deaths
Lung cancer	213	9.18%	1	Lung cancer	65	6.53%
Substance use (drugs)	203	8.75%	2	Heart attack	54	5.42%
COPD* related	149	6.42%	3	Breast cancer	42	4.22%
Coronary Heart Disease (CHD)	145	6.25%	4	Coronary Heart Disease (CHD)	38	3.82%
Heart attack	127	5.47%	5	Brain cancer	33	3.31%
COVID-19	87	3.75%	6	Pancreatic cancer	30	3.01%
Liver disease	65	2.80%	7	COVID-19	29	2.91%
Suicide (hanging, strangulation & suffocation)	58	2.50%	8	COPD* related	29	2.91%
Mental & behavioural disorders - psychoactive drug use	41	1.77%	9	Liver cancer	25	2.51%
Breast cancer	32	1.38%	10	Prostate cancer	24	2.41%
SIMD 1 (Premature) Total	**2,320**	**48.28%**	**-**	**SIMD 5 (Premature) Total**	**996**	**37.05%**

**Chronic Obstructive Pulmonary Disease*
Source: National Records for Scotland (NRS) – Annual Deaths Files (2018-2022) via Health Intelligence Team

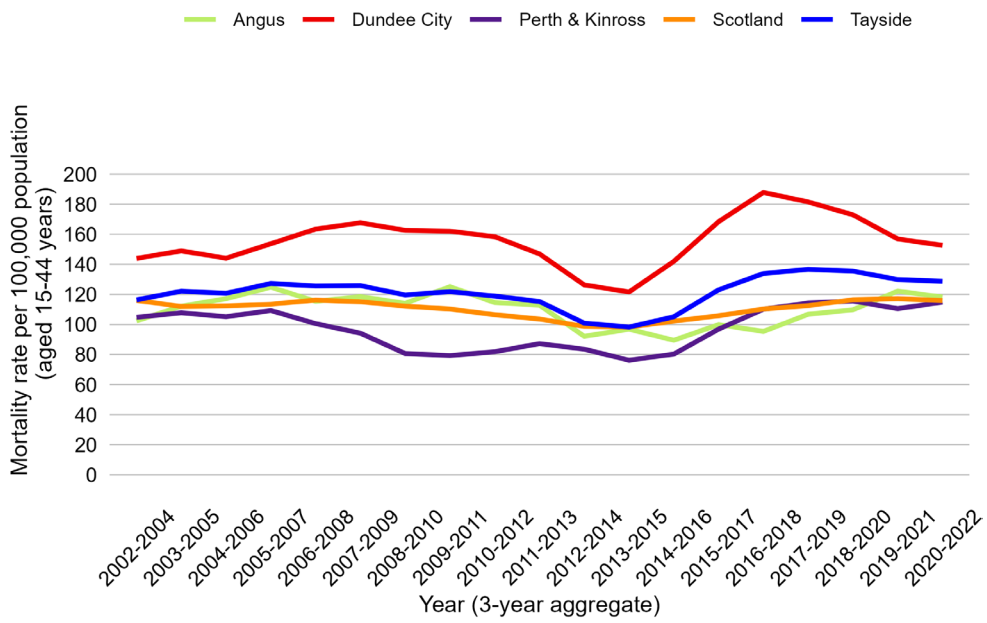
1.7 Premature mortality (15-44 years)

The mortality rate in people aged 15-44 years has been increasing across Scotland since 2012-14 (figure 16).

Previously, the mortality rate in Tayside was similar to the national average but between 2014-16 and 2017-19, local rates rose at a faster rate than Scotland. This was predominantly due to a large increase in Dundee City, although rates in Angus and Perth & Kinross have also risen. Since then, while rates in Tayside have decreased slightly, they remain higher than the national average.

Within Tayside, a fall in the Dundee City rate has been offset by an increase in Angus and very little change in Perth & Kinross. A substantial proportion of these premature mortalities are due to 'deaths of despair' (suicide, alcohol and drug-related mortality) which are heavily patterned by age, sex and socioeconomic status (table 4).

Figure 16: Age-sex standardised premature mortality rates per 100,000 population aged 15-44, in Tayside by local authority area and Scotland; 2002-04 to 2020-22



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

2. Wider Determinants of Health

'Wider determinants of health' are a range of social, economic and environmental factors that impact on people's mental and physical health beyond solely our genetic predispositions.

Variation in these factors creates social inequality, which in turn drives health inequalities mentioned throughout this report such as life expectancy, living with long term conditions and modifiable risk factors, which are all more prevalent in the most deprived areas of residence compared to the least deprived areas.

Improvements in rates of (good) employment, levels of income and school attainment can all have positive effects on health outcomes and help reduce the health inequalities we see in our society.



73% of Angus, 70% of Dundee City and 76% of Perth & Kinross working-age populations are in employment.



28% of Angus, 36% of Dundee City and 18% of Perth & Kinross employed populations are in lower paid occupations.



Around 2% of all households in Dundee City submit a homelessness application each year, compared to 1% in Angus and Perth & Kinross.



Almost one in every three households in Dundee City are in fuel poverty and around one in every four households in Angus and Perth & Kinross.

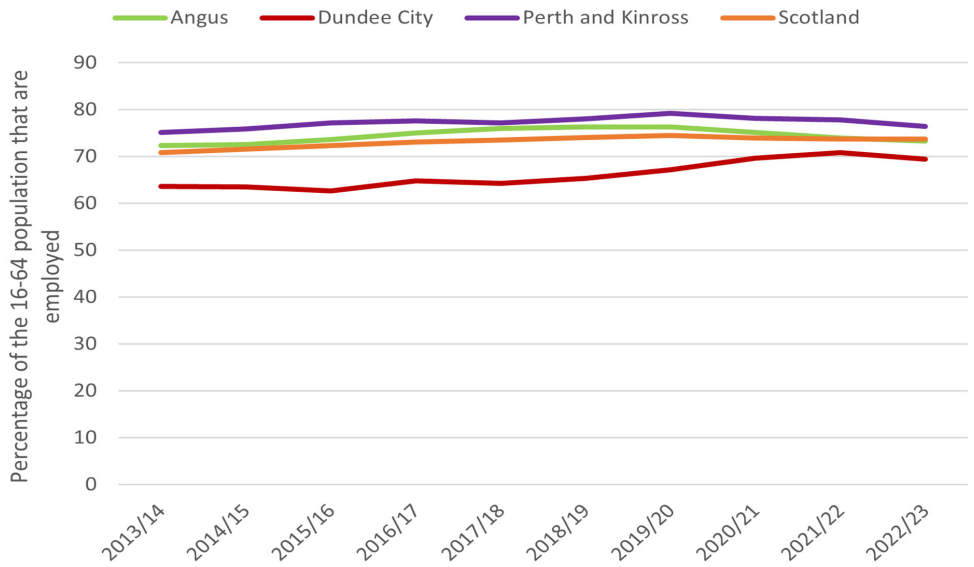


22% of Angus, 26% of Dundee City and 18% of Perth & Kinross children live in poverty

2.1 Employment Rates

Within Tayside, Dundee City has the lowest percentage of 16-64 year olds employed; but this has been steadily increasing since 2017/18 and a rate of over 70% was achieved for the first time in 10 years in 2021/22. Perth & Kinross has the highest percentage of people in employment at 76.4% whilst Angus has a similar employment rate to Scotland overall at around 73.8% (figure 17).

Figure 17: Percentage of the 16-64 population that are employed; 2013/14-2022/23



Note: Employment rate is the number of people in employment aged 16-64 as a percentage of the population aged 16-64.

Source: Community Planning Outcome Profile tool https://scotland.shinyapps.io/is-community-planning-outcomes-profile/

2.2 Lower Paid Occupations

Dundee City has the highest percentage of the working population in lower paid occupations within Tayside, with over a third in low paid work, whilst Perth & Kinross has the lowest percentage in lower paid occupations (table 5).

Table 5: Employment in Lower Paid Occupations in 2023

Administrative Area	Percentage of employed population in lower paid occupations
Angus	28%
Dundee City	36%
Perth & Kinross	18%
Scotland	25%

Note: Lower paid occupations include caring, leisure, sales and customer service, elementary occupations and other service occupations.

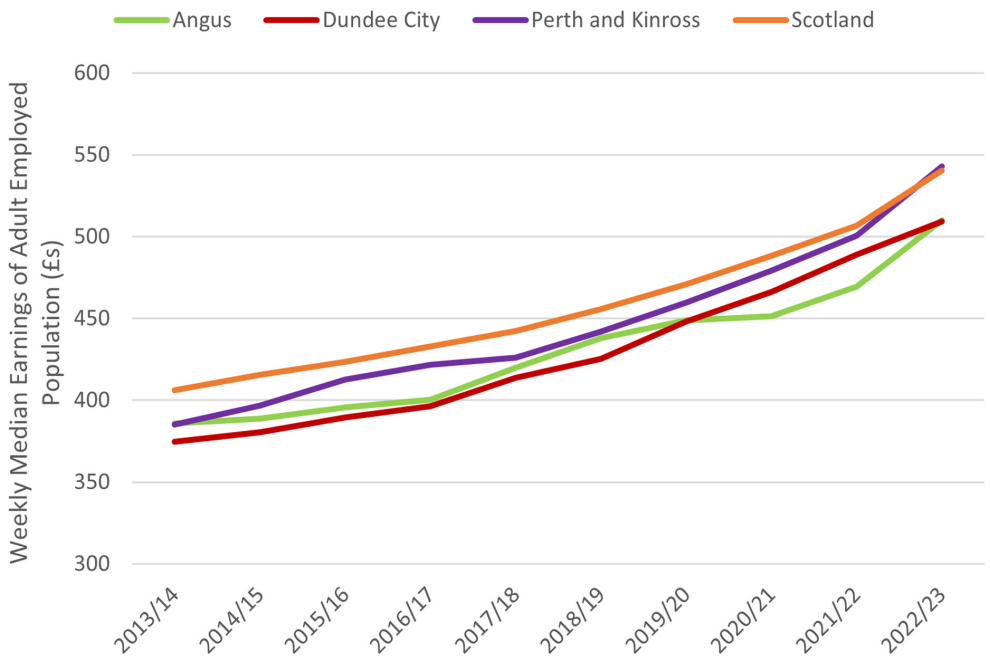
Source: NOMIS, ONS Annual Population Survey January - December 2023.

Weekly median earnings have increased across all of Tayside over the last 10 years, but the gap between the three council areas in Tayside has widened.

The biggest increase in earnings has occurred in Perth & Kinross (41% increase in the last 10 years from £385 in 2013/14 to slightly above the Scottish average at £543 in 2022/23).

In Dundee City and Angus, the increases in median earnings have been 36% and 32% respectively over the last 10 years and both weekly earnings are around £31 less than Scotland as at 2022/23 (figure 18).

Figure 18: Weekly median earnings of adult employed population (£s); 2013/14-2022/23



Note: The figure shows the weekly median earnings for all employees living in the area who are on adults' rates of pay and whose pay was not affected by absence.

Source: Community Planning Outcome Profile tool https://scotland.shinyapps.io/is-community-planning-outcomes-profile/

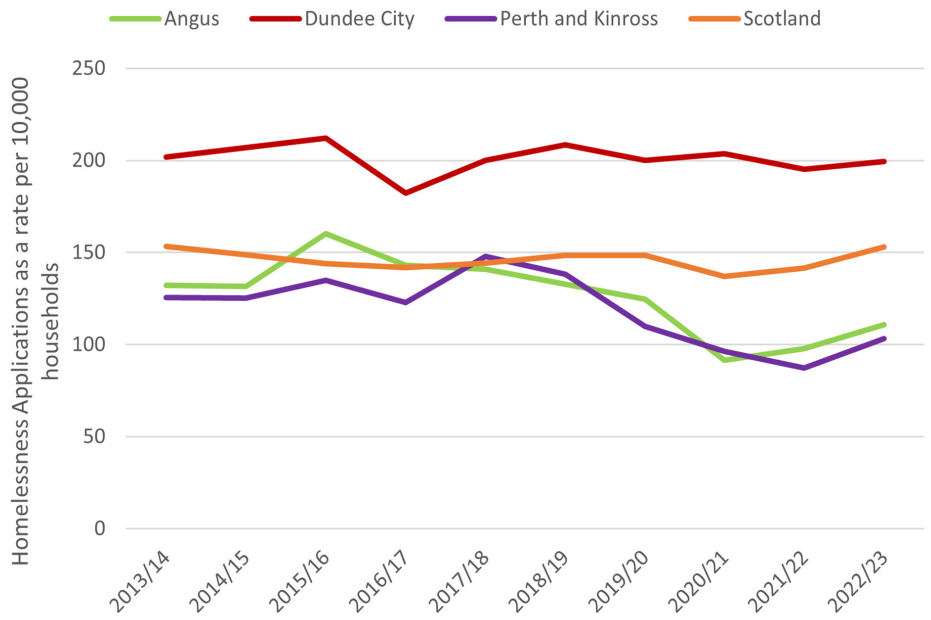
2.3 Homelessness

Homelessness has remained unchanged in Dundee City and Scotland overall over the last 10 years, but we have seen a general decrease in Angus and Perth & Kinross during that time.

Around 2% of all households in Dundee City submit a homelessness application per year, and Angus and Perth & Kinross are around half of this figure with 1%.

All areas, including Scotland, have seen an increase in homelessness applications in 2022/23 from the previous year (figure 19).

Figure 19: Homelessness Applications as a Percentage of All Households; 2013/14-2022/23

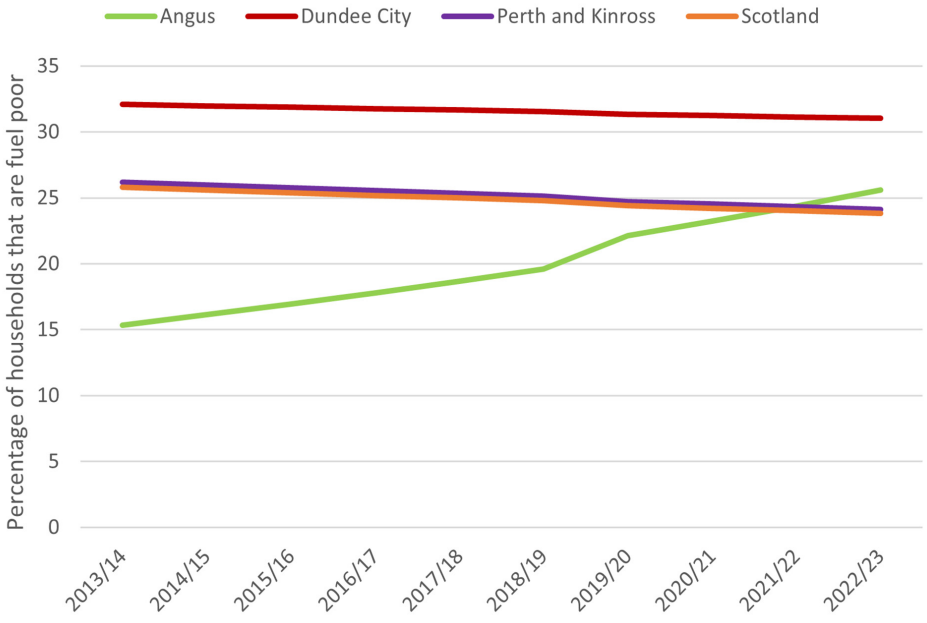


Source: Scottish Government "Homelessness in Scotland: full statistical time series" and NRS "Households and Dwellings 2022"

2.4 Fuel Poverty

Almost a third of all households in Dundee City are in fuel poverty, whereas Perth & Kinross and Scotland have around a quarter of their households in fuel poverty. However, while there has been a slight decrease in the percentages of households in fuel poverty in both Dundee City and Perth & Kinross over the last 10 years, there has been a sharp increase in Angus. There were around 1 in 7 households in Angus experiencing fuel poverty back in 2013/14, but this has now grown to 1 in 4 households as at 2022/23 (figure 20).

Figure 20: Percentage of households that are fuel poor; 2013/13-2022/23



Note: Fuel poverty is deemed where fuel costs for the home are more than 10% of the household's adjusted net income.

Source: Community Planning Outcome Profile tool https://scotland.shinyapps.io/is-community-planning-outcomes-profile/

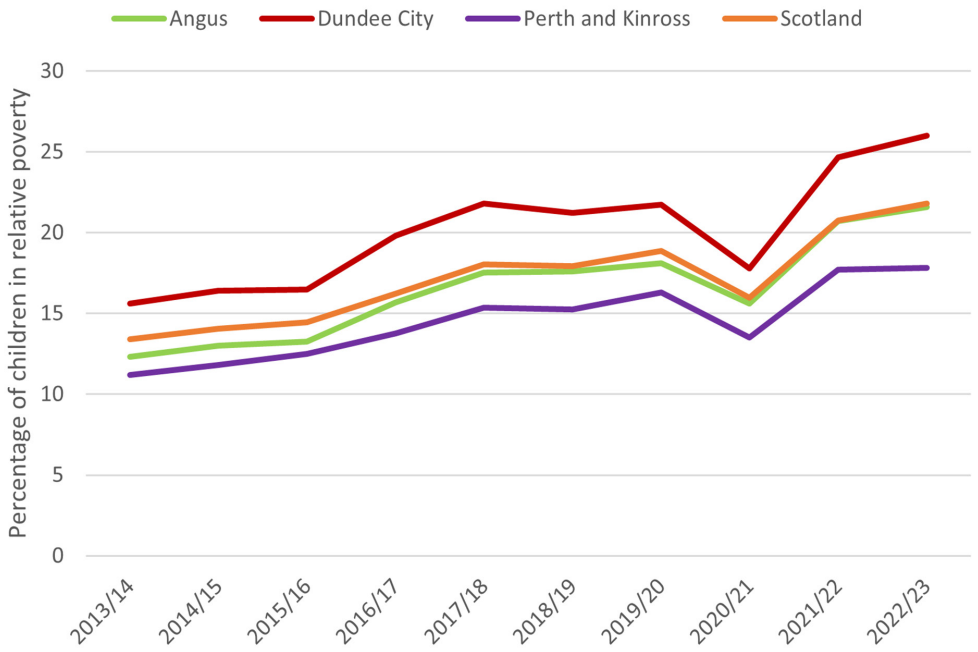
2.5 Children in Poverty

All areas in Tayside have shown a similar, overall increasing trend in child poverty rates over the last 10 years, similar to that of Scotland.

Dundee City has the highest percentage of children living in poverty, with over a quarter of the under 16 population in poverty. In Perth & Kinross 18% of children are living in poverty and in Angus it is 22%.

All areas in Tayside have seen a large increase over the last 10 years, with Angus and Dundee City both showing a 10%-point increase during this period (figure 21).

Figure 21: Percentage of children in relative poverty; 2013/14-2022/23



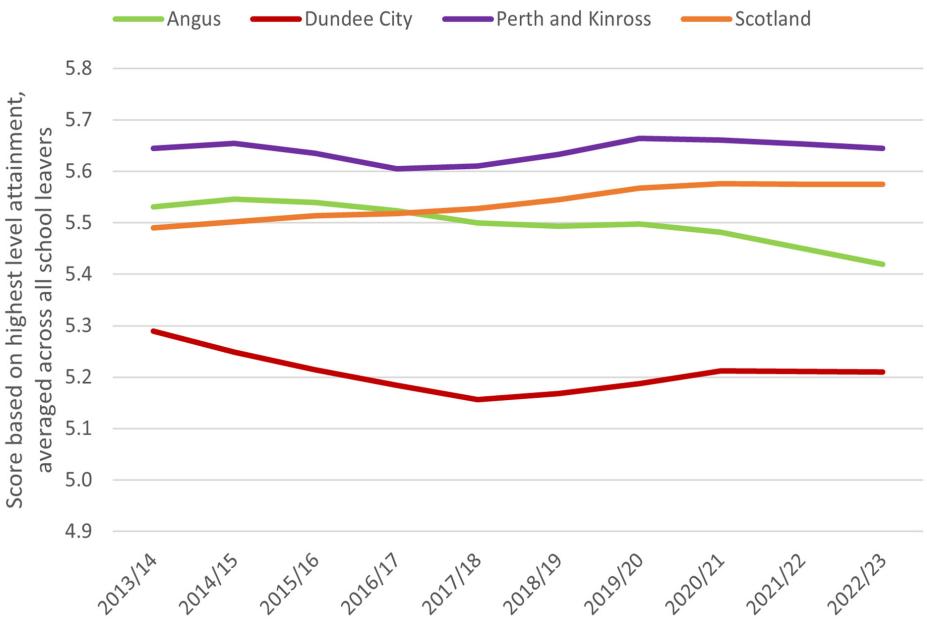
Source: Community Planning Outcome Profile tool https://scotland.shinyapps.io/is-community-planning-outcomes-profile/

2.6 School Leavers Attainment Level

Perth & Kinross has the highest attainment level across all school leavers in Tayside, and this has remained above the Scottish average and largely constant over the last 10 years.

However, Angus and Dundee City have both seen a decrease during that time, with Dundee City consistently having the lowest attainment level score in Tayside over the last 10 years (figure 22).

Figure 22: Score based on highest level of attainment average across all school leavers 2013/14-2022/23



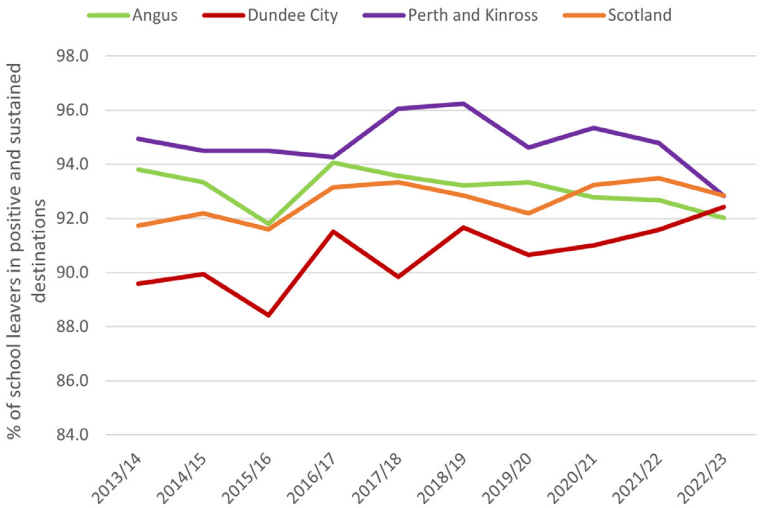
Note: Educational attainment of school leavers is the score based on school leavers' highest attainment of an SCQF qualification, averaged across all school leavers within that area.

Source: Community Planning Outcome Profile tool https://scotland.shinyapps.io/is-community-planning-outcomes-profile/

2.7 School Leavers Destinations

In Dundee City there has been a rise in the percentage of school leavers in positive and sustained destinations from 89.6% in 2023/14 to 92.4% in 2022/23, whereas there has been an overall general decrease in Angus in the same period, from 93.8% to 92%. As of 2023/24, Perth & Kinross has the highest percentage of school leavers in positive destinations in Tayside (92.8%), but this is the lowest percentage recorded in the past 10 years (figure 23).

Figure 23: Percentage of school leavers in positive and sustained destinations; 2013/14-2022/23



Note: destinations include higher education, further education, employment, training, voluntary work or activity agreements.

3. Physical Health

After considering the main measures that describe the composition, trends and projections of the overall population of Tayside, chapters three and four consider in more detail the principal health conditions which contribute to life expectancy and healthy life expectancy.

At any one time, approximately one in four adults (16+ years) in Scotland will be experiencing some form of long-term condition (LTC), health problem or disability. By the age of 65 it is estimated that nearly two thirds of adults will have developed an LTC[13]. In addition, the prevalence of LTCs is increasing and the greatest increase is being experienced by people living in greatest deprivation.

This chapter looks at the physical health conditions coronary heart disease, cancer, chronic obstructive pulmonary disease and diabetes, as comparative data between local and national activity is most readily available from national sources such as The Scottish Public Health Observatory Profiles (ScotPHO)[14] and the Scottish Diabetes Survey[15]. For summary statistics of other key diseases e.g. stroke, please see publications held within Public Health Scotland[16].



Hospitalisations for coronary heart disease continue to decrease but the rate for Dundee City remains higher than the national average.



Trends in cancer diagnoses have changed very little in the past 10 years. New diagnoses decreased in 2020 during the pandemic then increased again in 2021 and 2022.



Lung cancer diagnoses rates have generally fallen across Scotland and Tayside, but have remained the same in Dundee City over the last 17 years. COPD hospital admission rates continue to decrease across all of Tayside.



The number of people living in Scotland with type 1 and type 2 diabetes has steadily increased over the last 10 years. In Tayside there were 1,630 new cases in 2023 with approx 90% being new cases of type 2 diabetes.

13 Improving the Health & Wellbeing of People with Long Term Conditions in Scotland: A National Action Plan
14 ScotPHO Profiles Tool
15 Scottish Diabetes Survey 2022
16 Public Health Scotland Publications

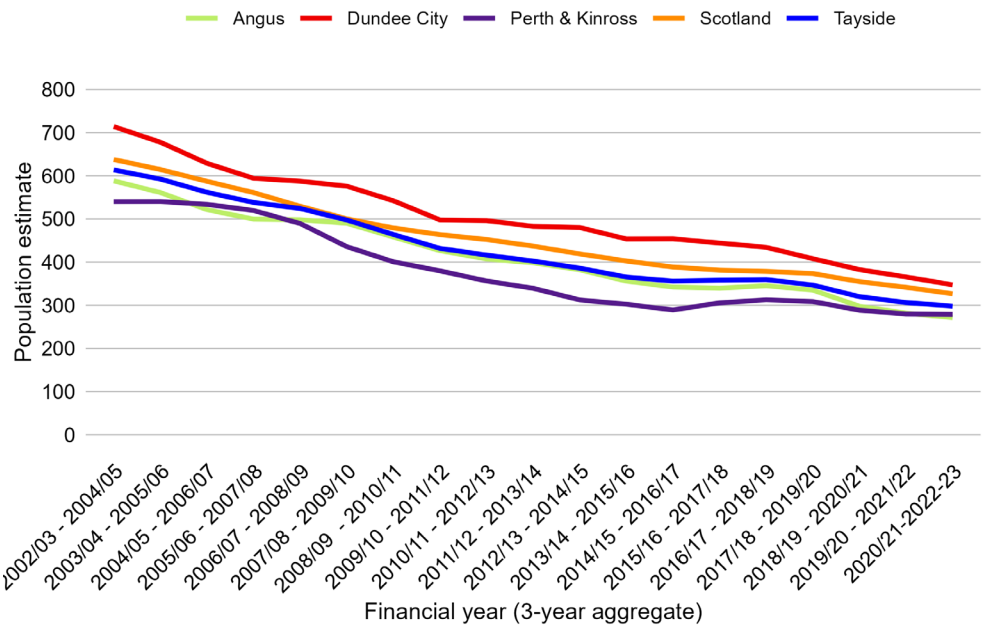
3.1 Coronary heart disease (CHD)

It is estimated that 6% of men and 4% of women are currently living with CHD in Scotland. Risk factors associated with CHD include smoking, poor diet and physical inactivity and are particularly prevalent in Scotland[17].

Hospitalisations due to CHD have been decreasing since 2002/03 (figure 24) and the main drivers for this include a decrease in smoking and improvements in medical treatments and interventions. However, increases in the prevalence of diabetes and obesity have contributed to a slowing in this reduction since circa 2014.

While the overall Tayside hospitalisation rate is lower than that of Scotland, hospitalisation rates are consistently higher in Dundee City.

Figure 24: Age-sex standardised rate of coronary heart disease patient hospitalisations per 100,000 population in Tayside and Scotland; 2002-04 to 2020-22



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Examining hospitalisation rates for people with coronary heart disease by deprivation shows that admissions to hospital would be 19% lower in Tayside (25% across the whole of Scotland) if the rates of the least deprived area were applied to the whole population[18].

3.2 Cancer

It is estimated that two out of five people will develop cancer in their lifetime. The risk of cancer increases with age and has historically been higher in men than in women. This continues to be the case[19].

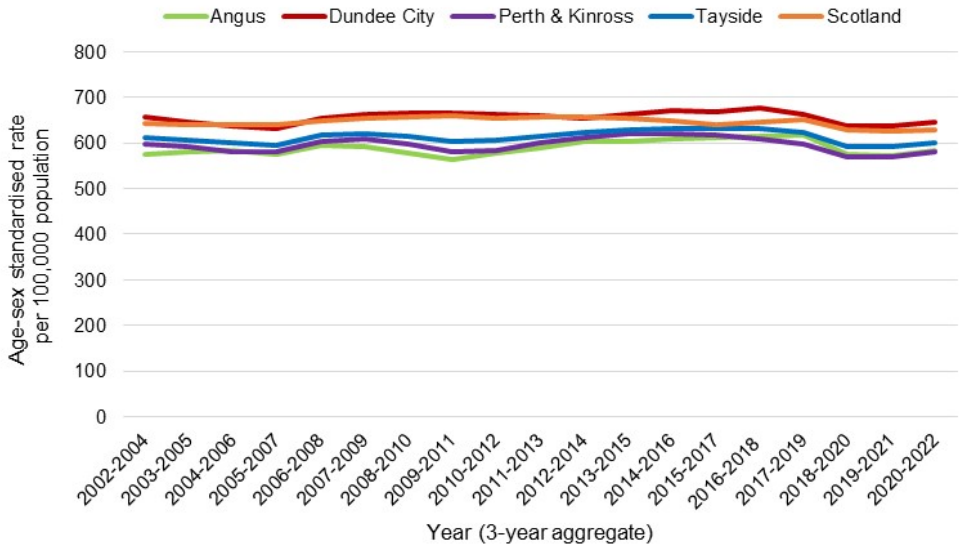
Whilst welcome reductions in smoking prevalence have occurred in Scotland, there remains considerable potential to prevent cancers through further reductions in smoking, reducing overweight and obesity, improving diet and reducing alcohol consumption[20].

17 Scottish Health Survey
18 ScotPHO Profiles Tool
19 Cancer Incidence in Scotland to December 2020
20 Cancer Incidence and Prevalence in Scotland to December 2021

Over the last 20 years there has been little change in overall cancer incidence[21] and the incidence of cancer in Dundee City has been consistently higher than in Angus, Perth & Kinross and Scotland as a whole (figure 25).

It should be noted, however, that the COVID 19 pandemic had a considerable impact on cancer diagnosis and management in Scotland. Public Health Scotland reported a large decrease in the number of new cancers identified in 2020 compared with the expected long-term trend. Most of this decrease was likely due to under-diagnosis caused by the pandemic. Any changes in overall trends and the impact of delayed diagnoses will become evident in the coming years.

Figure 25: Age-sex standardised rate of cancer diagnosis per 100,000 population in Tayside and Scotland; 2002-04 to 2020-22



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

The most common cancers in Scotland in 2021 were lung, breast, bowel and prostate, accounting for over half (54%) of all malignancies (excluding non-melanoma skin cancers).[22]

In Tayside, breast cancer was the most commonly diagnosed cancer in 2021 with 422 new registrations followed by lung (403 registrations), colorectal (348) and prostate cancer (331).

Socioeconomic deprivation is associated with incidence, survival and mortality from cancers. Broadly, increasing deprivation is associated with poorer survival from cancer but its relationship with incidence varies in size and direction. For example, the most commonly diagnosed cancer overall in Scotland, lung cancer, has a higher incidence in more deprived areas.

Conversely, the most commonly diagnosed cancers in men and women individually (prostate and breast cancer, respectively) occur more often in less deprived populations but these cancers respond better, on average, to available treatment and are associated with lower mortality rates overall.

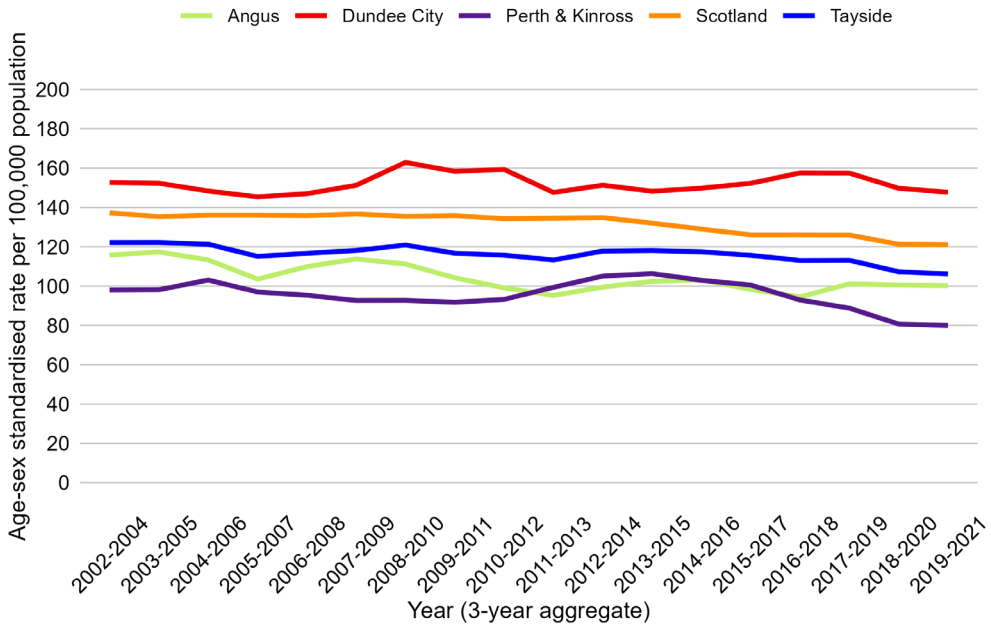
Lung cancer is three times more common in the most socio-economically deprived areas compared with the least deprived areas in Scotland. The incidence rate for lung cancer is considerably higher in Dundee City than Scotland overall (figure 26).

21 Cancer incidence is the number of new cancers of a specific site or type occurring in the population per year, usually expressed as the number of new cancers per 100,000 population

22 Cancer Incidence and Prevalence in Scotland to December 2021

Furthermore, the incidence rate in Dundee City had been increasing since 2013 until 2018, in contrast to the Scotland overall, but saw a decrease in 2018-2020 and a slight decrease in 2019-2021.

Figure 26: Age-sex standardised rate of lung cancer diagnoses per 100,000 population; 2002-04 to 2019-21



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

While lung cancer accounted for the largest number of cancer-related deaths across Scotland in 2021, the largest increase in mortality rates, for all types of cancer, across Scotland over the last decade has been for liver cancer (38% increase) with the main risk factors being obesity, alcohol and infection with hepatitis B and C viruses[23].

3.3 Chronic obstructive pulmonary disease (COPD)

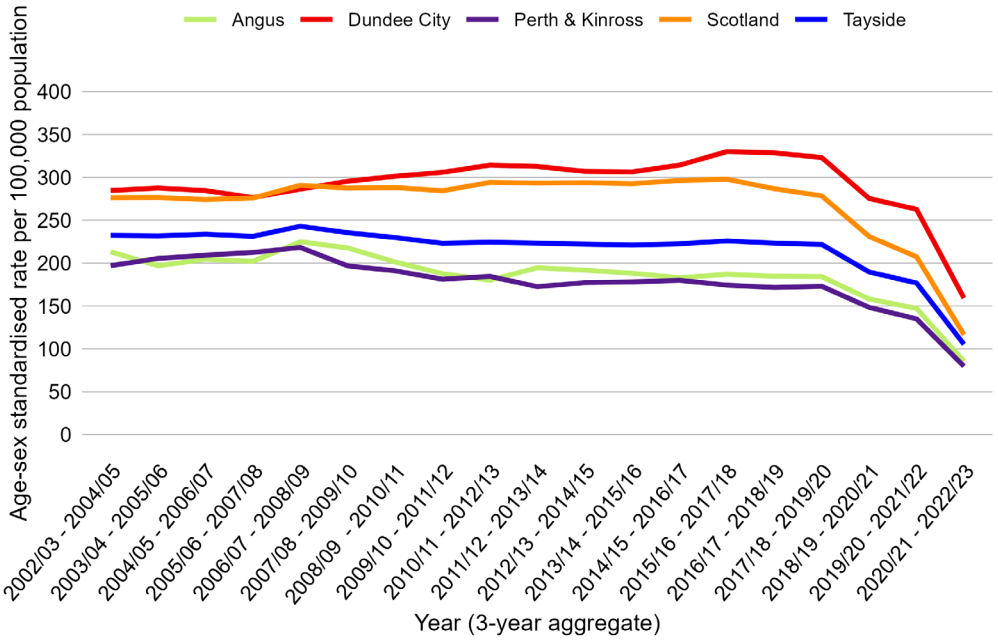
Long-term respiratory conditions, such as asthma and COPD, can cause significant challenges for the people who live with them and lead to the greatest use of health resources to assist with management. Over 129,000 people are diagnosed with COPD annually in Scotland[24].

While situational factors (such as air quality and working conditions) and genetics can cause the disease, smoking is still by far the main cause of COPD. Approximately 25% of long-term smokers will end up developing COPD[25]. The risk is increased for women, who tend to develop the condition with lower exposure to smoke than men[26] in contrast to lung cancer which has a higher incidence in men[27].

Hospitalisation rates for COPD have decreased over the last five years with the overall rates for Tayside lower than the national average, with a dramatic fall in the last reporting period across all of Tayside and Scotland (figure 27).

23 Cancer Mortality in Scotland Annual Update to 2020
24 Chest Heart and Stroke Scotland and SPRAG: 2017 Pulmonary Rehabilitation Survey
25 Scottish Health Survey 2018
26 Scottish Health Survey 2018
27 Cancer Incidence in Scotland Dashboard

Figure 27: Age-sex standardised rate of COPD hospitalisation per 100,000 population; 2002-04 to 2020-22



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Analysing COPD patient hospitalisations by deprivation shows that COPD admission rates in Tayside would be 65% lower (Scotland 70%) if the levels of the least deprived area were experienced across the whole population[28].

3.4 Diabetes

Diabetes is a common life-long health condition, although remission can be achieved in type 2 diabetes with weight management and early intervention. The most recent Scottish Diabetes Survey (2023) estimated that there were just over 353,000 people with a diagnosis of diabetes in Scotland, representing a prevalence rate of 6.5%[29] (compared to 4.8% in 2012) with the majority (88%) having type 2 diabetes[30].

When only adults are considered, the prevalence rate rises to approximately 8% of the adult population. Furthermore, approximately 1 million people in Scotland are currently considered at risk of, or have, undiagnosed type 2 diabetes[31] and it is estimated that 10% of type 2 diabetes is undiagnosed.

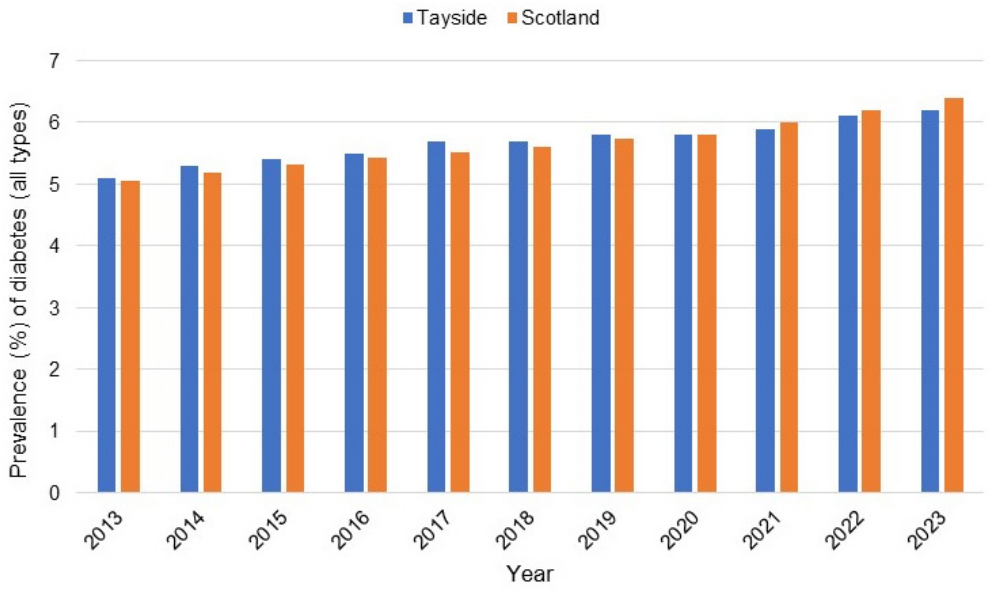
In Scotland, more cases of diabetes were diagnosed in 2021 than in previous years but this may be due partially to a delay in diagnosing cases during the COVID-19 pandemic in 2020. However, the increase will also reflect population changes including increases in weight and body mass index, in addition to the ageing demographics described in Chapter 1. These trends were mirrored in Tayside with the number of new cases of diabetes diagnosed in 2022 and 2023 (1,574 and 1,630 respectively) higher than any previous year since 2010.

The prevalence of both type 1 and type 2 diabetes in Tayside has been steadily increasing over the last 10 years from 5.1% (21,097 people) in 2013 to 6.2% (26,093 people) in 2023, although it

28 ScotPHO Profiles Tool
29 Prevalence refers to proportion of persons who have a condition at or during a particular time period
30 Scottish Diabetes Survey 2023
31 Diabetes UK Position Statement 2019

fell below Scotland for the first time in 2021 and has remained so since (figure 28). Almost 90% of people living with diabetes in Tayside have type 2 diabetes (23,251).

Figure 28: Crude prevalence rate of all types of diabetes for all ages per 100,000 population; 2013-2023



Source: Scottish Diabetes Survey 2023 and Tayside Diabetes MCN annual report 2023

3.5 Summary

Physical health outcomes are influenced by a person's individual characteristics and behaviours, as well as by their physical, social and economic environments.

Whilst the physical health status of person can be managed to prevent hospital admissions and prolong life expectancy, to ensure sustainability of health and social care services long-term, it is imperative that a public health approach is adopted across the whole system to focus on prevention and early intervention, targeted to populations at greatest need, to improve overall health and reduce health inequalities.

It is the modifiable risk behaviours that Public Health as a specialty primarily focuses on changing, working with the whole system to improve the health outcomes of the population, and it is in the next chapter that this report will describe some of the current and future activities that will have a positive impact on the population's health.

4. Mental Health

Mental illness is one of the major public health challenges in Scotland. Poor mental health is the leading cause of sickness absence in the UK and is generally more debilitating than most chronic physical conditions. Currently around one in four people are estimated to be affected by mental illness. Good mental health is fundamental to good public health as mental health influences our capacity and motivation for healthy behaviours, outcomes in chronic disease and our ability to engage with health services.

Mental health is strongly influenced by social, environmental and economic conditions. Poverty and deprivation are key determinants of children's development and subsequent adult mental health. Symptoms of anxiety and depression are over twice as common and self-harm and suicide over four times as common in the most deprived quintile compared to the least[32].

Young people are experiencing increasing mental health challenges over recent years and the COVID-19 pandemic has added to this with disadvantaged young people most affected[33]. Locally this is evident in challenges faced by schools and in the increasing number of referrals to statutory and non-statutory services.



Over a fifth of the population in Tayside are prescribed drugs for anxiety, depression or psychosis.



Hospitalisations for psychiatric illness have decreased but are higher in Tayside, and Dundee in particular, than Scotland.



The suicide rate in Tayside is higher than the national average with 21 per 100,000 population in Dundee compared to 15 per 100,000 for Scotland.



Suicide rates vary by sex with males around 3 times as likely to die by suicide than females. There has been a general increase in suicides for both males and females in Tayside over the last 10 years.



Children and young people's mental health has declined in the past decade, exacerbated by the pandemic.



Three quarters of people with a mental health condition start developing it prior to 18 years of age.

32 The Scottish Health Survey 2021 - Volume 1: Main Report
33 COVID-19 Early Years Resilience and Impact Survey (CEYRIS)

4.1 Local and national context

4.1.1 Hospitalisations

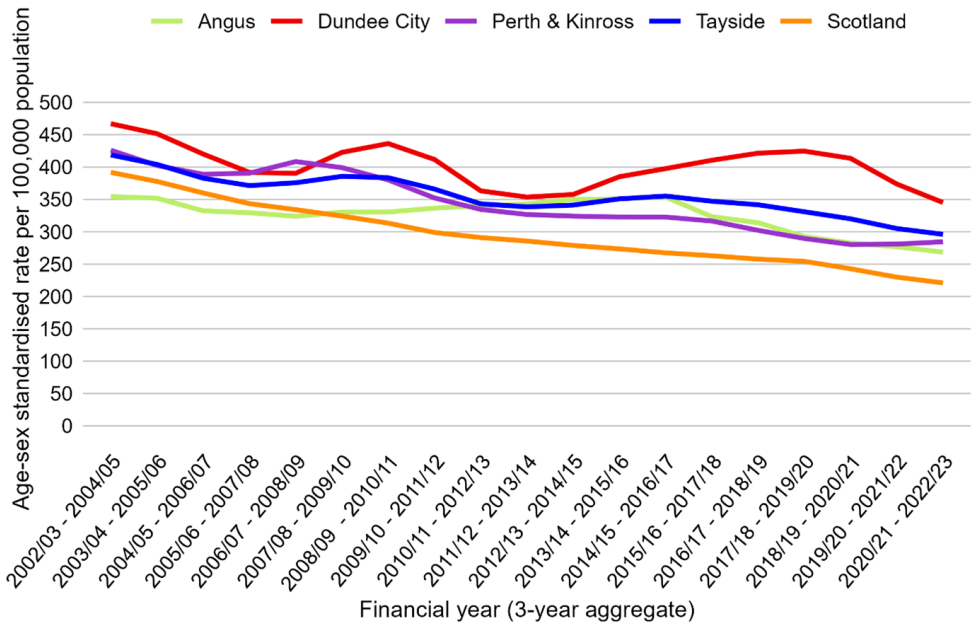
Over the last 20 years, the rate for psychiatric patient hospitalisations across Scotland has decreased (figure 29) with Tayside rates following a similar pattern, albeit with higher rates than Scotland overall.

Differing numbers of inpatient beds and patterns of service delivery exist between areas of Scotland which may explain some of the variation in admission rates.

Hospitalisations for residents of Dundee City had, however, diverged from the overall Tayside and Scotland trends and increased between 2015 and 2019.

Despite a decrease in the rate in the most recent period, psychiatric patient hospitalisations for Dundee City residents remains markedly higher than the rest of Tayside and Scotland.

Figure 29: Age-sex standardised rate of psychiatric patient hospitalisations per 100,000 population; 2002/03-2004/05 to 2021/22-2022/23

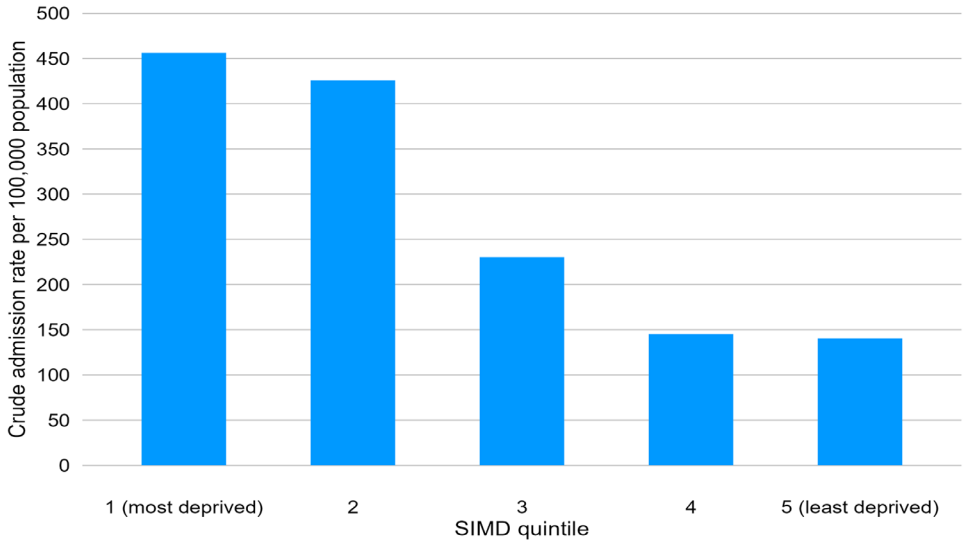


Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Psychiatric patient hospitalisations show a clear inequality gradient with people living in the most deprived areas of Tayside three times more likely than people living in the least deprived areas to be admitted to hospital with a psychiatric illness (figure 30).

In addition, psychiatric hospitalisations would be 50% lower if the rates of the least deprived areas were experienced across the whole population.

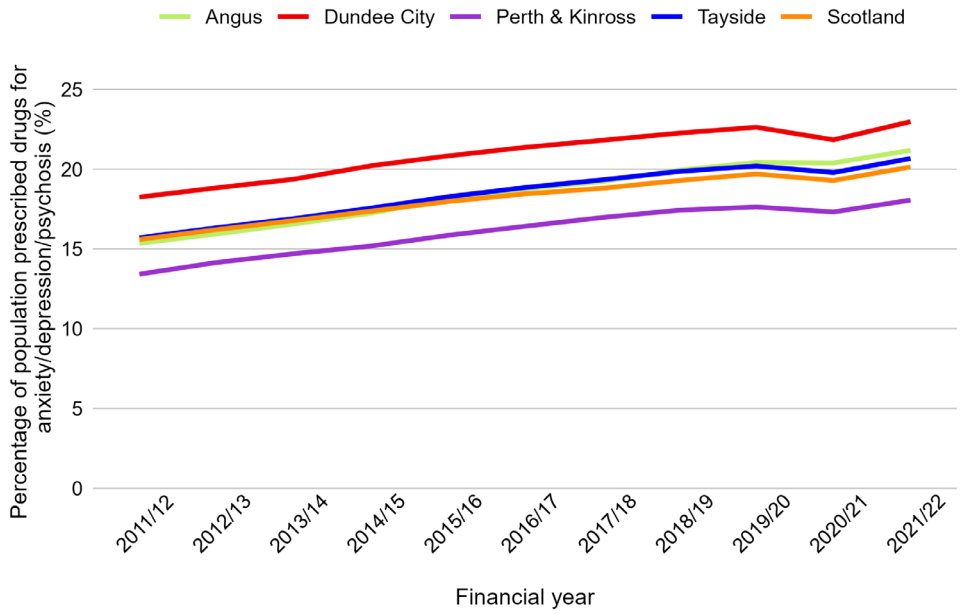
Figure 30: Adult psychiatric patient hospitalisations per 100,000 population in Tayside by SIMD2020 quintile; 2022/23



Source: Discovery (PHS)

The proportion of the population who are prescribed drugs for anxiety/depression/psychosis can be used as a proxy measure for mental health prevalence (in the absence of robust community prevalence data for mental health) and data show that while hospitalisations have decreased overall, prevalence of mental health illness in the community that is being treated with medication has increased (figure 31).

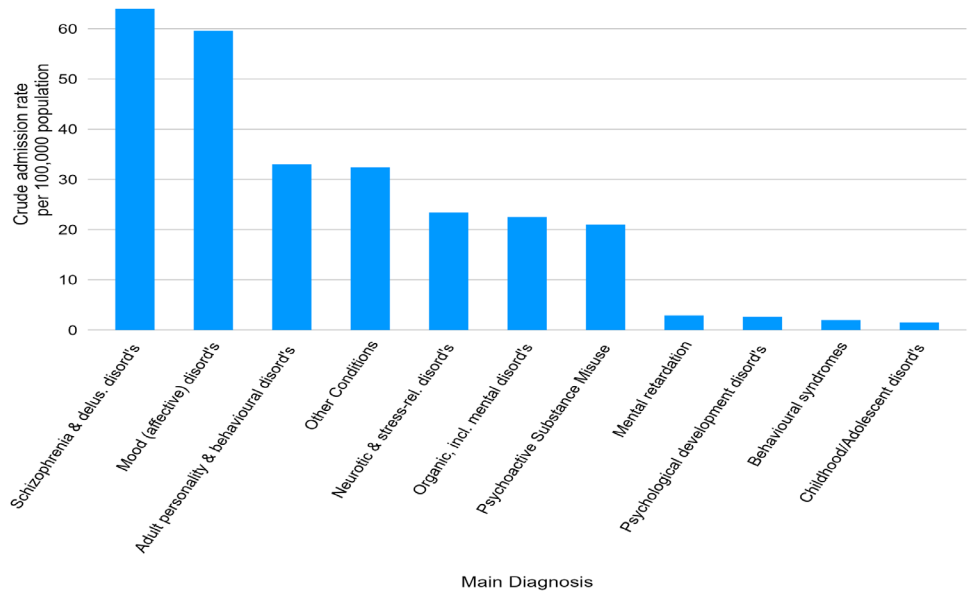
Figure 31: Percentage of population prescribed drugs for anxiety/depression/psychosis between 2011/12 and 2021/22



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Examining the diagnoses of people being admitted to a psychiatric hospital shows that mood, schizophrenia and personality disorders are the most commonly treated conditions (figure 26).

Figure 32: Adult psychiatric patient hospitalisations per 100,000 population in Tayside by main diagnosis grouping; 2022/23

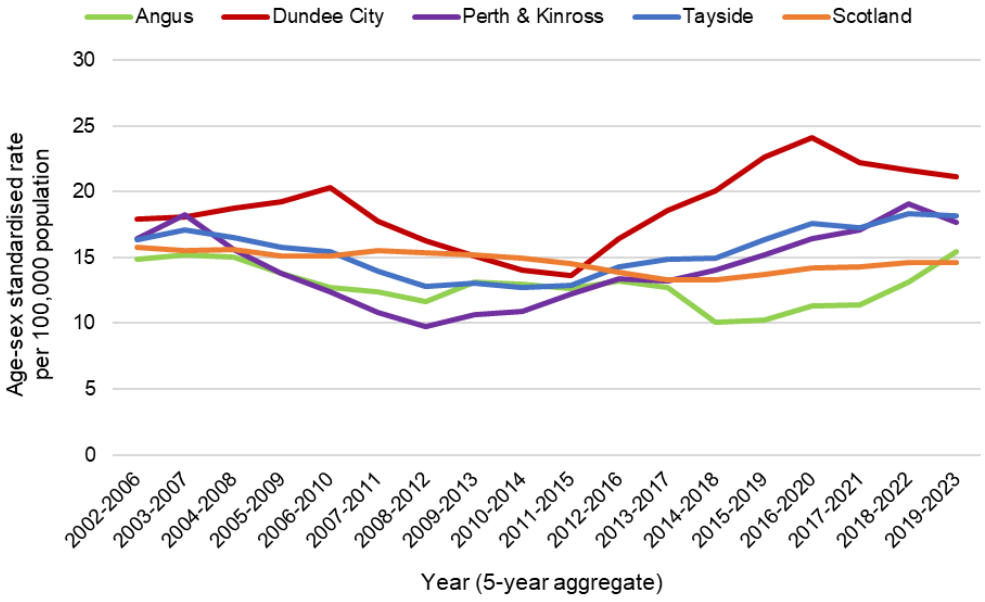


Source: Discovery (PHS)

4.1.2 Suicide

In 2023 there were 69 probable suicides in Tayside[34]. While suicide rates across Scotland had been generally decreasing since 2002-06, recent data show that Scotland rates are now starting to rise, with a particular notable increase in Tayside over the last 7 years (figure 33). This is predominantly due to a rise in the number of suicides in Perth & Kinross and Dundee City in that period, with Angus also experiencing an increase since 2015-2019. Dundee City has seen a marked decrease in the last 3 years, but it continues to experience a higher rate of suicide than all other Scottish local authorities[35].

Figure 33: Age standardised suicide rate per 100,000 population in Tayside and Scotland; 2002-2006 to 2019-2023

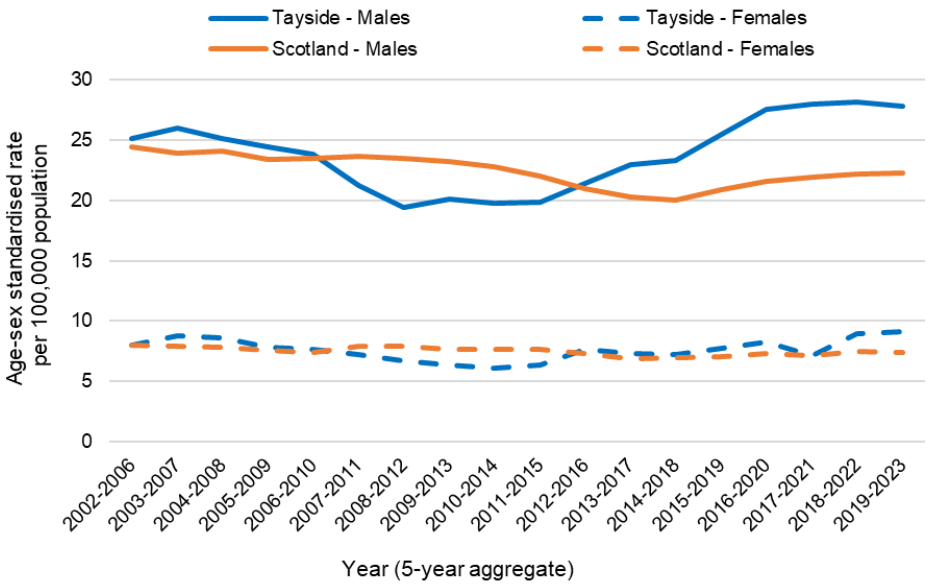


Source: National Records of Scotland - Probable Suicides 2023

34 National Records Scotland Publications - Probable Suicides 2023
35 National Records Scotland Publications - Probable Suicides 2023

A clear difference in sex and deprivation exists when suicides are examined more closely. In the most recent period, the suicide rate in Tayside was three times higher in males than in females, but both have increased over last decade above the national average (figure 34). Further analyses of suicides in Tayside show that the mean age of death was 43 years and half of the suicides were in people known to have problem alcohol/substance use[36]. When deaths from suicide across Scotland are considered by SIMD quintile, rates in the most deprived areas are three times higher than for people living in the least deprived areas.

Figure 34: Age-sex standardised suicide rate per 100,000 population in Tayside and Scotland by sex; 2002-2006 to 2019-2023



Source: National Records of Scotland - Probable Suicides 2023

4.1.3 Self-harm

Repeated self-harm is one of the main risk factors for suicide. The most recent Scottish Health Survey reported that self-harm is much more common in young people, with 25% of 16-24 year olds in Scotland reporting that they had previously self-harmed on at least one occasion compared to 10% of adults. Self-harm is particularly prevalent in young women with girls 3 times more likely to self-harm than boys and people living in the most deprived areas of Scotland have a higher prevalence rate (17%) compared to those in the least deprived areas (4%)[37].

4.1.4 Mental health in children

There is concern that mental health is worsening amongst children. Nearly half of all lifetime mental health conditions occur before the age of 14 years with emotional disorders in particular increasing, especially in young girls.

Poor childhood mental health can impact on relationships, educational engagement and self-confidence, often persisting throughout adult life with direct consequences on an individual's health, social and economic outcomes[38].

36 Tayside Multi Agency Suicide Review Group Annual Report 2022
37 Scotland's self harm strategy and action plan 2023-27
38 'Findings from The HBSC 2018 Survey In Scotland Health Behaviour In School-Aged Children: World Health Organization Collaborative Cross-National Study' (January 2020), Inchley, J et al.

Many factors influence mental health and wellbeing, e.g. attachment in early childhood, trauma, socio-economic deprivation, diet, physical activity, sleep, substance use, social relationships and the school experience. Children from socio-economically deprived backgrounds are 2-3 times[39] more likely to develop mental health issues. These children are also more likely to encounter adverse life circumstances which, in turn, will affect their mental health.

4.2 Current and future activity

4.2.1 Primary prevention of mental health disorder

The Directorate of Public Health is working with Public Health Scotland to increase the use of a 'Health in all Policies' approach and is advocating for the development of a Health in all Policies and Health Impact Assessment infrastructure, capacity and champions across Tayside.

4.2.2 Prevention and early intervention for mental health conditions and improving primary and community mental health services

A key component of public mental health work is to build capacity with partners. Training and awareness raising are used to increase knowledge and promote effective actions that will improve population mental health and wellbeing, based on local needs.

4.2.3 Mental health and wellbeing strategic planning

Public Health works closely with partners from the health and social care partnerships, third sector and other agencies through the three-locality community mental health and wellbeing strategic planning groups. The focus is on using data and evidence to drive forward an upstream preventative approach to mental health, targeting populations with the greatest health needs.

4.2.4 Mental health identification in general inpatient services

Unidentified mental health conditions result in poorer outcomes for patients and increase health costs. Public Health is working with senior leadership to deliver service improvements.

4.2.5 Suicide prevention

The Public Health Directorate leads the Tayside Suicide Prevention Co-ordinating Group which has three key workstreams:

1. **Tayside Multi-agency Suicide Review Group (TMASRG)**
   Public Health leads this group which undertakes in-depth reviews of all suicide deaths in Tayside. The purpose is to identify risk factors, emerging issues and areas for service improvement[40].
2. **Suicide Prevention Training Group**
   The purpose is to ensure quality and responsiveness of training, build capacity and facilitate access to training, based on need across Tayside.
3. **Children and Young People's Suicide Prevention Group**
   This group was set up to respond to local stakeholder concerns and national strategy recommendations. A comprehensive needs assessment has been undertaken and action plan developed. Actions include improving data collection, developing better information sharing between agencies and improving access to training[41].

39 Mental Health Foundation - Statistics & Poverty
40 Tayside Multi Agency Suicide Review Group Annual Report 2021
41 Tayside Needs Assessment to Inform the Prevention of Suicide and Self Harm in Children and Young People

4.2.6 Mental health services improvement

Public Health is a member of the Executive Leadership Group for the Tayside Mental Health and Learning Disability Whole System Change Programme. Key contributions are supporting the use of data and evidence to inform service development and ensuring service change is evaluated.

4.2.7 Physical health of individuals with severe and enduring mental health disorders

Individuals with severe and enduring mental illness die, on average, 10-20 years prematurely due to preventable physical health conditions which is a significant health inequality. Public Health is undertaking work with the Early Intervention for Psychosis service and other areas of the mental health services to develop a systematic approach to improving the physical health of individuals with severe and enduring mental illness. This includes a focus on smoking cessation, physical activity and diet through behavioural change.

4.3 Call to action

Improve mental health

Good mental health is an essential resource for life. However, poor mental health is increasing and is the largest single cause of disability in our society. There is a strong association between socio-economic deprivation and poor mental health. For example, suicide is three times more common in those living in the most deprived areas compared to the least deprived. Levels of mental distress in communities should be understood less in terms of individual disorders and more as a response to relative deprivation and social injustice.

Prevention is most cost effective and a systematic approach to addressing the socio-economic determinants of poor mental health is essential. At an individual and community level there are a large number of evidence-based approaches including supporting perinatal mental health, parenting programmes, antibullying interventions, physical activity, workplace mental health support, psychological interventions for chronic illness and reducing isolation. We can all take steps to improve our mental wellbeing[42].

Reduce stigma

Stigma in relation to mental health continues to be present in society and in our services. Fewer than half of us feel confident in challenging mental health stigma. Together we can all make a difference[43].

Reduce inequity between physical and mental health

Mental health services have always been under-resourced in comparison with physical health services and this inequity in service provision proportionate to need must be redressed in future.

42 NHS UK - Five steps to mental wellbeing
43 See Me Scotland

5. Modifiable Risk Factors

Whilst we cannot impact or influence some risk factors for disease, for example age, there are a range of risk factors that can be changed to decrease the risk of a disease happening, or becoming worse, and these are therefore called 'modifiable'.

However, whilst many of these factors can be changed at an individual level e.g. a person's weight, it is far too simplistic to attribute trends across a whole population down to individuals' choice – wider socioeconomic and cultural factors are the greater determinants of population health.

For example, rising levels of obesity are a direct result of increasingly obesogenic environments, where food and drink that are high in calorific content are easily available, affordable and marketed, and options for active travel are limited. The wider socioeconomic and cultural context impacts far more extensively than simply individual 'choice'.

This chapter describes current trends in the key metrics available to measure modifiable risk factors for the development of disease and ill health.



The alcohol-related hospital admission rate is higher in Tayside than the national rate for the first time in 10 years.



Drug-related hospital admission rates have decreased in Dundee City for the first time in 10 years but they remain more than double the national rate.



Alcohol-related hospital admissions are 4 times higher for people living in the most deprived areas compared to the least deprived areas, while the difference in drug-related admissions is 17 times.



Drug-related death rates have fallen in Dundee City for the 3rd consecutive year but is still around 50% greater than the national rate.



The incidence of HIV in Tayside and Scotland are showing a downward trend.



The infection rate for chlamydia and gonorrhoea in Tayside decreased in the last year but remain higher than the national rate.



Teenage pregnancy rates have generally decreased, however, the rate in Tayside increased last year for the first time in 15 years.



Terminations have been steadily increasing over the past decade with Tayside higher than Scotland (20.4 per 1,000 females compared to 17.6 in 2023).



While smoking prevalence, smoking-related hospital admissions and smoking-attributable deaths have decreased, in 2021 a fifth of deaths in Scotland continue to be smoking-related.



Two thirds of Tayside adults are meeting physical activity guidelines, however, this varies considerably by sex (68% in males and 61% in females).



Fewer than one third of the Tayside population are of healthy weight with this proportion being lower in males than females and for people living in more deprived areas.



The proportion of children who are of healthy weight in Tayside has increased in the last year, but children in the most deprived areas are twice as likely to be at risk of obesity than those in the least deprived areas.



Children and young people who are growing up in the most deprived areas are less likely to have a healthy weight.



Fewer than a quarter of adults in Scotland eat the recommended five or more portions of fruit and vegetables per day.



The percentage of babies exclusively breastfed at 6-8 weeks is increasing across all local authorities and deprivation areas in Tayside.



The proportion of primary school children showing no obvious dental decay continues to improve in Tayside although deprivation is associated with poorer dental health.

5.1 Substance Use — Alcohol and Drugs

Substance use adversely impacts health and wellbeing. For example, alcohol is known to be a causal factor in over 200 diseases and injury conditions[44]. Substance use often occurs concurrently with poor mental health and both can impact more widely, affecting family, friends, and local communities. Furthermore, both poor mental health and problem substance use (drugs and alcohol) disproportionately affect people who live in areas of greater socioeconomic deprivation. Alcohol and Drug Partnerships (ADPs) undertake a strategic role to develop good quality accessible services that promote the recovery of people affected (both directly and indirectly) by substance use.

Implementation of the Medically Assisted Treatment (MAT) Standards for Scotland has continued to be a major focus of the work of partnerships across Tayside. There has been increased recognition, however, of the changing patterns of substance use, with polydrug use, including stimulants such as cocaine, benzodiazepines and alcohol, increasing.

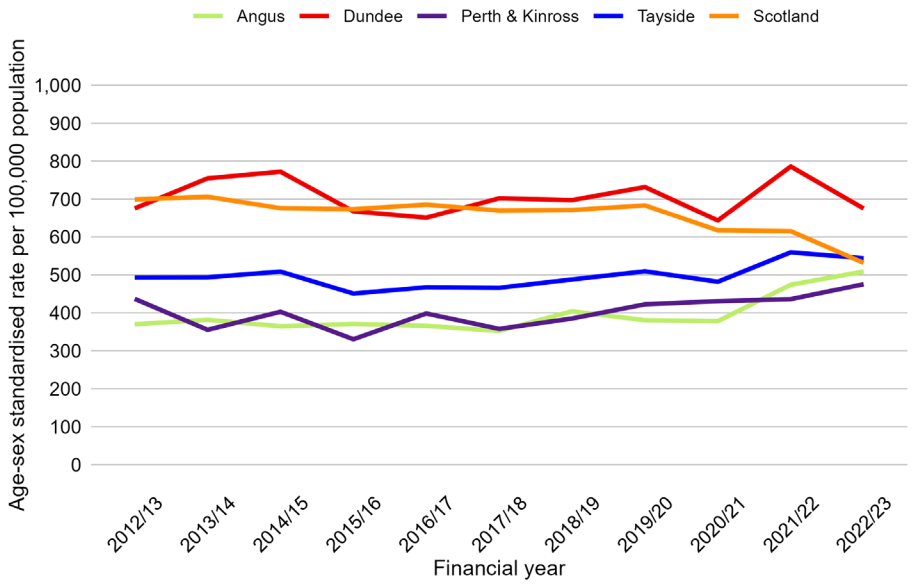
5.1.1 Alcohol consumption

A considerable proportion of adults continue to drink alcohol in excess of the recommended government guidelines of 14 units per week for all adults[45]. The 2023 Scottish Health Survey reported that 30% percent of men and 14% of women in Tayside currently drink alcohol at levels that are considered hazardous or harmful.

5.1.2 Alcohol-related health harm

Alcohol continues to be one of the largest drivers for A&E attendances and subsequent hospital admissions in Tayside and alcohol specific mortality remains a significant public health concern. Alcohol-related hospital admission in Tayside were consistently lower than Scotland until 2022/23. While the overall Scotland rate has fallen in the last decade, the Tayside rate has risen specifically across Angus and Perth & Kinross. The admission rate has remained considerably higher for people living in Dundee City than the rest of Tayside (figure 35).

Figure 35: Age-sex standardised alcohol-related hospital admission rate per 100,000 population; 2012/23 to 2022/23

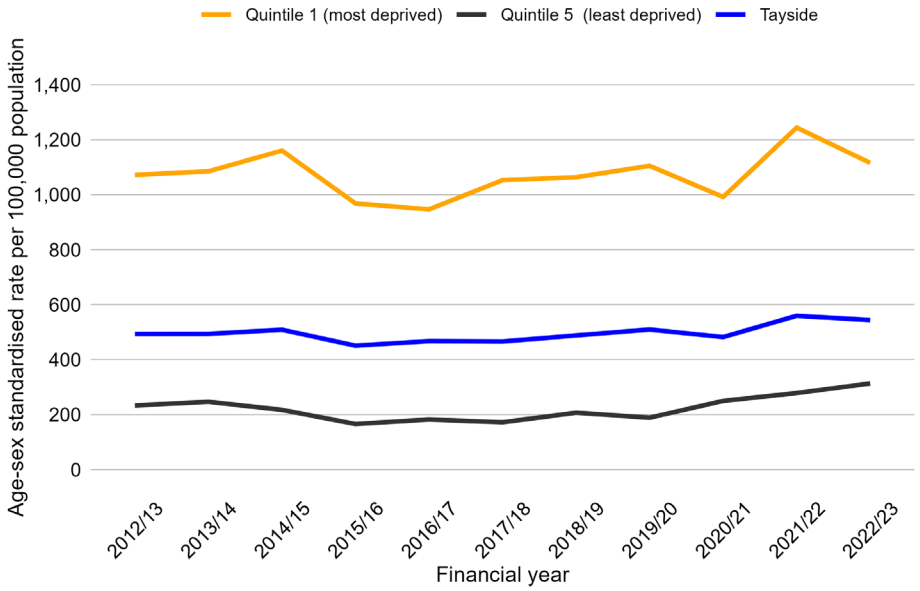


Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

44 World Health Organization. Global status report on alcohol and health 2014
45 Scottish Government / National Statistics. The Scottish Health Survey 2023 Edition

When considering the socioeconomic status of people admitted to hospital for alcohol-related conditions a clear deprivation gradient exists with admissions 4 times higher for people living in the most deprived communities than for people in the least deprived areas (figure 36).

Figure 36: Age-sex standardised alcohol-related hospital admission rate per 100,000 population by SIMD quintile; 2012/13 to 2022/23

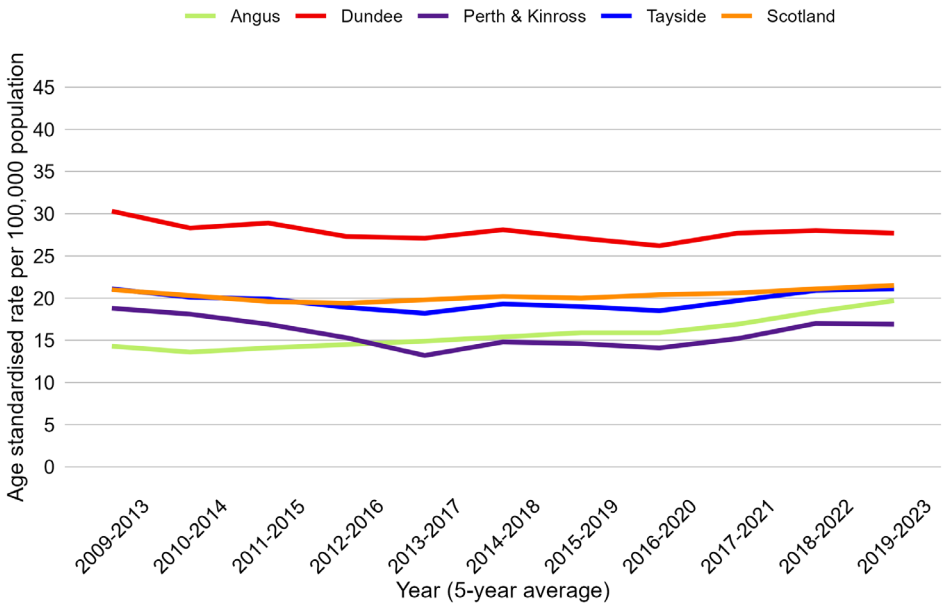


Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

5.1.3 Alcohol-specific mortality

There was a decrease in the alcohol mortality rate in Tayside between 2009-13 and 2013-17 but since then it has been gradually increasing, with the biggest increase occurring in Angus from 14 per 100,000 population in 2009-13 to 20 per 100,000 population in 2019-23, whilst Dundee City has the highest mortality rate in all of Tayside with 28 per 100,000 in 2019-23 (figure 37).

Figure 37: Age standardised alcohol specific mortality rates per 100,000 population in Tayside and Scotland; 2009-2013 to 2019-2023



Source: https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2023/#

5.1.4 Prevalence of problem drug use

Using data from 2015/16, a prevalence study[46] estimated that there are approximately 4,600 people with problem drug use (opioids and/or benzodiazepines) in Tayside, with the majority (49%) living in Dundee.

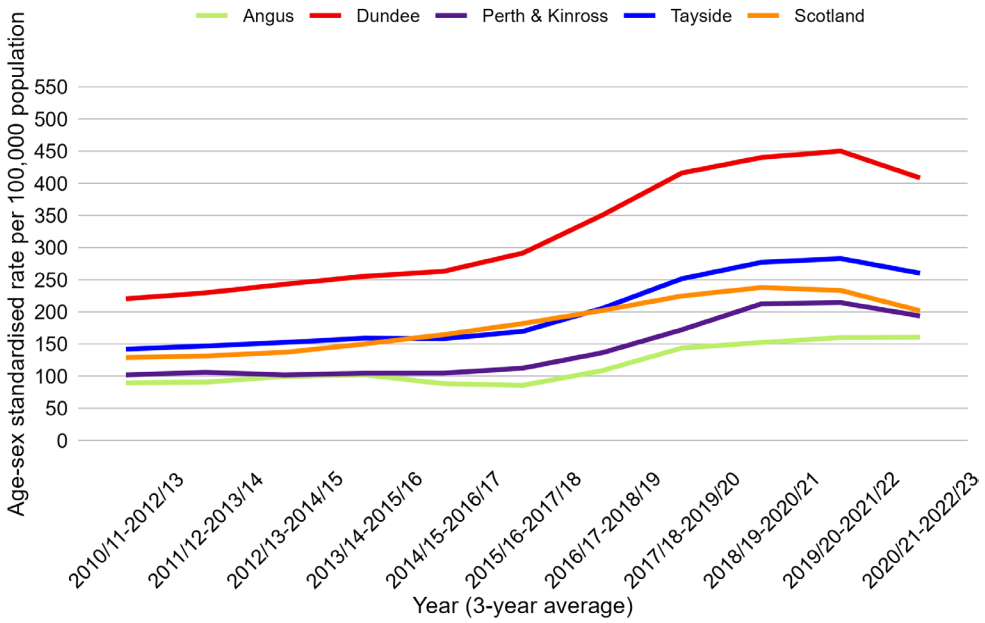
While the prevalence of problem drug use overall in Tayside (1.7%) is slightly higher than the national average (1.6%), the prevalence of problem drug use in Dundee is much higher (2.3%)[47].

Using data relating only to opioid dependence from the period 2014/15 to 2019/20, Public Health Scotland calculated that the prevalence of opioid use in Tayside was approximately 1.36% of the 16-64 age population (3,600 people) in 2019/20, which was slightly higher than the Scottish prevalence of 1.32% (47,100 people)[48].

5.1.5 Drug-related health harm

Across Scotland, drug-related hospital admissions have generally been increasing over time. Since 2016/17, the rate for Tayside has been higher than the Scottish average, predominantly due to the significantly higher rate in Dundee City (figure 38). Admissions in 2020/21-2022/23 have fallen for the first time in Tayside for 10 years.

Figure 38: Age-sex standardised drug-related hospital admission rate per 100,000 population; 2010/11-2012/13 to 2020/21-2022/23

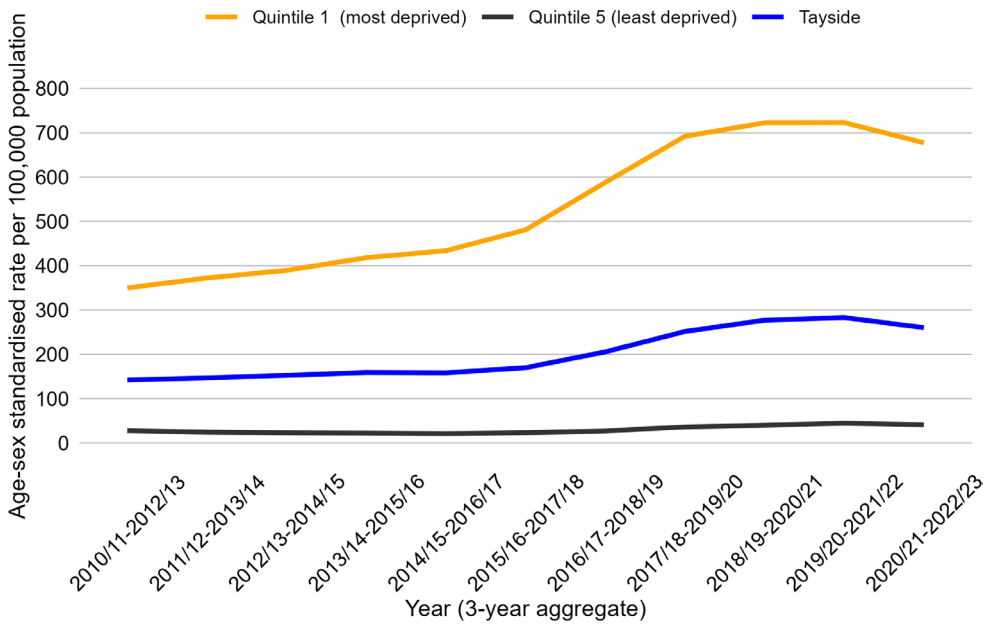


Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

There is a significant inequality gap in rates of drug-related hospital admissions. In the most recent period, the rate for people living in the most deprived areas was 17 times higher than the rate for people living in the least deprived areas (figure 39).

46 Prevalence of Problem Drug Use in Scotland: 2015/16 Estimates
47 National Records for Scotland
48 Estimated Prevalence of Opioid Dependence in Scotland 2014/15 to 2019/20

Figure 39: Age-sex standardised drug-related hospital admission rate per 100,000 population by SIMD quintile; 2010/11-2012/13 to 2020/21-2022/23

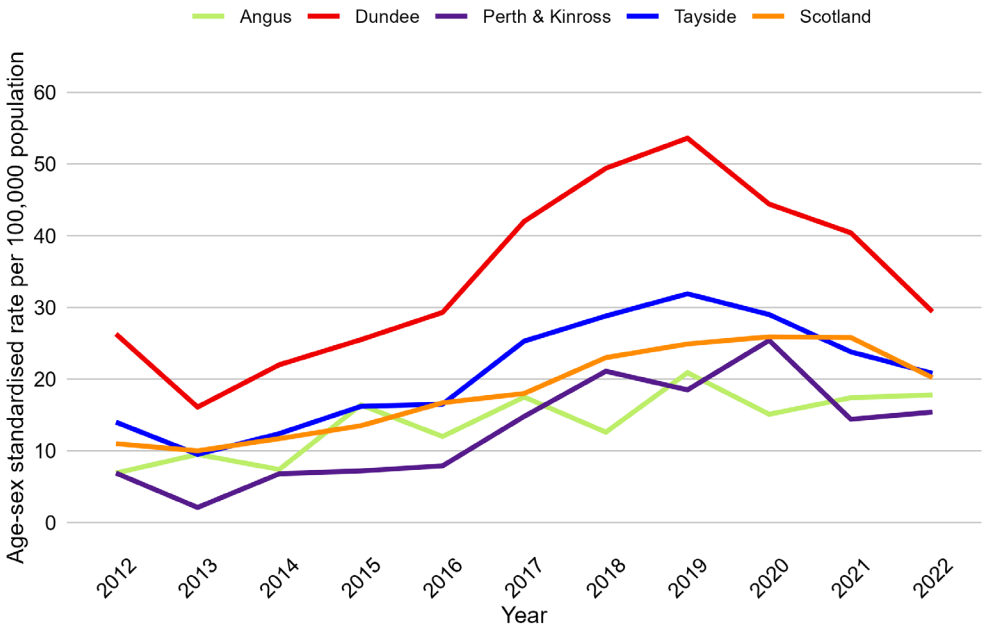


Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

5.1.6 Drug-related mortality

Drug-related deaths across Scotland have increased over time, with a sharp rise seen since 2013. The drug-related death rate for Tayside has consistently been above the national average, due to the high rate in Dundee City. However, drug deaths have decreased in Tayside since 2019 driven by the sharp fall in Dundee City in that time (figure 40).

Figure 40: Age-sex standardised drug-related death rate per 100,000 population in Tayside and Scotland; 2012 to 2022



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

5.1.7 Current and future activity

Alcohol Brief Interventions (ABI)

The number of Alcohol Brief Interventions (ABI) reported in Tayside remains substantially below target (3,113 of the target 4,760 in 2023/24, representing 65% of target met). There are recognised difficulties with reporting of ABI, as multiple systems are used and many areas rely on return of Excel spreadsheets using data extracted from client records. There is also recognition that screening and brief interventions are under-recorded due to it being seen as 'business as usual' or there being no recording system in place.

The ABI co-ordinator post is hosted within the Public Health Directorate, funded by the 3 Tayside ADPs. At the most recent review of the post, the hours were extended and the funding made permanent, in recognition of the persistent problems of alcohol related harm across Tayside. This has enabled the post-holder to develop and deliver training on the connections between poor mental health and alcohol use, and also to develop training further in relation to stigma and alcohol use.

Alcohol and drug specialist treatment referrals

A fixed term post has been funded within Tayside Council on Alcohol to lead a review of the alcohol care pathway in Dundee, recognising that people who are referred to alcohol services often present with more complex social and welfare needs, and also, increasingly frequently, use of other drugs (including stimulants and benzodiazepines) alongside their alcohol use. The post-holder within TCA is also developing a pathway for people seeking support in relation to cocaine use.

Prevention of drug and alcohol related deaths

The Public Health Directorate worked with Dundee ADP to deliver a second workshop in November 2024, presenting the findings of the review of 2022 drug deaths as well as initial findings from the gendered services group 'deep dive' into risks of female drug death, which is due to be completed in March 2025. The workshop also included a presentation on the suicide prevention strategy for Dundee, recognising the substantial overlaps between substance use and poor mental health.

Work is continuing to deliver a drug checking service embedded within an existing harm reduction site. Dundee is working alongside 3 other pilot Board areas (Glasgow, Grampian and Edinburgh) with Scottish Government support. An external evaluation will be commissioned by Scottish Government and the national drug checking laboratory to support the pilot sites will also be located in Dundee. Taken together, these services will provide useful individual harm reduction support and inform the national drug intelligence picture which is essential in the changing substance use environment.

The Health Intelligence team within the Public Health Directorate provided detailed reports and analysis relating to alcohol related population health harms for each of the Tayside Local Licensing Boards to inform decision making in relation to updating of licensing policies and statements of overprovision.

Controls on availability of alcohol are one of the 3 essential elements of policy to reduce alcohol related harm, alongside affordability and attractiveness (influenced by advertising and marketing).

Dundee Licensing Board has re-adopted its overprovision policy, making a presumption against the granting of new or increased off-sales licences across the City. This can provide a basis for objections to be raised to licence applications which come to public health for comment.

Medically Assisted Treatment (MAT) standards for Scotland

Public Health Scotland published its most recent benchmarking report for the Medically Assisted Treatments (MAT) standards in July 2024[49]. Implementation of the MAT standards is being progressed in 4 phases, and this latest report relates to phase 3, which is due to be completed by April 2025:

1. Partial implementation of MAT 1–5 in the community
2. Full implementation of MAT 1–5 and partial implementation of MAT 6–10 in the community
3. Full implementation of MAT 1–10 in community and justice settings
4. Sustained implementation of MAT 1–10 in community and justice settings

All of the Tayside Alcohol and Drug Partnerships are meeting the MAT standards as at April 2024, although Angus and Perth & Kinross have only shown evidence of partial implementation of MAT standard 7 (all people have the option of MAT shared with Primary Care).

5.1.8 Call to action

The adverse impacts of problematic use of alcohol and drugs remain a very substantial public health issue and cause of premature mortality and multiple morbidity across Tayside. The impacts are experienced not just by individuals who use drugs and alcohol but also by wider networks of family, friends and communities. Harms related to use of alcohol and drugs are very closely associated with socio-economic deprivation and experience of multiple disadvantages.

Stigma is commonly experienced by people who seek support for problematic drug and alcohol use, and by their families and by those who provide these services across the statutory and third sector. Stigma can make it harder for people to seek advice and support, it can make people feel they are less deserving of essential care and add significantly to the risk of harm associated with alcohol and drug use[50].

We can all help to reduce stigma and therefore contribute to ensuring that everyone has the best possible health and wellbeing, unrestricted by discrimination and judgement. We can all start by making sure our use of words does not create barriers[51].

5.2 Sexual health and blood borne virus

Sexual health and blood borne viruses (BBV) – HIV, hepatitis B and C – remain a major public health issue in Scotland. Early diagnosis and treatment can dramatically improve outcomes and avoid significant morbidity and mortality. There is a clear association between BBVs, poor sexual heath, early parenthood and inequalities. Many people living with BBV continue to face stigma and discrimination.

The Scottish Government published its updated Sexual Health and BBV Action Plan 2023-26[52] in November 2023. Although the plan focuses on the ongoing recovery and provision of services and the five outcomes below, it does also introduce the concept of promoting overall sexual wellbeing as an indicator of health equity.

49 National benchmarking report on implementation of the medication assisted treatment (MAT) standards
50 Alliance Scotland National Collaborative
51 Dundee Health
52 Sexual Health and BBV Action Plan 2023-26

- Fewer newly acquired BBV and sexually transmitted infections and unintended pregnancies
- A reduction in the health inequalities gap in sexual health and blood borne viruses
- People affected by blood borne viruses lead longer, healthier lives
- Sexual relationships are free from coercion and harm
- A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive

The plan also recognises the importance of contributing to other cross cutting policies if we are to ensure everyone in Scotland has good sexual health and wellbeing, and that high quality, innovative, BBV prevention, care and support is available to those who need it, in a timely manner and irrespective of age, sex, gender, sexual identity, background or location.

The other most relevant strategic and policy documents are 'The Scottish Women's Health Plan 2021 – 2024', 'Medication Assisted Treatment Standards for Scotland', 'HIV Transmission Elimination Proposal' and the 'Hepatitis C Elimination Strategy'.

Young people under 25 are one of the groups most at risk of poor sexual health outcomes. Good sexual health services play a vital role in ensuring that young people in Tayside have the information, support, and resources they need to make informed decisions about their sexual and reproductive health.

5.2.1 Harm reduction and maintaining hepatitis C elimination

Local and national context

Tayside was one of the first regions in the world to achieve hepatitis C elimination in 2020 (as defined by WHO[53]). Access to regular testing and timely treatment is vital to ensure elimination is maintained. One of the main impacts of COVID-19 restrictions was a dramatic reduction in attendance at harm reduction clinics, associated with a significant decrease in the amount of injecting equipment provided from these sites across Tayside and a reduction in testing. Similar patterns were seen across the whole of Scotland. The number of needles and syringes distributed in Tayside has decreased by over two thirds in the last decade with just under 184,000 distributed in 2021/22 compared to just over 579,000 in 2011/12[54].

Hepatitis C (HCV) elimination work continues across Tayside with treatment numbers remaining low but steady, as expected. The Needle Exchange Surveillance Initiative (NESI) is conducted in Scotland every two years and provides an estimate of current prevalence of chronic HCV. NESI previously demonstrated the impact of the major scale-up of Direct Acting Anti-virals in Tayside, where chronic HCV prevalence fell by 71% (from 34% to 10%) between the 2013-14 and 2019-20 sweeps of the survey. The recently published NESI report for the 2022-23 sweep demonstrated the chronic HCV prevalence has further declined to 4% in Tayside.

The prevalence of HCV antibodies among those with less than three years since onset of injecting (a proxy for new infections) is very high across Scotland at 40%, however it is 0% in Tayside. This indicates our elimination work is successful and the pool of infection in Tayside is very small. When the timeframe is expanded to five years, this remains at zero in Tayside. There has been national recognition of the leadership and progress that Tayside has made in this area.

53 World Health Organisation. Global Health Sector Strategies on, Respectively, HIV, Viral Hepatitis and Sexually Transmitted Infections for the Period 2022-2030

54 Injecting Equipment Provision in Scotland 2021 to 2022

Medication Assisted Treatment standards play a significant part in embedding harm reduction across Tayside, particularly MAT standard 4: "All people are offered evidence-based harm reduction at the point of MAT delivery".

Opt-out BBV testing should be implemented in services where people who use drugs are seen (substance use and injecting equipment provision services), plus across the prison estate in Scotland. The HCV Elimination Strategy sets a target of 80% of people in substance use services tested in last 12 months (90% ever tested) and the HIV Transmission Elimination Plan sought to increase BBV testing coverage to people in custody including those already in Scottish prisons reaching 90% uptake within the previous 12 months by December 2024. This target has not been reached. Testing data for 2023 shows that 92.6% of people currently receiving Opioid Substitution Therapy (OST) in Tayside have ever been tested but only 31.5% were tested in the previous 12 months. The 2024 audit will take place in early 2025.

Public Health Scotland have been working to produce data to show progress on implementation of opt-out testing in prisons and provisional data show extremely low rates across Scotland. PHS are continuing to refine the data and are hoping to be able to provide further data on offer as well as uptake of tests at a later stage.

5.2.2 HIV elimination - Getting to zero new transmissions and Fast Track Cities

There have been transformational developments in the diagnosis, treatment and care for HIV. Highly effective medications for HIV exist offering treatment as prevention, meaning a person living with HIV with a sustained undetectable viral load due to effective treatment cannot pass on infection to others, including sexual partners – undetectable equals untransmittable (U=U).

This, together with the introduction of pre-exposure prophylaxis (PrEP), provide all the tools to end new transmissions of HIV, prevent AIDS-related deaths and stop stigma and discrimination. UNAIDS and partners are looking to countries to accelerate their work to eliminate HIV transmission by 2030 and have developed the '95-95-95 targets':

- 95% of people living with HIV know their status
- 95% of people who know their status are receiving treatment
- 95% of people on treatment have an undetectable HIV viral load

Scotland, and Tayside, perform well against these targets however it is estimated that only 92% of people living with HIV in Scotland are aware of their status (board level data unavailable). As with hepatitis C, access to preventative interventions is vital to ensure HIV transmission can be eliminated.

In 2023, a total of 385 reports of HIV diagnoses were recorded in Scotland. This compares to a total of 317 reports in 2022 and 218 reports in 2021; this reflects an upward trend in newly reported cases in contrast to the downward trend seen prior to the COVID-19 pandemic. The most common mode of acquisition is now 'sexual intercourse between men and women' (206 cases), and is twice the diagnosis rate of 'gay, bisexual and other men who have sex with men' (103 cases). Of these 385, fewer than five cases were 'first ever HIV diagnoses' in Tayside bringing the total number of individuals diagnosed and living with HIV in Tayside to 410.

Current and future activity

Both Dundee City and Perth & Kinross councils signed the 'Paris Declaration'[55] in 2023 making Dundee and Perth 'HIV Fast Track Cities'. This represents a shared commitment from

55 Paris Declaration on Fast-Track Cities

the local authorities, health and social care partnerships and NHS Tayside to accelerate local work to meet the UNAIDS 95-95-95 targets and become part of the global Fast Track Cities initiative. Working in partnership with all three local authorities and HSCPs to progress this work, we have published a Tayside HIV Strategic Plan to support local work to eliminate new transmissions of HIV. The plan incorporates primary and secondary prevention and focusses on reducing stigma and discrimination.

5.2.3 Sexual and Reproductive Health

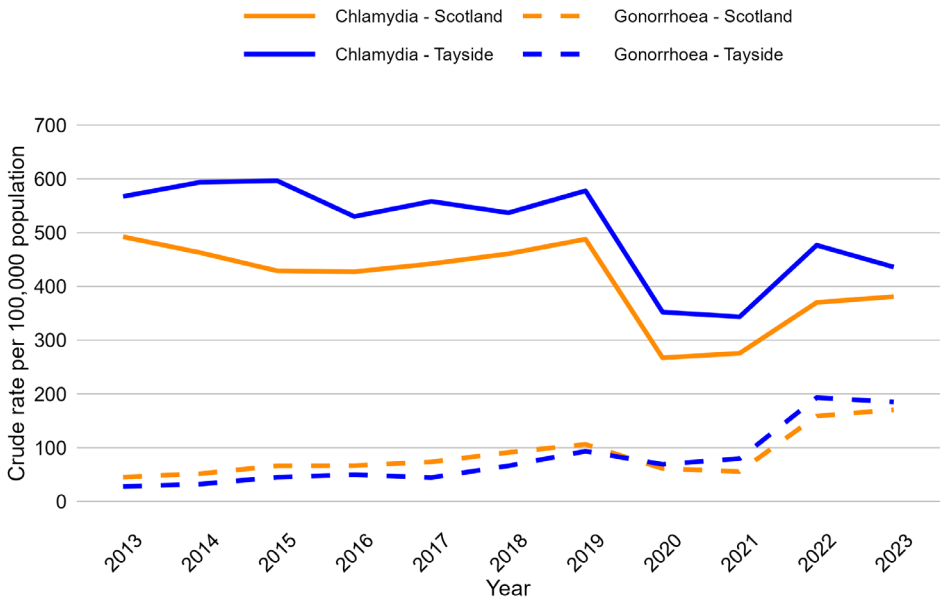
Local and national context

Infection rates for many STIs have increased over time. Chlamydia diagnoses in Tayside and Scotland increased between 2016 and 2019 before decreasing in 2020 and 2021 mainly due to a decrease in testing while restrictions were in place during the COVID-19 pandemic. In 2023, the number of diagnoses decreased in Tayside and were 25% lower than the number recorded in 2019 (figure 41).

Chlamydia infection rates vary by age and sex. The highest incidence of chlamydia in women aged 15-64 years across Scotland was observed in Tayside, with a rate of 488 per 100,000 population. The incidence of chlamydia is substantially higher in people aged less than 25 years, with the highest incidence in Tayside in both young women and men at 1,661 per 100,000 and 903 per 100,000 respectively. The incidence of gonorrhoea is highest in men, particularly younger men; however, whilst the incidence has more than doubled in the last 10 years for men aged 20-24 (400 cases in 2014 to 1,017 in 2023) the incidence has increased by more than 5-fold in women aged 20-24 (154 cases in 2014 to 846 in 2023). Rates of gonorrhoea infection have also increased in Tayside and rates are currently higher in 2022 and 2023 than pre-pandemic levels (figure 41).

Although the increase in cases was originally driven by diagnoses in gay and bisexual men, these have since decreased and are now increasing in heterosexual individuals. The picture is similar with Chlamydia with high rates in heterosexuals who are aged 25 and under. Cases of Syphilis are continuing to increase across the UK and continue to be monitored in Tayside.

Figure 41: Chlamydia trachomatis infection and gonorrhoea infection rates per 100,000 population (aged 15-64 years) in Tayside and Scotland; 2013 to 2023



Source: Chlamydia trachomatis infection in Scotland-2014-2023 and gonorrhoea infection in Scotland 2014-2023, Public Health Scotland

Current and future activity

Improved access to sexual and reproductive health (SRH) services, both nonspecialist and specialist, is a key action required to reduce transmission of sexually transmitted infections (STIs) and unplanned pregnancy.

SRH encompasses promotion of positive sexual relationships and wellbeing, supporting good sexual health and working to minimise risk-taking behaviours. In recent years there has also been an increasing demand for improved management of menopause in both primary care and the specialist SRH service.

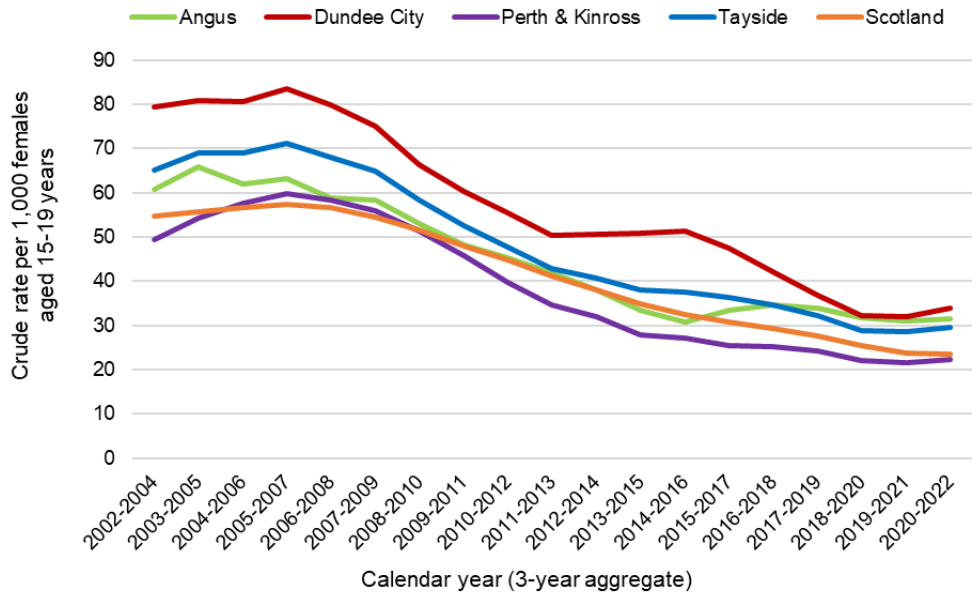
To support increased capacity in the Specialist Sexual Health Service and to allow greater access to asymptomatic STI testing, online ordering of self-sampling kits was introduced in June 2023. Anyone can order a kit online or via the Specialist Service and have it delivered to their home. The kits allow for testing of HIV, Syphilis, Gonorrhoea and Chlamydia. Promotion of the new service is ongoing, and we continue to see a rise in orders month on month.

5.2.4 Teenage pregnancy

Local and national context

While teenage pregnancies in Scotland have generally fallen since 2006, they rose again in 2022 for the first time in 16 years. It is important to note, however, that the national rate in 2022 (27.1) is still lower than in 2019 (27.7) and it may be that 2020 and 2021 represent steeper declines because of the COVID-19 pandemic. Tayside also saw a rise in teenage pregnancies in 2022 and Dundee City and Angus have significantly higher rates than Scotland with 33.9 and 31.4 respectively (figure 42). Teenage pregnancy rates have increased across all levels of deprivation in 2022, but increases were greater in the less deprived areas than in the most deprived. Despite this, teenage pregnancy rates are more than 3 times higher in the most deprived areas compared to the least deprived[56].

Figure 42: Teenage (under 20 years) pregnancy rate per 100,000 population (aged 15-19 years) in Tayside and Scotland; 2009-2011 to 2020-2022



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

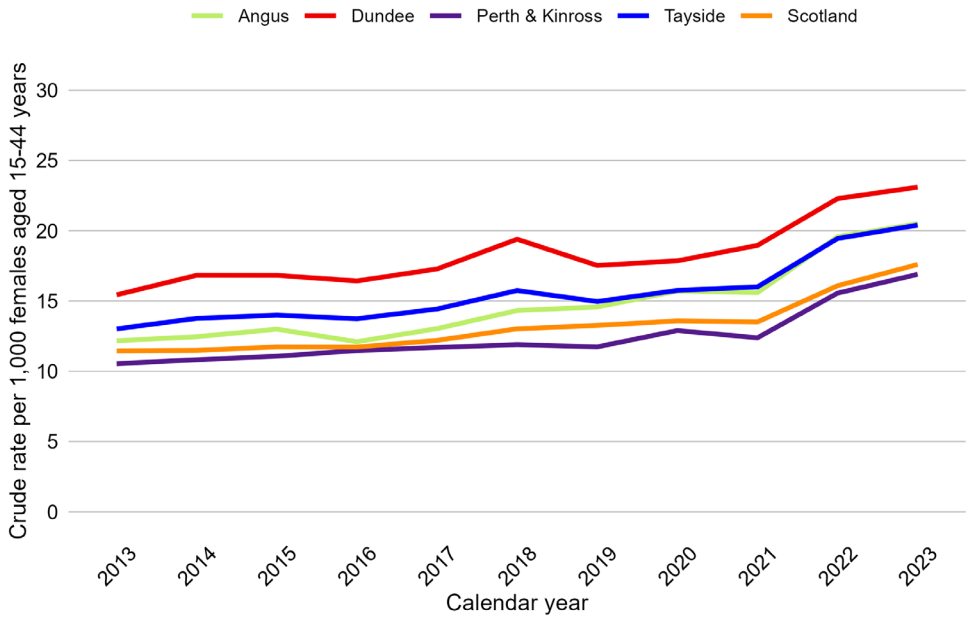
56 Teenage pregnancies - Year of conception, ending 31 December 2022

5.2.5 Terminations

The rate of termination of pregnancy in Scotland increased steadily from 2013 to 2022 with a sharper increase seen in the most recent years since the COVID-19 pandemic[57].

Termination rates in Tayside have been consistently higher than Scotland, mostly due to high rates in Dundee City, but Angus also shows higher than average termination rates (figure 43).

Figure 43: Termination rates per 1,000 women (aged 15-44 years) in Tayside and Scotland; 2013 to 2023



Source: https://publichealthscotland.scot/publications/termination-of-pregnancy-statistics/termination-of-pregnancy-statistics-year-ending-december-2023/

Current and future activity

The Managed Care Network (MCN) has commenced work in the last year to improve access to Long Active Reversible Contraception (LARC) in key services and for key populations (general practice, maternity, termination of pregnancy and for vulnerable women). This remains a priority for 2025, and we continue to explore barriers and facilitators to LARC provision. LARC prescribing rates across Scotland continue to be lower than expected. NHS Tayside currently has a LARC prescribing rate of 51.4 per 1000 women of reproductive age, which is a reduction from 58.5 in 2022/23 and far lower than pre-COVID levels, although still above the Scotland average[58].

UK research is showing reduced use of all forms of contraception, particularly hormonal, with a shift to natural family planning methods. Social media is the medium of choice for many people to get information about contraception therefore the MCN is working with our partners across Tayside to develop social media campaigns that provide clear, consistent messaging about contraception (and wider sexual health).

In partnership with Tayside Sexual and Reproductive Health Service (TSRHS), the MCN has established a multi-agency working group to identify ways to improve access to high quality information and services for young people. The group are working closely with the newly appointed Community Sexual Health nurses to identify youth organisations and services

57 Termination of pregnancy statistics - Year ending December 2023
58 Long Acting Reversible Methods of Contraception (LARC) in Scotland - Year ending 31 March 2024

to upskill them to deliver interventions such as pregnancy testing, condom provision and STI testing to provide easier access for young people. The group has also supported redevelopment of www.sexualhealthtayside.org and development of social media messaging. There is a large body of evidence that supports the importance of the delivery of high-quality consistent Relationships, Sexual Health and Parenthood (RSHP) education. Good quality RSHP education, delivered consistently and across all sectors including by parents and carers, improves a wide range of outcomes for children and young people[59]. Planet Youth work undertaken to date in Dundee and Angus has identified that young people require more accurate, consistent education and messaging about sexual health at school, home and in the community. In 2024, the MCN established an RSHP Alliance with statutory and third sector partners to review delivery of RSHP in mainstream and non-mainstream education settings, using the nationally developed RSHP.scot resources. The Alliance will also consider how we support parents and carers to be confident to discuss RSHP with children and young people.

The Director of Public Health and Director of Midwifery are the Board Executive co-leads for implementation of the Women's Health plan[60] in Tayside, which was developed to drive improvement in both sexual health and women's health in general.

5.2.6 Call to action

Poor outcomes related to sexual health and blood borne viruses (BBV) remain a significant public health issue in Scotland, disproportionately impacting people and communities who struggle to engage with traditional health and care services and who experience multiple disadvantages.

National trends show that the use of, and positive attitudes towards condoms and other forms of hormonal contraception are declining, leading to increased sexually transmitted infections and unplanned pregnancies. We continue to see new transmissions of hepatitis B and C and HIV, albeit at much lower levels than before.

However, these challenges are being pro-actively addressed through enthusiastic collaboration with third-sector partners and through meaningful community engagement. Resource sharing, nurturing innovation and effective partnership work is mitigating many of these challenges. Our generation has the ability to bring about real change.

In Tayside we're leading the way to eliminate hepatitis C, new transmissions of HIV and the stigma that goes along with BBVs and sexual health in general. We can only do this if we stay informed, take action to look after ourselves and our partners, challenge culture and step up to address stigma and discrimination where we see it. Stay informed and take action at www.sexualhealthtayside.org

5.3 Tobacco use

The overarching aim of ***Raising Scotland's tobacco-free generation: our tobacco control action plan 2018*** was to protect children born since 2013 from tobacco so that when they turn 21 (from 2034) they will be non-smokers and the prevalence of smoking among the population will be no higher than 5%.

This aim has been maintained for inclusion in the new framework, which has 3 overarching themes:

59 A Summary Of Evidence For Relationships, Sexual Health And Parenthood (RSHP) Education In Schools (2023)
60 Women's Health Plan

1. **People**: education regarding the risks of smoking, action to prevent uptake and the provision of smoking cessation support
2. **Product**: restrictions and limitations that can be placed on tobacco containing products to reduce use and ensure that nicotine vaping products (NVPs) are used appropriately and deter take up where not used for quitting tobacco
3. **Place**: restrictions and limitations that can be placed on how and where tobacco products and NVPs are sold

As a result of smoking prevalence patterns and the importance of the prevention of the uptake of smoking and vaping among children and young people, the framework has the following key indicators:

1. adult smoking prevalence in Scotland
2. adult smoking prevalence by deprivation
3. maternal smoking at first antenatal appointment
4. smoking and vaping behaviour in children and young people

The Scottish Government will be developing performance indicators for each health board in relation to these indicators and we have been advised these will be put in place in the next financial year.

The Scottish Government published an updated plan on 22 November 2023; *Tobacco and vaping framework: roadmap to 2034*[61], superseding *Raising Scotland's tobacco free generation: our tobacco control action plan 2018*.

5.3.1 Local and national context

Failing to address the continued challenge posed by tobacco use will inevitably place greater burdens on health and social care resources in future. Tobacco is still the single greatest cause of preventable death, disability, illness and social inequality. One in two people who smoke will die prematurely. Tobacco addiction is a chronic relapsing disease that often begins in childhood. In addition, people experiencing poverty are more likely to smoke.

Through collective action, the proportion of people smoking has fallen over time, however, to reach the Scottish Government target of a smoke-free nation by 2034 further action is required.

Recent figures (2017-2021) show that while adult smoking prevalence[62] in Tayside is the same as that for Scotland (16%), there is variability across the region with higher rates in Angus and Dundee City (19% and 18% respectively) and a lower rate in Perth & Kinross (11%)[63]. There is a higher prevalence of smoking among the 40% most deprived postcode areas compared to the most affluent postcode areas. In our most deprived postcode areas, the prevalence is 25% compared to 7% in the most affluent post-code areas[64]. The prevalence of smoking among people with enduring mental health conditions is almost double the general adult population. Within areas of multiple deprivation, the prevalence of people with a mental health condition who smoke is between 40 to 50%.

Smoking during pregnancy confers well known adverse effects on the development of the infant and on the health of the young family. Smoking in pregnancy is strongly associated with poverty and disadvantage within our communities. It is estimated that 29.2% of pregnant

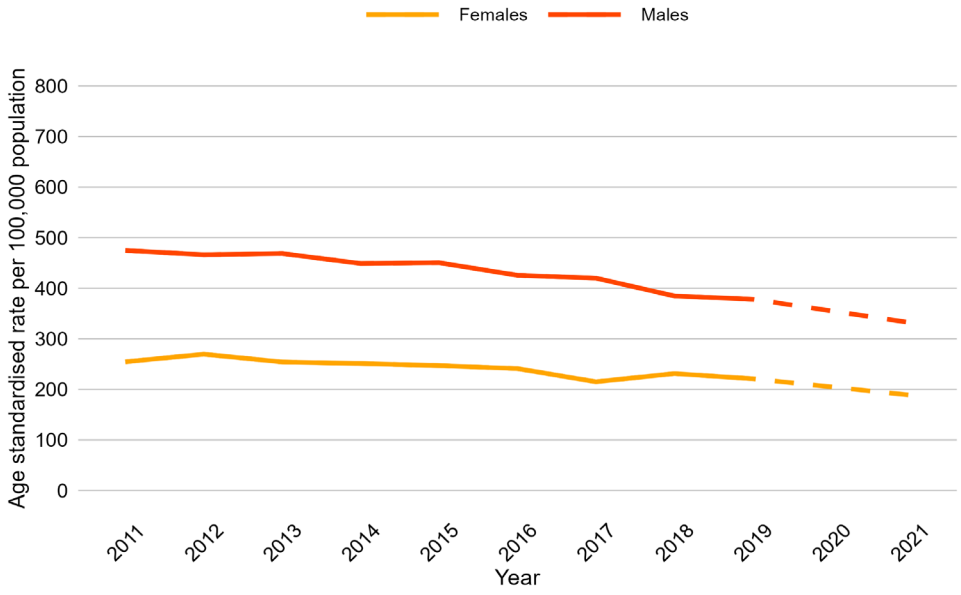
61 Scottish Government, 2023. Tobacco and vaping framework: roadmap to 2034
62 Prevalence refers to proportion of persons who have a condition at or during a particular time period
63 Scottish Government / National Statistics. The Scottish Health Survey 2022 Edition
64 Ash Scotland. 2022. Closing the inequality gap smoking and mental health

women living in the most socioeconomically deprived communities in Tayside (24.3% Scotland) smoke during pregnancy compared to 5.0% (2.5% Scotland) living in our most affluent communities10. The prevalence of smoking in pregnancy is higher in young women and women from areas SIMD1 and SIMD2[65].

In Scotland[66] in 2021, there were an estimated 40,766 hospital admissions (1,264 admissions per 100,000 population) where a smoking-attributable disease or condition was the primary or secondary reason for hospital admission. Smoking rates are still highest in the most deprived areas where 35% of people smoke compared to 10% in the least deprived areas.

In 2021, smoking accounted for an estimated 8,504 deaths (270 deaths per 100,000 population) in people aged 35 years and over in Scotland. This accounts for a fifth of all Scottish deaths in 2021. The death rate in males was 1.8 times higher than for females. However, there has been a considerable decrease in the rate of smoking attributable deaths in Scotland between 2003 and 2021 (figure 44).

Figure 44: Smoking attributable deaths by sex in Scotland; 2011 to 2021



**No data available for the period 2004-2007 and 2020;*
Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

In 2021, rates for smoking-attributable deaths in the most deprived areas were over four times higher than in the least deprived areas[67].

5.3.2 Current and future activity

Treatment of Nicotine Addiction in Hospital

The Public Health Tobacco Team has progressed plans with colleagues from the medical division at Ninewells Hospital and Quality Improvement, to implement systematic provision of nicotine replacement therapy for people who smoke and are admitted to hospital and support on discharge with referral to a community pharmacy smoking cessation service. In addition, the NHS Tayside smoking policy was updated in 2022 to reflect new legislation introduced by the Scottish Government making it an offence to smoke within a 15-metre perimeter of hospital buildings.

65 The Scottish Public Health Observatory. Tobacco Use: Maternal Smoking
66 Public Health Scotland - Smoking
67 Smoking attributable deaths - ScotPHO

Referral Pathway from Dental Services to Community Pharmacy Smoking Cessation Service
The Public Health Tobacco Team is currently working with the University of Dundee, Public Health Dental Health, the Dental Hospital, the Public Dental Service, and the General Dental Service to develop a referral pathway between dental services and community pharmacy.

Part of the new Dental Contract includes providing health promotion advice to patients. Dental teams will receive training in very brief advice and the referral process. The dental service has access to priority groups and is well placed to signpost patients into smoking cessation services.

Work with Community Organisations
Smoking cessation as an intervention provides the opportunity to engage with people using community food projects to offer them a practical way to improve their health and increase their financial security.

The team delivered around 600 very brief advice interventions to service users during their visits in the last financial year.

Pilot of Smoking Cessation Service within a Money Advice Service
Discussions are taking place to deliver a smoking cessation service pilot within a money advice project following a request from people using the service.

Smoking cessation in Pregnancy
NHS Tayside's incentive scheme for pregnant women has been re-launched to encourage engagement from pregnant women to stop smoking.

Learning from the best practice example with the CURE Intervention, midwives will provide pregnant women who smoke with NRT (Nicotine Replacement Therapy) at their appointment and refer them directly to their preferred pharmacy for on-going support.

Smoke-Free Public Places
A number of hospitality businesses have now introduced smoke-free outdoor seating areas. Tobacco smoke free outdoor spaces have been successfully introduced in cafes, restaurants and bars in other UK cities and abroad[68]. We are currently exploring the possibility of adopting this approach in areas of Tayside also.

Prevention Activity in Schools and with Young People
The NHS Tayside's Early Years and Young People Team have delivered a series of pioneering evidence-based interventions to promote peer-led smoking prevention to support local young people. The team has resumed the planning, co-ordination, and delivery of smoking prevention programmes for schools in the three local authority areas across Tayside.

5.3.3 Call to Action

Tobacco is still the single greatest cause of preventable death and is a contributor to disability, illness and social inequality. One in two people who smoke will die prematurely.

Tobacco addiction is a chronic remitting and relapsing disease that often begins in childhood, for which evidence-based treatment and support is available on the NHS through Community Pharmacy and for smokers who are in hospital.

68 Smoke Free Melbourne

Addressing and preventing the challenges and harms caused by tobacco dependence requires multi-agency and community involvement. Key to reducing the prevalence of tobacco smoking and its harmful impact is to change the factors that create tobacco dependency.

Some of the actions that we can take in Tayside include:

- expand smoke free spaces to continue to reduce exposure to tobacco smoke,
- reduce the normalisation of smoking and the use of nicotine products (unless to support smoking cessation) to prevent their uptake
- assist people with tobacco dependency into treatment and behavioural support, which requires front line workers to have the knowledge and skills to undertake very brief advice (contact tay.smokingcessationservice@nhs.scot for training information)
- be positive role models for children and young people by not smoking or vaping near or around them, or in areas frequented by them
- raise awareness that smokeless products such as nicotine pouches, e-cigarettes and vaping should be avoided by children, young people and people who do not currently smoke

5.4 Physical activity

'If physical activity was a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and treat' (UK Chief Medical Officers Physical Activity Guidelines, 2019)[69].

Physical inactivity is one of the leading causes of non-communicable disease across Scotland and requires direct and committed action to prevent and address the challenges to health that inactivity presents.

There is clear, longstanding evidence demonstrating that regular physical activity provides significant benefits to physical, mental and social wellbeing. Recent studies have shown that the burden of disease in Scotland is set to increase by 21% over the next 20 years, with non-communicable diseases continuing to be the leading cause[70].

Evidence also suggests that physical inactivity is as harmful to health as smoking, with recent estimates indicating that 3000 deaths per year in Scotland are attributable to low levels of physical activity[71].

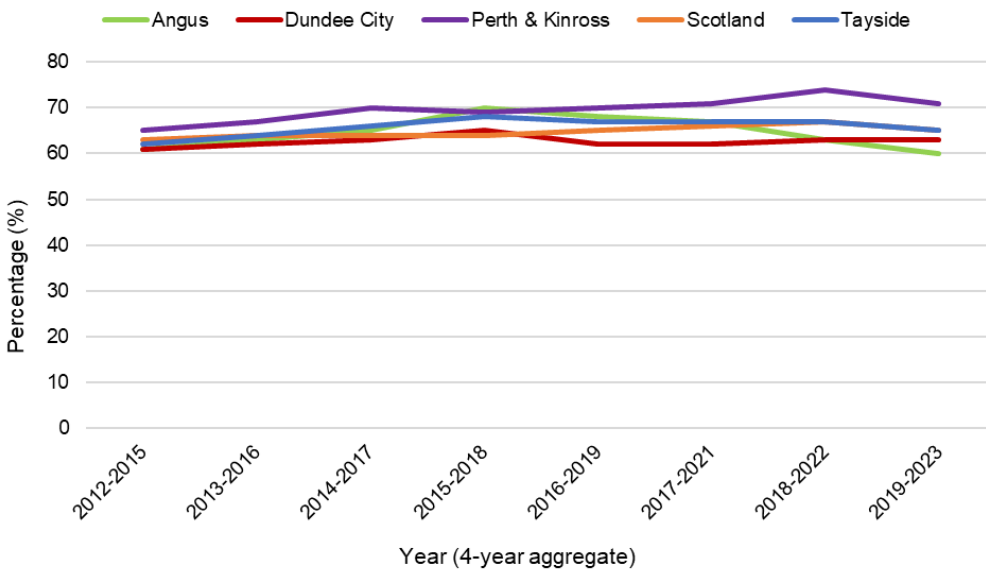
5.4.1 Local and national context

Across Tayside, 65% of adults achieve the recommended physical activity guidelines of 30 minutes of exercise five days per week[72] (figure 45). This is a similar proportion to that for Scotland as a whole (65%).

Proportions vary when considered by sex (61% of females compared to 68% of males in Tayside) and local authority area (from 60% in Angus to 71% in Perth & Kinross).

69 UK Chief Medical Officers Physical Activity Guidelines, 2019
70 Estimating the burden of disease attributable to physical inactivity in Scotland
71 Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy, The Lancet
72 Scottish Government / National Statistics. The Scottish Health Survey 2022 Edition

Figure 45: Percentage of adults meeting physical activity guidelines, Tayside and Scotland; 2012-2015 to 2019-2023



**Note no data available for 2020 due to COVID-19 pandemic*
Source: https://scotland.shinyapps.io/sg-scottish-health-survey/

5.4.2 Current and future activity

Get Out Get Active (GOGA) Tayside

GOGA has become one of Tayside's most successful physical activity programmes, targeting and supporting the most inactive groups to engage with low level, fun and inclusive physical activity opportunities.

GOGA is based on the principles of 'free activity' and 'active together' resulting in tailored delivery that allows individuals with and without long term conditions and disabilities to come together and enjoy various forms of physical activity.

Leisure Providers

A key ambition for the Public Health Directorate in partnership with our leisure colleagues, is to provide streamlined and robust digital referral pathways to promote physical activity. A recent successful application to the NHS Tayside Charitable Foundation has provided the required funds to bring this ambition to life.

Funding will enable the digital referral platform, 'Refer-All', which is already in operation in Angus, to be rolled out to Perth and Dundee also. This will allow Tayside to have a single referral platform for physical activity, providing a consistent approach for all. Furthermore, the Refer-All system will allow for data gathering and analysis, which previously, has been difficult to do.

Waiting Well

'Waiting Well' aims to support patients during their waiting period for hospital treatment. The ambition for Waiting Well is to use this time as an active phase of preventative and proactive activity. This will help support patients to maintain or improve their health and wellbeing through prehabilitation approaches.

The Tayside approach to Waiting Well aims to take an 'upstream approach' by targeting and supporting patients as early as possible via primary care as well as providing waiting well supports and signposting at various time points during the patient journey.

5.4.3 Call to action

Being physically active is the single best thing we can do for ourselves, yet increasing activity levels can prove challenging due to the multiple driving factors that influence our ability to be active regularly throughout the day.

There is no single solution to address physical inactivity. Instead, a whole systems-based approach is required, to ensure we can support all components of the system to adapt and embrace the use of physical activity for health. This approach will require leaders, at all levels, to embed physical activity into core practice and service delivery plans. This in turn will require staff to be competent and confident in engaging patients, carers and families in conversation around how physical activity can have a role to play in their patient journey.

Highlighting how even small increases in activity levels can support the prevention of decline and disease, as well as the role in which activity has in the treatment of and recovery from existing illness and disease, is critically important to patient health and wellbeing. The education component of the agenda must be supported by robust and streamlined referral pathways to expertly led, community based physical activity provision, of which, Tayside has in place across the region.

The 8 Best Investments for Physical Activity, as set out by ISPAH[73], require collaborative and committed efforts to embed physical activity for health, in order to support the population of Tayside to life a more active and healthier lifestyle.

ISPAH - 8 Best Investments for Physical Activity[74]

1. Whole of School Programmes
2. Active Travel
3. Active Urban Design
4. Healthcare
5. Public Education, including mass media
6. Sport and Recreation for All
7. Workplaces
8. Community Wide Programmes

5.5 Healthy weight

The cost of obesity in Scotland is significant and estimated to be £5.3 billion in 2022[75].

These costs are broken down as:

- £4.1 billion costs to individuals, including £109 million to children, due to reduced health-related quality of life (including poorer physical and mental health and reduced wellbeing)
- £772 million costs to the NHS for treating obesity-related conditions, and £4 million costs to the NHS for antidepressants for people living with obesity
- £29 million costs to the social care sector for supporting care needs associated with obesity, and a further £217 million costs to family and carers of people living with obesity
- £213 million costs to employers and the wider economy, from lost economic output due to additional sick day taken by people living with obesity

73 ISPAH - Eight investments that work for physical activity
74 Estimating the burden of disease attributable to physical inactivity in Scotland
75 Counting the cost of obesity in Scotland, Nesta

These costs do not fall equally across the population, with 40% of those living in more deprived areas bearing 48% of the costs.

Obesity, once established, has largely proven to be intractable and attempts to maintain weight loss are largely unsuccessful with treatment of established obesity through weight management interventions having little impact on curbing the rising tide of obesity prevalence. However, pharmacotherapy approaches have demonstrated efficacy and there has been recent approval by the Scottish Medicines Consortium for restricted use in NHS Scotland of liraglutide, semaglutide and tirzepatide for weight management. Work is underway both nationally, and locally within NHS Tayside, to support a phased implementation of these new obesity medicines.

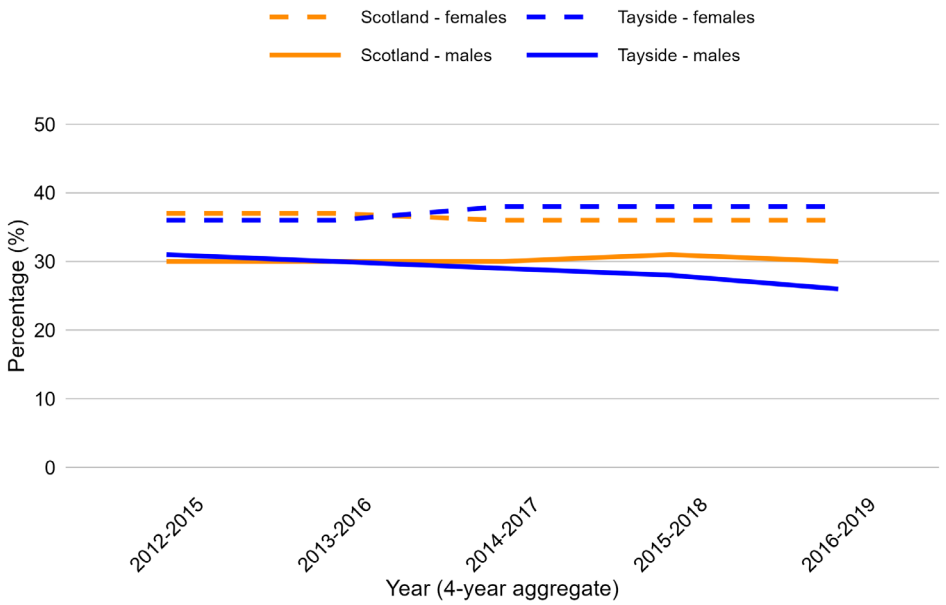
5.5.1 Adults

Local and national context

Being obese or overweight increases the risk of developing a range of serious diseases including type 2 diabetes, hypertension, heart disease and some cancers; as well as contributing to premature death.

In Tayside, fewer than one third (32%) of adults are of healthy weight in the last reporting period of 2016-2019, similar to the Scotland proportion of 33%[76]. These proportions vary when broken down by sex with higher proportions of females being of healthy weight[77] (figure 46).

Figure 46: Percentage of adults estimated to be of healthy weight in Tayside and Scotland; 2012-15 to 2016-2019

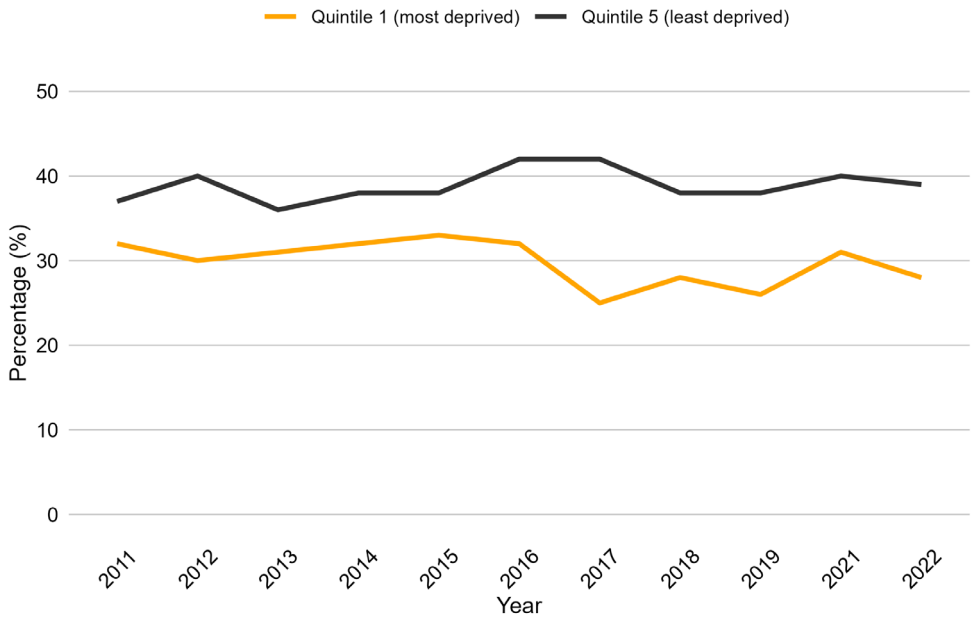


Note: This is the most recent data available due to the impact of COVID-19 on data collection but national data for 2021 show that there has been little change
Source: https://scotland.shinyapps.io/sg-scottish-health-survey/

Healthy weight also varies by deprivation. Data for Scotland by SIMD show that in 2022, 39% of adults in the least deprived quintile were estimated to be of healthy weight compared to 28% of adults living in the most deprived areas. While the inequality gap had been closing since 2017, it widened slightly in 2022 and remains wider than it had been prior to 2015 (figure 47).

76 Scottish Government / National Statistics. The Scottish Health Survey 2022 Edition
77 Defined as a Body Mass Index (BMI) greater than 18.5 and lower than 25

Figure 47: Percentage of adults estimated to be of healthy weight in Scotland by SIMD quintile;2011 to 2022*



*Note no data available for 2020 due to COVID-19 pandemic
Source: https://scotland.shinyapps.io/sg-scottish-health-survey/

Current and future activity

While not all cases of type 2 diabetes are associated with excessive weight, it is the single greatest risk factor, responsible for 80-85% of someone's risk of developing it. Age, family history and ethnicity also contribute to risk. People of African-Caribbean, South Asian or Black African descent are two to four times more likely to develop type 2 diabetes than white people[78].

Weight loss addresses the key metabolic abnormalities associated with type 2 diabetes and is therefore central to prevention, effective management, and even type 2 diabetes remission i.e. returning to a non-diabetic state. NHS Tayside receives annual funding from the Scottish Government to support each of these objectives and referral pathways are embedded within primary care to enable patients who are newly diagnosed with type 2 diabetes, prediabetes or previous gestational diabetes to receive targeted weight management interventions.

This programme of work is strategically led by the Public Health Nutrition Team and operationalised in coordination with colleagues across NHS Tayside including the Nutrition and Dietetic Service. Framework activity encompasses four integrated workstreams:

1. Early intervention
2. Type 2 diabetes remission
3. Diabetes prevention
4. Early detection

Type 2 diabetes early intervention programme

People who have been diagnosed with type 2 diabetes in the last three years can self-refer, or be referred by their GP practice, to a 12-week type 2 diabetes support programme. The programme continues to attract consistent referrals. In the last 12 months, 438 referrals were accepted compared with 448 referrals in the previous 12 months. The programme has

78 Diabetes UK

demonstrated positive outcomes in weight management. The average weight loss among participants with available data (n=736) was 4.4kg, which translates to 4.1% of their body weight. A local survey showed that confidence levels increased from 6 out of 10 at baseline to 8 out of 10 at the end of the programme and 94% of respondents (n=362) would recommend the programme.

Type 2 diabetes remission programme

Type 2 diabetes has traditionally been viewed as a progressive and lifelong condition, but recent evidence has demonstrated that one-third of people can achieve type 2 diabetes remission for at least two years, if they lose and maintain sufficient weight loss, soon after diagnosis. Remission is high on the agenda of people with type 2 diabetes, and has a central place within Scottish Government priorities. In Tayside, people who have been diagnosed with type 2 diabetes within three years can be referred by their GP practice for an intensive weight management delivered over 12 months by health psychologists and dietitians.

Type 2 diabetes prevention programmes

Referrals to a 9-month type 2 diabetes prevention programme, led by Second Nature, are accepted from primary care for individuals aged 18-70 if they have a diagnosis of pre-diabetes or a previous history of gestational diabetes. People can also self-refer into another type 2 diabetes prevention programme led by Oviva. There were 369 accepted referrals into the two operating programmes in total during 2023/24, compared with 230 referrals during 2022/23, representing a 60% increase.

Second Nature – There were 219 self-referrals to the programme in 2023/24 and 196 people have started the programme in that time. The programme has engaged a diverse group of participants, with 43% male, 37.4% from areas of high socioeconomic deprivation (SIMD 1 and 2), with a mean age of 59 years and 3.2% of South Asian ethnicity. Average BMI was 36.2 kg/m^2. Preliminary outcomes indicate significant weight loss, with participants achieving an average of 6.0% weight loss at 3 months (87). Patient satisfaction surveys also revealed high levels of satisfaction, including with regards to ease of sign-up, and quality of support from health coaches.

Oviva – The Oviva programme has accepted 521 referrals, and 351 people have started the programme (67% uptake rate). The completion rate is 43%, with 29% attending the final appointment. There were 30% who dropped out and 27% are still ongoing with the programme. Of all participants, 65% are female. The programme has demonstrated positive outcomes in weight loss for those who completed the programme, with 110 participants achieving an average of 2.9% weight loss at 6 weeks and 66, 6.3% at 6 months.

Early detection of type 2 diabetes

It is well established that weight loss prevents conversion from prediabetes to type 2 diabetes but identifying and intervening in high-risk individuals at an earlier stage (without overburdening primary care) remains a key challenge. Community pharmacies are present in each town and village and their significant reach into disadvantaged populations provides an ideal opportunity to reach people who are at highest risk for progression to type 2 diabetes.

Of 210 people assessed to date, 38 were eligible for referral to the Second Nature Type 2 Diabetes Prevention Programme and 21 have enrolled. A further 10 people who were assessed were referred to their GP for further care. 57% of people tested were living in the most socio-economically deprived communities (SIMD 1 and 2), suggesting that the program will have a positive impact on health inequalities.

5.5.2 Children

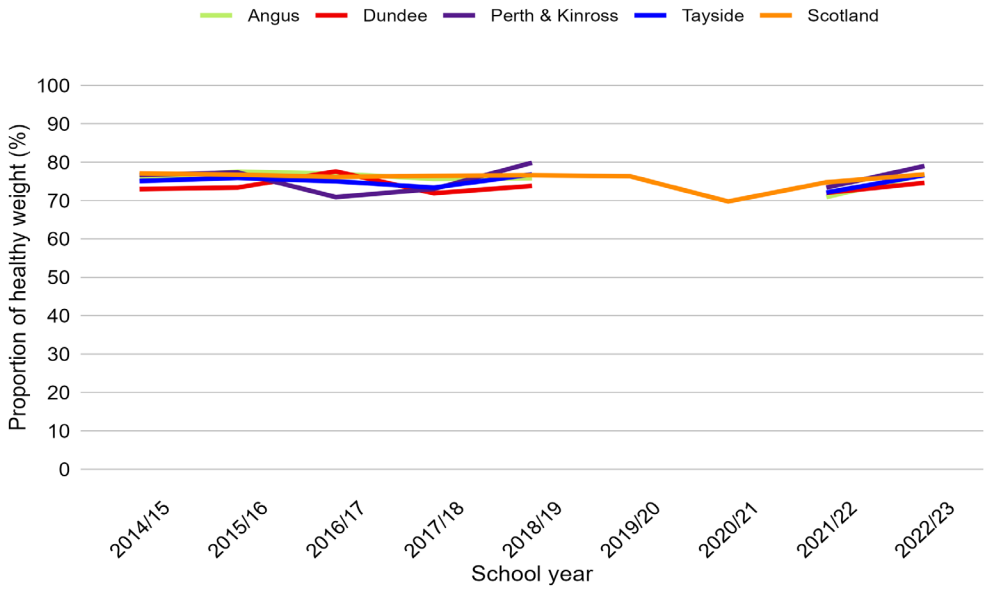
Local and national context

Monitoring healthy weight across all children is a way of helping to determine how well the needs of children are being met and to gain robust public health surveillance data on Body Mass Index (BMI) to understand and monitor prevalence and trends. In addition to surveillance, weighing and measuring children at home as part of the Universal Health Visiting Pathway and at school as part of the Child Health Surveillance Programme – School (CHSP-S) has been used locally to inform the development, implementation and monitoring of the Tayside Child Healthy Weight Strategy and to support child healthy weight interventions.

Maintaining a healthy weight throughout childhood is associated with many health benefits[79]. Children and young people living with obesity are five times more likely to be adults living with obesity, further reinforcing the rationale for monitoring and intervening early in the life course. In 2022/23 in Tayside, 8 in 10 (77%) Primary 1 school children were assessed as being of healthy weight (based on epidemiological thresholds)[80]. This was an increase from 75% in 2014/15 and Tayside has generally remained just below the national average (figure 48). Within Tayside, rates varied only slightly with Angus reporting 77% of children being of healthy weight, 75% in Dundee City and 79% in Perth & Kinross as at 2022/23.

Data in the most recent year show a slight closing of that gap once again with 79% of children in Tayside being of healthy weight in the least deprived areas and 68% in the most deprived areas, albeit at a local level, it is challenging to draw any firm conclusion due to the size of numbers involved and the potential for annual fluctuations as a result of these. Nonetheless, the national picture shows a clear and substantial increase in socioeconomic inequality over time (figure 49).

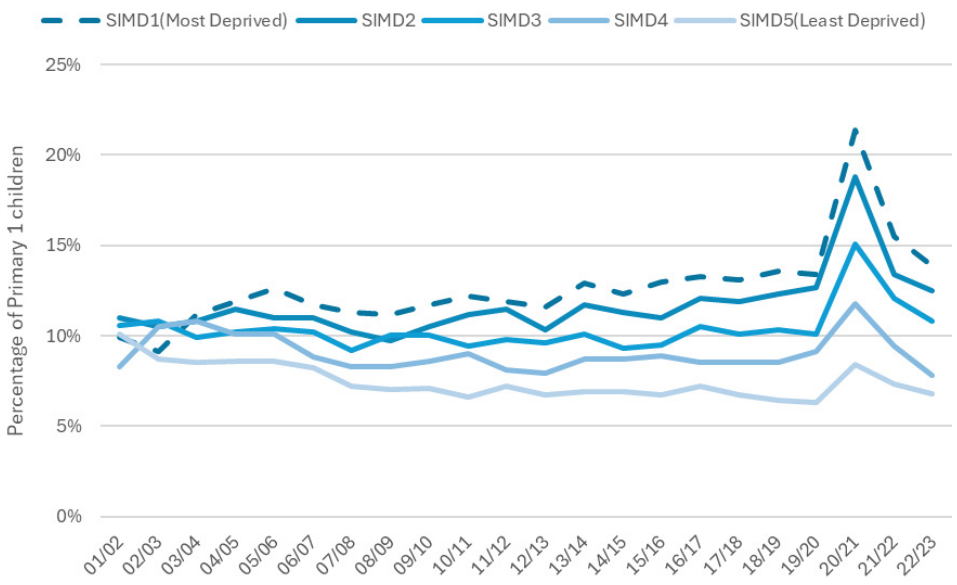
Figure 48: Proportion of primary 1 children who are of healthy weight (epidemiological) in Tayside and Scotland; 2014/15 to 2022/23*



**No data available for Health Boards in 2019/20 and 2020/21 due to low coverage during COVID-19 pandemic; Source: CHSP-School November 2022, Public Health Scotland*

79 Primary 1 BMI
80 Primary 1 BMI

Figure 49: Proportion of primary 1 children at risk of obesity in Scotland by SIMD quintile;2014/15 to 2022/23



Source: Public Health Scotland (PHS) – Primary 1 Body Mass Index (BMI) statistics Scotland

Current and future activity

Whole Systems Approach to Child Healthy Weight

Considerable work has been undertaken over the past year with the implementation of a whole systems approach to child healthy weight in Angus. This has been informed through the National Institute for Health and Care Research (NIHR) evaluation of the whole systems approach to child healthy weight in Dundee[81]. The whole systems approach in Angus has a focus beyond childhood obesity and includes several health and wellbeing workstreams linked to child poverty including food insecurity, breastfeeding, physical activity, mental health and vaping. Colleagues from Perth & Kinross have also been involved in the whole system approach activities in Dundee and Angus and are keen to develop a 'Good Food Plan' that will adopt the principles of a whole system approach.

Quality/Patient Care

NHS Tayside is working alongside children, young people, parents, teachers, and others to co-produce guidance on how to make the national Primary 1 measurement programme more supportive and informative for families. How weight/BMI information is communicated with parents/carers is a critical factor of the primary 1 measurement programme if this is to be more effective, meaningful, and supportive for families across Tayside, as opposed to being solely a national indicator of weight status. In addition, a parent information leaflet 'Talking to your child about weight' based on guidance from the University of Bath[82] has been developed locally to accompany feedback letters.

5.5.3 Call to action

Childhood obesity presents one of the world's foremost public health challenges. This challenge is particularly acute for Scotland which, along with the UK as a whole, has one of the highest levels of obesity amongst OECD countries. During childhood, children with overweight or obesity have an increased risk of conditions such as hypertension, type 2 diabetes and asthma, with significant implications for their longer-term health should their weight continue

81 'Healthy Weight Tayside', a whole systems approach to child healthy weight in Dundee City
82 Talking to your child about weight, University of Bath

to be unhealthy into adulthood. There are also substantial inequalities in the risk of overweight and obesity between children living in the least and most deprived areas in Scotland and the evidence indicates that this gap is widening.

The Tayside Healthy Weight Strategy[83] focuses on children and young people (and families), as intervening early in the life course will enable the next generation to start life on a lower risk trajectory with respect to later-life obesity. The strategy has several calls to action to focus collective effort and shared responsibility in addressing population levels of childhood obesity. To address obesity at a Tayside-wide level our efforts cannot solely be focused on individuals and we must shift the narrative and the resource towards investing in broader preventative approaches, targeting population groups and the wider determinants of obesity using a whole systems approach methodology.

We must be working in partnership across all sectors including the NHS, local authority, third sector and community members to achieve the vision 'for every child in Tayside to grow up in a community and environment that supports them to feel great and ready to learn so they can achieve optimum health and flourish to their best of abilities.' To achieve our aim, we collectively need to:

- maintain a collective leadership at all levels across the whole system approach to deliver this
- continue to highlight the links between childhood obesity, poverty and health inequalities and the rationale for intervening early in the life course using a population health approach
- commit to taking bold steps, including long-term investment, to address the deprivation gap in childhood overweight and obesity and increase the proportion of children with a healthy weight

NHS Tayside is committed to tackling the rising rates of Type 2 diabetes in our community. New cases have increased by 48% in the last decade, with 7% of adults already diagnosed and an estimated 1 in 3 at high risk of developing the condition in the future. Furthermore, a growing number of people in Tayside are being diagnosed with Type 2 diabetes before the age of 40. This group is especially vulnerable, often facing more health challenges and a higher risk of early death compared to people who are diagnosed later in life. Type 2 diabetes can have a major impact on individuals and their families, but it doesn't have to. We're taking a proactive approach by providing comprehensive lifestyle programs to help individuals prevent, manage, and even reverse Type 2 diabetes.

Local Impact:

- 23,251 people in Tayside have Type 2 diabetes
- 1,702 people were diagnosed in the last 12 months
- 1,119 people were diagnosed with prediabetes in the last 12 months
- 1 in 20 women in Tayside develop Gestational Diabetes

Our Plan:

NHS Tayside is putting an ambitious plan into action – the Type 2 Diabetes Prevention Framework. This means we're:

- Expanding weight management support through new and improved programmes for people with Type 2 diabetes, prediabetes, or a history of gestational diabetes
- Working hard to identify those who may have undiagnosed prediabetes or Type 2 diabetes, so they can get the help and support they need early on

83 Tayside Child Healthy Weight Strategy

Why This Matters:

Type 2 diabetes has a big impact on our community's health and well-being. It can lead to serious health problems and is costly to treat, with approximately 10% of NHS Tayside's annual budget spent on supporting people with diabetes.

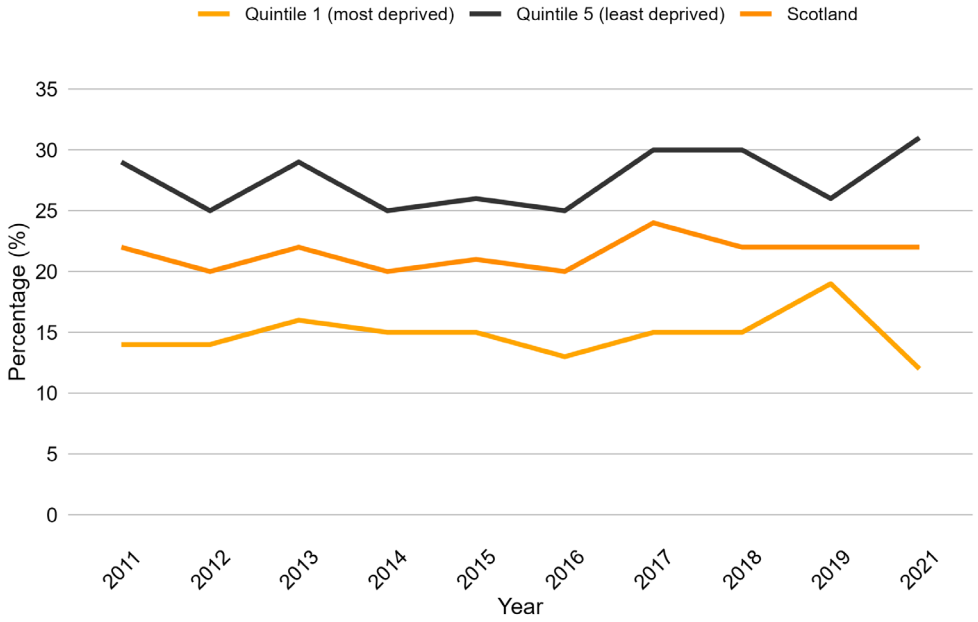
By focusing on prevention, early detection, and early intervention, we aim to help people currently living with prediabetes and Type 2 diabetes to:

- Achieve remission
- Prevent health complications
- Improve quality of life
- Get a quicker diagnosis and earlier help

5.6 Dietary intake

Government guidelines recommend adults (and children) should aim to consume at least five varied portions of fruit and vegetables per day. The most recent survey data show that fewer than a quarter (22%) of the Scottish population meet these guidelines and while this overall proportion has changed very little over the last few years, there is considerable disparity when people living in the most deprived areas are compared to the least deprived. This gap has widened in the most recent year (figure 50).

Figure 50: Percentage of adults meeting recommended fruit and vegetable consumption guidelines by SIMD quintile, Scotland;2011 to 2021*



*Note no data available for 2020 due to COVID-19 pandemic
Source: https://scotland.shinyapps.io/sg-scottish-health-survey/

While data on fruit and vegetable consumption is not available for Tayside for 2021, previous trend data shows that Tayside proportions were similar to Scotland. These varied across the region with Angus showing the lowest proportion in 2016-2019 with only 15% meeting guidelines compared to 20% and 29% in Dundee City and Perth & Kinross respectively[84].

84 Scottish Government / National Statistics. The Scottish Health Survey 2019 Edition

5.7 Breastfeeding

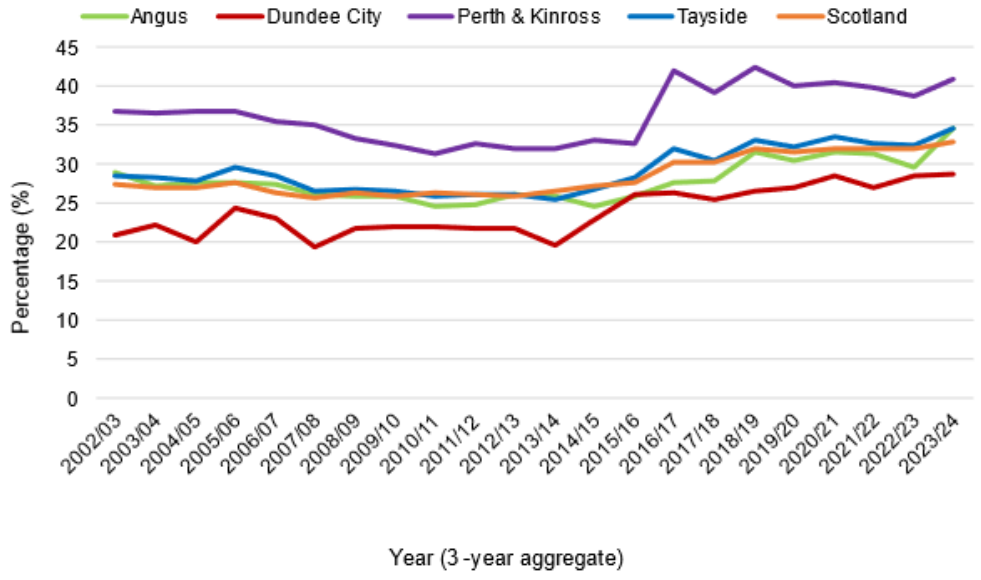
The World Health Organisation and UNICEF recommend exclusive breastfeeding for the first 6 months of life and then continued breastfeeding alongside solid foods until 2 years of age and beyond. There is considerable evidence to demonstrate the short and long-term health benefits of breastfeeding for both mothers and infants.

5.7.1 Local and national context

Despite the significant health benefits of breastfeeding for mothers and infants, breastfeeding rates in Tayside and Scotland are low. Modest improvements have been seen in recent years in the proportion of mothers starting breastfeeding and in the proportion of babies still being breastfed at the Health Visitor 6-8 week review. However, there remains considerable scope to improve further the health of infants and mothers and reduce inequalities in health through the initiation and maintenance of exclusive breastfeeding in Tayside.

Encouraging and supporting breastfeeding helps to improve the health of babies and mothers and reduces inequalities in health. Overall, breastfeeding rates across Scotland have been increasing in recent years and while this is mainly due to an increase in mixed breast and formula feeding, there has also been an increase in the percentage of babies exclusively breastfed at the 6-8 week review (figure 51). Breastfeeding rates in Perth & Kinross have been consistently higher than the Scottish average but both Angus and Dundee City have been showing notable improvements too in recent years.

Figure 51: Percentage of babies exclusively breastfed at 6-8 weeks, Tayside and Scotland; 2002/03 to 2023/24

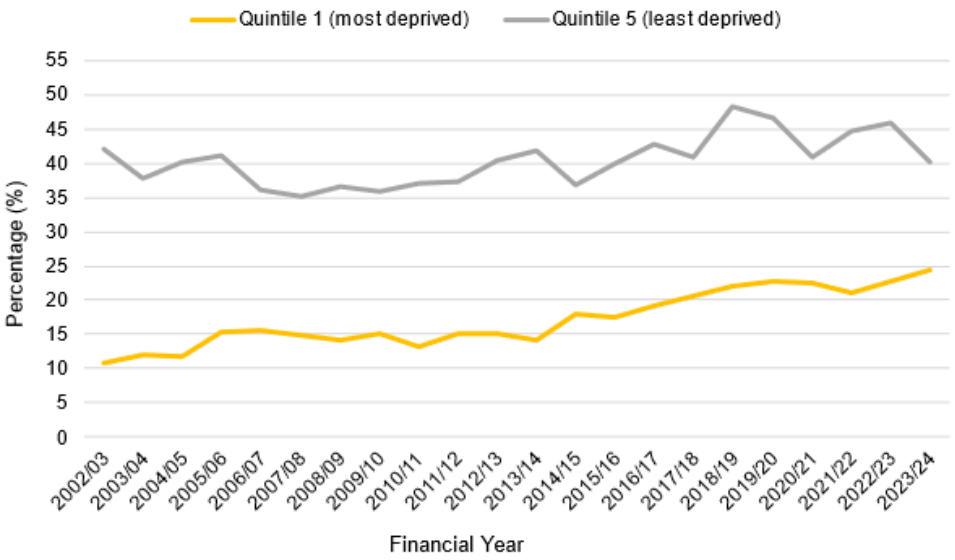


Source: https://www.publichealthscotland.scot/publications/infant-feeding-statistics/infant-feeding-statistics-financial-year-2023-to-2024/

There are marked inequalities in breastfeeding, with babies born to mothers in more deprived areas, younger mothers, and babies of white Scottish ethnicity[85] least likely to be breastfed. The latest year of data for 2023/24 show that the percentage of babies breastfeeding at 6-8 weeks has increased for young mothers. The gap has been gradually reducing over the last 20 years as a result of increases in breastfeeding at 6 8 weeks among babies born to mothers in the most deprived areas (figure 52). The data for the current year also shows there has been a decrease in the number of women from the areas of lowest deprivation exclusively breastfeeding.

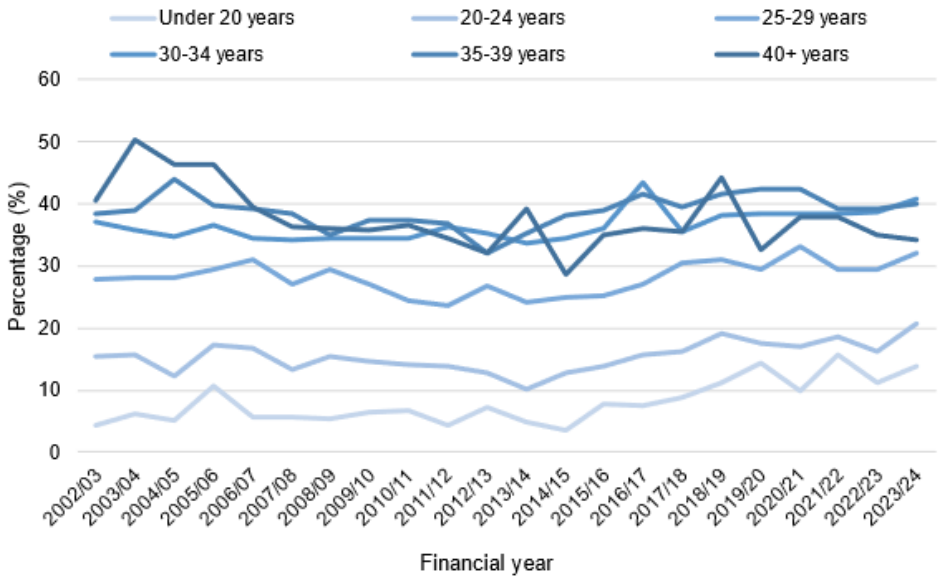
85 Public Health Scotland Infant Feeding Statistics

Figure 52: Percentage of babies exclusively breastfed at 6-8 weeks, Tayside by SIMD quintile



Source: https://www.publichealthscotland.scot/publications/infant-feeding-statistics/infant-feeding-statisticsfinancial-year-2021-to-2022/dashboard/

Figure 53: Percentage of babies exclusively breastfed at 6-8 weeks by age of mother, Tayside



Source: https://www.publichealthscotland.scot/publications/infant-feeding-statistics/infant-feeding-statisticsfinancial-year-2021-to-2022/dashboard/

5.7.2 Current and future activity

The Tayside Child Healthy Weight Strategy[86] has five key ambitions including the ambition that 'children have the best start in life' with an associated call to action for all organisations to scale-up peer support networks to help mothers feel more supported to breastfeed for longer and in more places.

NHS Tayside was the first service in Scotland to be accredited with the UNICEF UK Baby Friendly Achieving Sustainability Gold Award in Health Visiting and Family Nurse Partnership Services in 2018 and the second Maternity Service in Scotland to be accredited in 2020. NHS Tayside Neonatal Services has been awarded the Achieving Sustainability Gold Award and is the first board in Scotland to have all 3 services Gold accredited. NHS Tayside Baby Friendly Guardian Dr Emma Fletcher advocates, promotes and protects breastfeeding.

86 Tayside Child Healthy Weight Strategy

UNICEF UK Baby Friendly Initiative

UNICEF UK Baby Friendly accreditation underpins clinical practice and ensures families receive evidence-based care. The Achieving Sustainability Standards have 4 key themes – Leadership, Culture, Monitoring and Progression. Maternity Services were accredited with the UNICEF UK Baby Friendly Initiative Achieving Sustainability Gold Award in February 2020 and their 4-year revalidation is due in April 2024.

Public Health Nutrition

MIN Steering Group – the membership of the MIN Steering Group has expanded and now includes service leads for maternity, neonatal, health visiting, family nursing, Mother and Infant Research Unit (MIRU) at University of Dundee, as well as Public Health leads.

Breastfeeding in Acute Care Guideline

This guideline has been implemented to support women who are admitted to any hospital within NHS Tayside and are breastfeeding, or if their child is admitted to paediatrics. TrakCare alerts are now set up to allow the Infant Feeding Team to be alerted if a breastfeeding mother or breastfed child is admitted to hospital in Tayside to ensure proactive infant feeding support can be put in place.

Infant Food Insecurity

The cost-of-living crisis and the rising cost of first stage infant formula milk is impacting on families. A national toolkit has been developed to support parents, with an infant under 12 months, to find support to safely and appropriately feed their babies. Plans are progressing locally to develop a pathway for use by NHS Tayside and the three local authorities.

Breast Buddies

Breast Buddies is a breastfeeding peer support service hosted in the third sector in Angus, Dundee and Perth & Kinross with the aim of increasing breastfeeding rates, particularly where families are impacted by socioeconomic deprivation. Breast Buddies supports expectant and new mothers to feed their babies and build strong and loving parent/infant relationships, reduce health inequalities and combat social isolation.

5.7.3 Call to action

There is extensive and resounding evidence that breastfeeding saves lives, improves health and cuts costs in every country worldwide. Breastfeeding protects children from a vast range of illnesses, including infection, diabetes, asthma, heart disease and obesity, as well as cot death (Sudden Infant Death Syndrome). Breastfeeding also protects mothers from breast and ovarian cancers, heart disease and supports the mental health of both mother and baby.

The World Health Organisation recommends exclusive breastfeeding for the first six months, then the introduction of solid food and continued breastfeeding for two years and beyond. There are marked inequalities in breastfeeding with babies born to mothers living in more deprived areas, younger mothers and those of White Scottish ethnicity least likely to be breastfed.

There is considerable work ongoing in Tayside to ensure we protect, promote and support breastfeeding. A key area are the Unicef UK Baby Friendly Initiative standards, which enable services to better support families with feeding and developing close and loving relationships so that all babies get the best possible start in life. NHS Tayside is leading the way by being the first Board in the UK to be awarded the prestigious 'Unicef UK Baby Friendly Initiative Achieving Sustainability Gold Accreditation' in Maternity, Community and Neonatal Services[87].

87 Unicef Baby Friendly Initiative

With 8 out of 10 mothers stopping breastfeeding before they wanted to, we must all take steps to normalise and support breastfeeding and work together to build a Breastfeeding Friendly Scotland.

By contributing to the wider cultural and societal changes to support breastfeeding in our communities and the workplace, we can work together to support mothers to meet their feeding goals and increase breastfeeding rates across Tayside.

To support this work, all partners can:

- Sign up to the 'Breastfeeding Friendly Scotland Scheme'[88]
- Have a 'Breastfeeding and Returning to Work' Policy in place for staff
- Understand the important role they play in normalising and supporting breastfeeding

5.8 Oral Health

The importance of oral health cannot be underestimated in relation to overall health and wellbeing and while securing access to dental services is important, good oral health depends on day-to-day measures such as maintaining good oral hygiene and eating a healthy diet that is low in sugar.

Dentistry in Tayside is delivered via three branches of dental services: the General Dental Service (GDS), Public Dental Service (PDS) and Hospital Dental Service (HDS).

5.8.1 Local and national context

Adults

The overall oral health of our adult population is challenging to ascertain however data from the Scottish Health Survey show that people are retaining their teeth for longer[89].

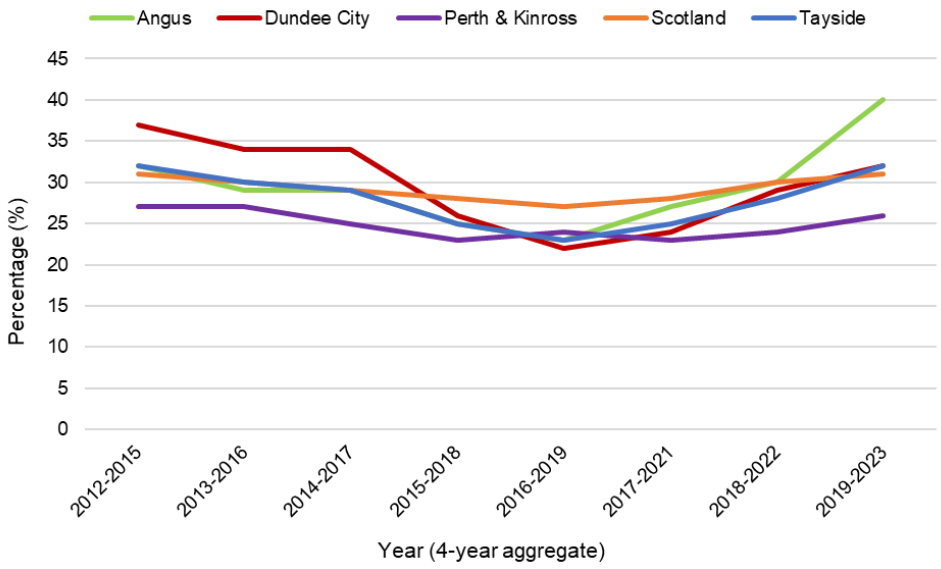
While this is a positive indication that oral health is improving, frailty and co-morbidities present challenges in providing dental treatment for an ageing dentate population and in maintaining oral hygiene as they become dependent on others for support with personal care.

Access to dental care was particularly affected during the COVID-19 pandemic and dental services remain under pressure, however following the introduction of a new payment system in November 2023 early indications are of a more stable situation at present.

Scottish Health Survey data show that the proportion of adults in Tayside who think they would need dental treatment has increased in the most recent period following a previously reported downward trend from 2012-2015 to 2016-2019 (figure 54).

88 Breastfeeding Friendly Scotland, Scottish Government
89 Scottish Government / National Statistics. The Scottish Health Survey 2023 Edition.

*Figure 54: Percentage of adults who think they would need dental treatment, Tayside and Scotland**



**Note no data available for 2020 due to COVID-19 pandemic*
Source: https://scotland.shinyapps.io/sg-scottish-health-survey/

As of 30 September 2024, the NHS dental data monitoring report by Public Health Scotland shows that 86.1% of adults in Tayside were registered with an NHS dentist. This remains lower than September 2022 when 93% of adults in Tayside were registered with an NHS dentist. Registration rates have reduced across all SIMD quintiles, but this has been most marked for people living in the most deprived areas; 94.8% in 2022 to 84.4% in 2024. From the last reporting period, 63.2% of registered adults in Tayside had contact with an NHS dentist in the previous 2 years.

Children

The National Dental Inspection Programme (NDIP) is carried out annually in primary 1 and primary 7 children with its aims being to inform parents/carers of the dental health status of their children and to allow reliable data to plan initiatives to improve dental health. NDIP comprises detailed inspections on a representative sample of children in primary 1 or primary 7 children in alternating years, undertaken by trained and calibrated examiners which records data at individual tooth level. The detailed inspections provide the most robust data on children's decay experience.

In addition, a basic inspection is offered to every child and primary 1 and primary 7 annually. The basic inspection provides an overall assessment of each child's oral health, categorising them according to the letter to be sent home to advise the parent/carer:

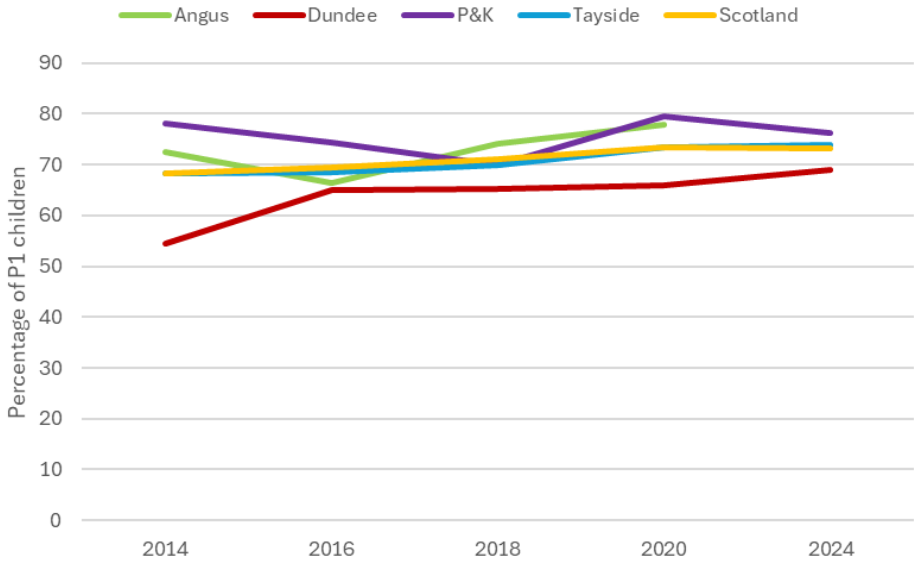
Letter A - should arrange to see the dentist as soon as possible, if the child has not had a recent appointment, on account of severe decay or abscess
Letter B - should arrange to see the dentist in the near future, if the child has not had a recent appointment, on account of evidence of current or previous decay
Letter C - no obvious decay experience but should continue to see the family dentist on a regular basis

Detailed Inspection results

The detailed inspection in school year 2023-24 was of children in primary 1 and found that in Tayside, 74% of P1 children had no obvious decay experience (figure 55). This has remained relatively stable since the last primary 1 detailed inspection in school year 2019-20 when 73.4%

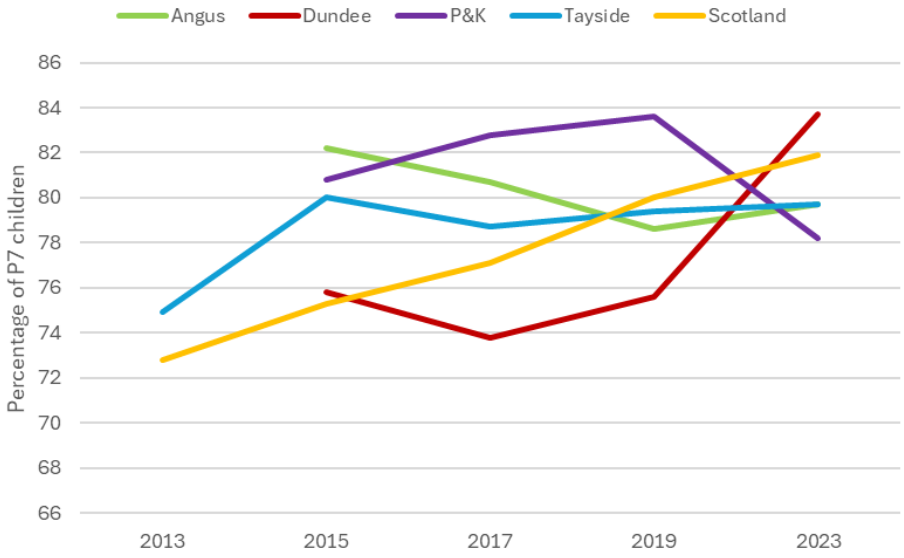
in Tayside had no obvious decay experience (no detailed inspection was undertaken in 2021-22 while in the early recovery stages from the COVID-19 pandemic). The most recent primary 7 detailed inspection took place in 2022-23 when 79.9% of primary 7 children in Tayside were found to have no obvious decay experience (figure 56). Again, this has remained stable compared to the previous report for this age group in 2018-19 when 79.4% had no obvious decay experience. While this is positive, results of the basic inspection indicated that in both P1 and P7 there has been an increase in the proportion of children with severe decay or abscess.

Figure 55: Percentage of primary 1 children with no obvious decay at detailed inspection, by local authority area in Tayside and Scotland



Note: No data available for Angus HSCP in the 2024 detailed inspection programme as the minimum sample size of children inspected was not met
Source: https://www.publichealthscotland.scot/publications/national-dental-inspection-programme/nationaldental-inspection-programme/

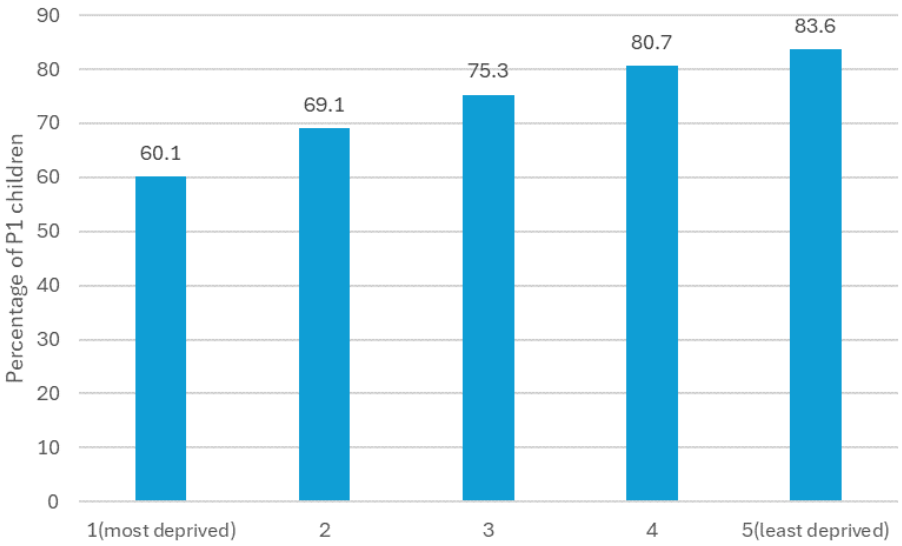
Figure 56: Percentage of primary 7 children with no obvious decay at detailed inspection, by Scotland and local authority areas in Tayside



Note: No data available for Angus HSCP in the 2024 detailed inspection programme as the minimum sample size of children inspected was not met
Source: https://www.publichealthscotland.scot/publications/national-dental-inspection-programme/nationaldental-inspection-programme/

The socioeconomic gradient in oral health is also evident within Tayside, based on findings of the basic inspections, with P1 children from less deprived areas being more likely to receive a "C Letter" (no obvious decay experience) as seen in figure 57. Nationally the socioeconomic gradient in oral health persists, with only 60.1% of children living in the most deprived areas having no obvious decay experience compared to 83.6% in the least deprived areas. In 2023-24, for the first time, improvements in oral health were only seen among children living in the most deprived areas, with a slight worsening observed in children living in less deprived areas.

Figure 57: Percentage of primary 1 children with no obvious decay at detailed inspection in Tayside by SIMD quintile



Source: https://www.publichealthscotland.scot/publications/national-dental-inspection-programme/nationaldental-inspection-programme/

As of 30 September 2024, the NHS dental data monitoring report by Public Health Scotland shows that 84.6% of children in Tayside were registered with an NHS dentist. Children's registration rates were relatively stable between 2022-2024, but there had been a more noticeable reduction between 2019 and 2024 from 91.4%. Registration rates have reduced across all SIMD quintiles, but this has been most marked for people living in the most deprived areas; 89% in 2019 to 79% in 2024. At the last reporting period, 83.2% of registered children in Tayside had had contact with an NHS dentist in the previous 2 years.

5.8.2 Current and future activity

The recent transition to a new payment system has simplified the recording of treatment items from over 700 codes to 45, while maintaining the full range of NHS treatments available. The new system promotes a more patient-centred approach with recall intervals between check-ups based on the needs and oral health status of each individual patient. A prevention code has also been introduced which supports dentists to provide a range of preventative advice and care.

Access to dental services remains challenging in Tayside and nationally, with few practices accepting new NHS patients. Difficulty registering with a dentist has resulted in increasing numbers of unregistered patients seeking emergency dental care for acute problems. Solutions are being sought to enable the demand for urgent dental care to be met within available resources and without compromising care for other patient groups. Inequalities exist in relation to access, with recovery of dental registration and participation rates being slower among adults and children from more deprived areas since the pandemic. As availability of

NHS dental care is restored it will be important to ensure that these populations are supported and encouraged to access dental services.

NHS Tayside's Oral Health Improvement Team (OHIT) continue to deliver the five national oral health improvement programmes: Childsmile (for children), Open Wide (for adults with additional care needs), Mouth Matters (for people in prison), Smile4Life (for people experiencing homelessness) and Caring for Smiles (for dependent older people).

To help address inequalities in child oral health, OHIT members have received training in brief negotiated interviews, enabling them to offer holistic support and signposting tailored to individuals and their family circumstances to encourage improved oral health and support attendance for dental care. This approach has proved successful, particularly in promoting attendance and reducing the number of vulnerable children not brought to appointments. Working with colleagues across the wider system over the past year we have published an updated Inpatient Oral Hygiene Protocol for NHS Tayside, are undertaking a test of change to support people with experience of drugs to access emergency and routine dental care, and are developing a referral pathway from dental services to smoking cessation support.

5.8.3 Call to action

Dental decay is the most common non-communicable disease in the world, affecting around half of the world's population[90]. Oral health is everyone's business. As well as taking care of our own mouths we must remember oral health for anyone we care for and ensure they also have the resources and support they require to eat well and keep their mouth clean and healthy.

In addition to targeted oral health improvement activity, we will continue to work with partners to address the common risk factors including diet, tobacco and alcohol intake.

Improving oral health will help people avoid suffering pain and discomfort, reduce need for dental treatment, cut time lost from school / work to attend dental appointments and prevent complications which impact on other aspects of their health, care and wellbeing.

90 World Health Organization Global oral health status report

6. Screening

The Director of Public Health has direct responsibility for the coordination and quality assurance of the local implementation of the national screening programmes.

The delivery of effective population screening remains a key NHS Scotland priority. National screening programmes are evidence-based interventions which provide cost effective opportunities to improve the health of individuals and to avert, or to identify at an early stage, significant disease.

NHS Tayside is ensuring delivery of the five national adult screening programmes, namely breast cancer, bowel cancer, cervical cancer, diabetic eye screening (DES) and abdominal aortic aneurysm (AAA).



Breast screening uptake in Tayside is above the Scottish average and the 70% minimum standard, but is not meeting the 80% target, although some of the least deprived areas are meeting this.



Bowel screening uptake rates in Tayside overall are above the Scottish average and above the target rate of 60%, however, uptake is below the target rate in areas of greatest deprivation.



There has been a decreasing trend in uptake rates for cervical screening in both Tayside and Scotland and only the least deprived areas are meeting the target of 80%



Uptake rates for diabetic eye screening for people with type 2 diabetes have not yet recovered to the pre-pandemic levels of 85%.



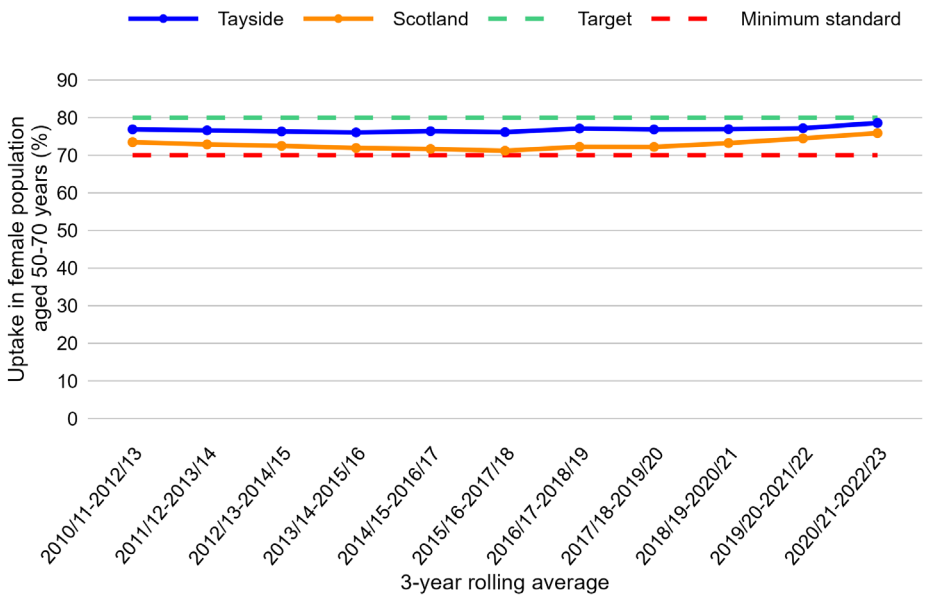
Tayside remains above the target of 85% for AAA screening and only the most deprived areas in Tayside are not meeting this target.

6.1 Local and national context

6.1.1 Breast screening

Of all women eligible for breast screening (aged 50-70 years) in the 3-year period (2020/21-2022/23), 78.6% in Tayside and 75.9% in Scotland were screened. This is above the minimum standard of 70% but does not meet the target of 80%. The uptake in Tayside has increased over the last five years and has consistently been higher than the national average (figure 58).

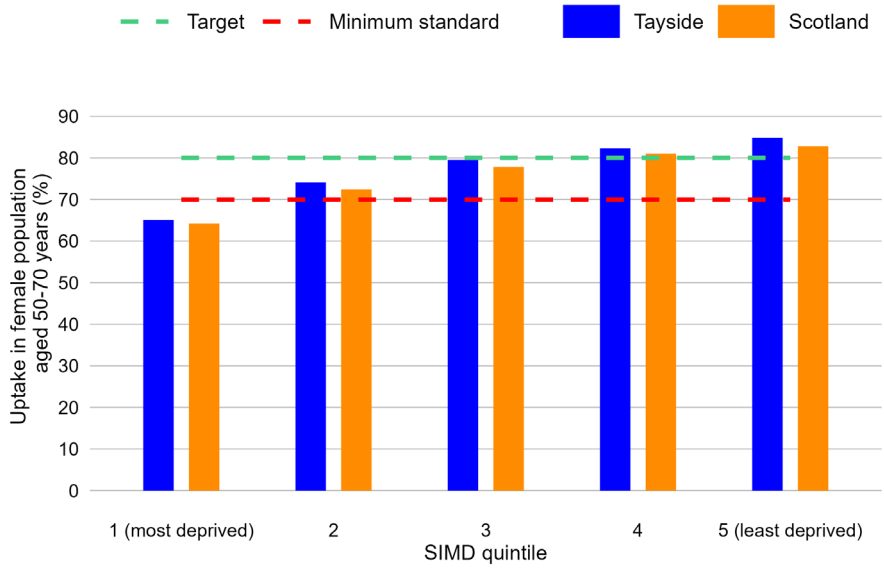
Figure 58: Breast screening uptake in female population aged 50-70 years, Tayside and Scotland; 3-year rolling average 2010/11-2012/13 to 2020/21-2022/23



Source: Scottish Breast Screening Programme (SBSP) Information System via PHS

There is a strong association between screening uptake and deprivation, with women from more deprived areas less likely to attend for breast screening (figure 53). The target uptake rate of 80% has been surpassed in least deprived areas but the minimum standard of 70% has not been met in the most deprived areas. This pattern is also seen in other screening programmes.

Figure 59: Breast screening uptake (%) in female population aged 50-70 years, Tayside and Scotland by SIMD quintile; 2020/21-2022/23

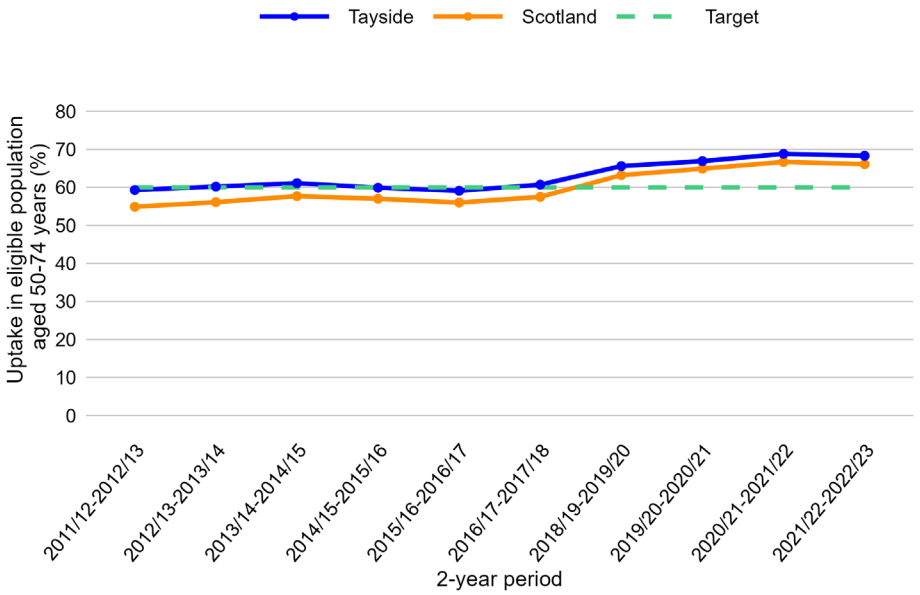


Source: Scottish Breast Screening Programme (SBSP) Information System via PHS

6.1.2 Bowel screening

Of all eligible people in Tayside (men and women aged 50-74 years) 68.3% were screened during the period May 2021 to April 2023. This was a decrease from the previous year but still above the national average of 66.1% (figure 60).

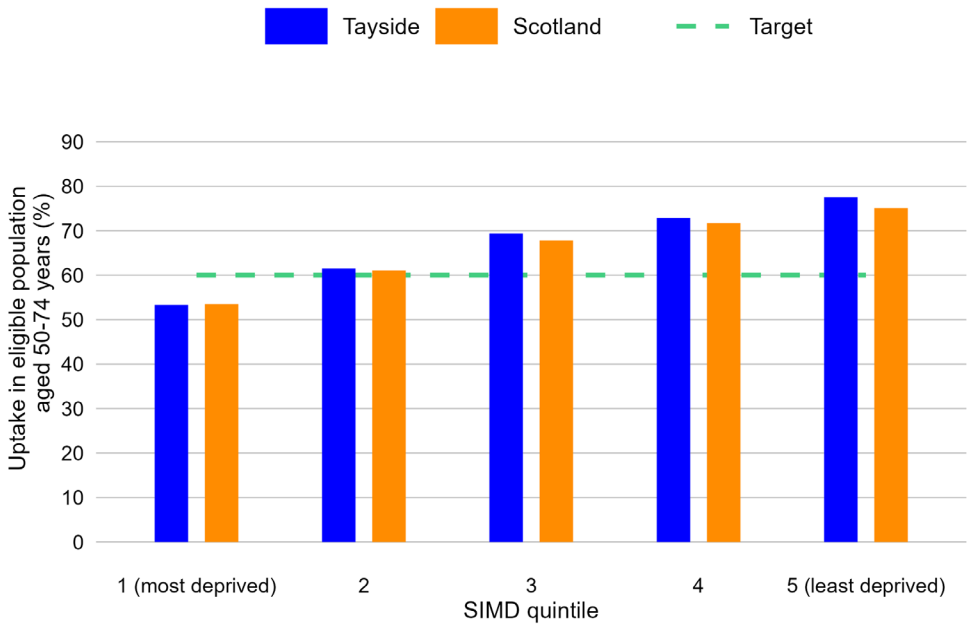
*Figure 60: Bowel screening uptake in Tayside and Scotland population; 2-year average 2011/12-2012/13 to 2021/22-2022/23**



**Note that due to screening being paused, there is no data available for the period 2017/18-2018/19*
Source: Scottish Bowel Screening Programme Statistics via PHS

The bowel screening uptake rate varies with deprivation, with 78% of people in the least deprived areas being screened compared to 53% in the most deprived areas of Tayside (figure 61). This gap has continued to widen slightly when compared to the previous period.

Figure 61: Bowel screening uptake in Tayside and Scotland population by SIMD quintile; 2-year average 2021/22-2022/23

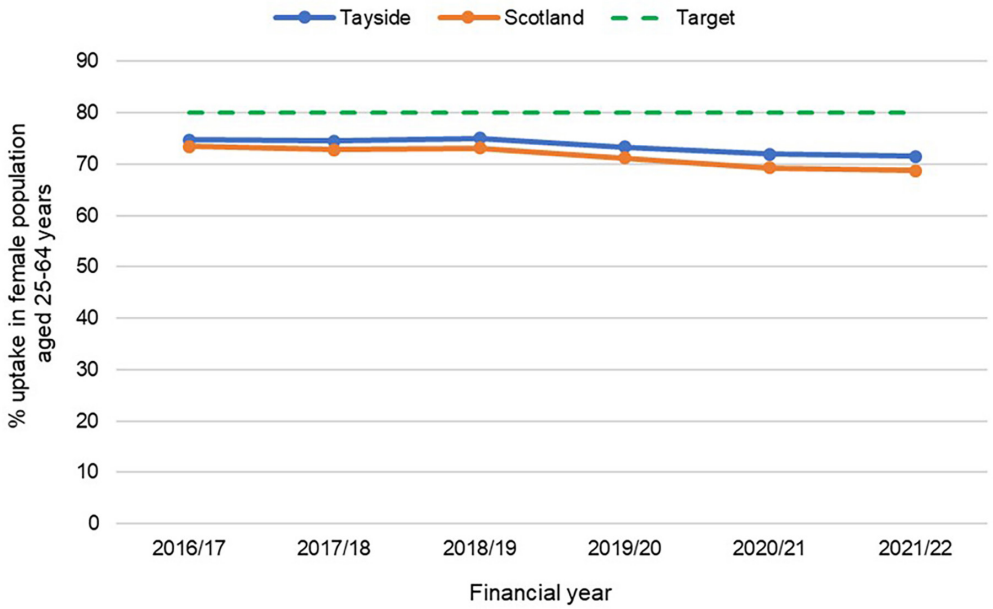


Source: Scottish Bowel Screening Programme Statistics via PHS

6.1.3 Cervical screening

The cervical screening uptake rate in Tayside is 71.5% and is higher than the overall Scotland rate of 68.7%. Tayside has consistently had a higher uptake rate than Scotland since 2016/17, although uptake has declined in Tayside and across Scotland in recent years[91] (figure 62).

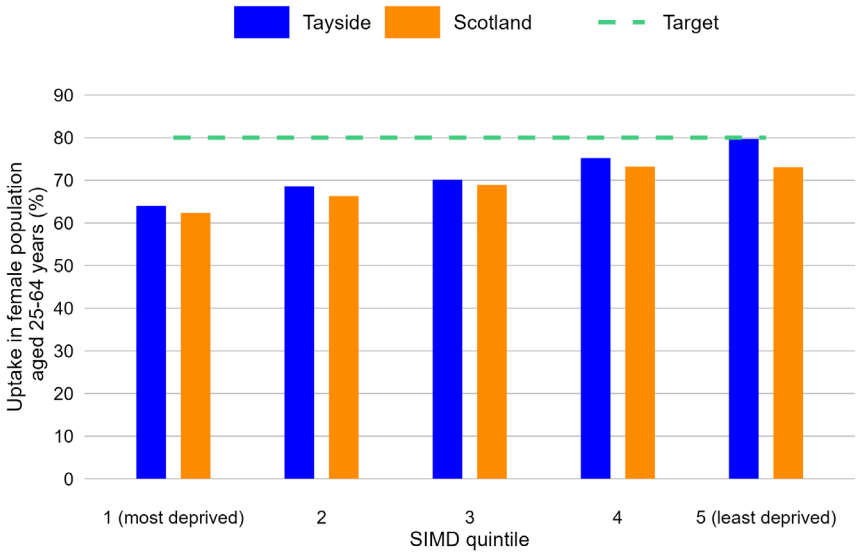
Figure 62: Cervical screening uptake in Tayside and Scotland female population aged 25-64 years; 2016/17-2021/22



Source: Scottish Cervical Screening Programme Statistics via PHS

Similar to other screening programmes, people from the most deprived areas are less likely to take part in screening, with uptake varying from 64.0% in the most deprived areas compared to 79.7% in the least deprived areas of Tayside (figure 57). It is worth noting that while Tayside shows better uptake than Scotland in each quintile, the overall gap between uptake in the most and least deprived areas of Tayside is wider than the Scottish average.

Figure 63: Cervical screening uptake in female population aged 25-64 years in Tayside and Scotland by SIMD quintile; 2021/22



Source: Scottish Cervical Screening Programme Statistics via PHS

91 The 2022/23 publication of the Cervical Screening Statistics by Public Health Scotland has been delayed and is currently unavailable

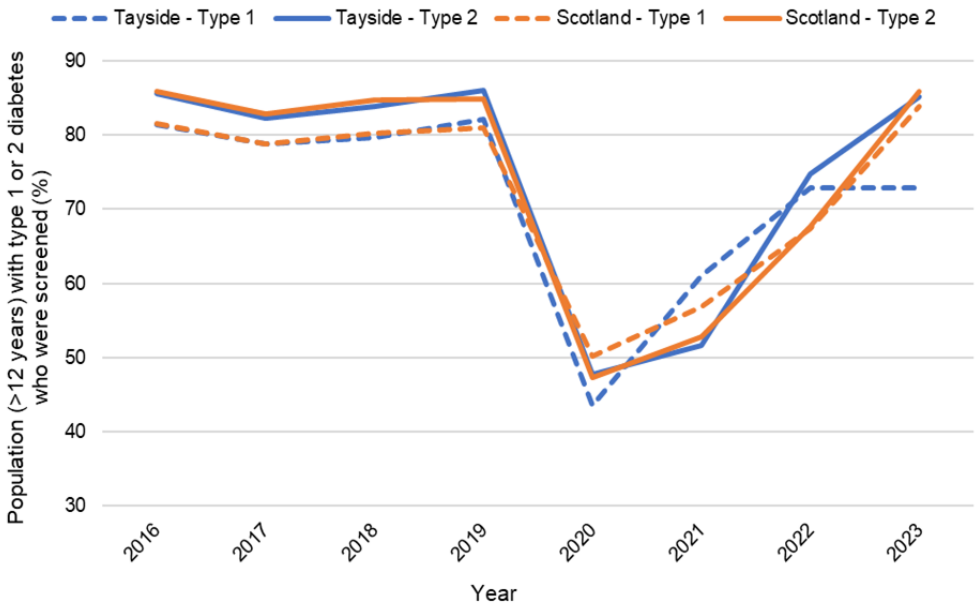
6.1.4 Diabetic retinopathy screening

Diabetic retinopathy is an eye condition which occurs when high blood sugar levels damage the cells in the retina. Diabetic retinopathy screening is an important part of diabetes care as screening can detect early forms of the condition before damage occurs and is offered every year to anyone with diabetes aged 12 years or over.

The proportion of people screened with type 1 and type 2 diabetes of appropriate age (>12 years) who were either recorded as having had diabetic retinopathy screening within the previous 15 months, were attending specialist ophthalmology clinics or were appropriately suspended from screening had consistently been above 80% in Tayside for people eligible in 2016 to 2019.

However, this proportion dropped below 50% in 2020 due to the temporary pause in the delivery of the programme. Figures for 2023 show that screening uptake for people with type 1 diabetes has been increasing to 72.8% and for people with type 2 diabetes to 85.1% in Tayside. The uptake rate for both type 1 and type 2 diabetes in Tayside was lower than the Scottish average (83.8% and 85.9% respectively) (figure 64).

Figure 64: Percentage of people with type 1 and type 2 diabetes (>12 years) who were either recorded as having had diabetic retinopathy screening within the previous 15 months, were attending specialist ophthalmology clinics or were appropriately suspended from screening in Tayside and Scotland; 2016-2023



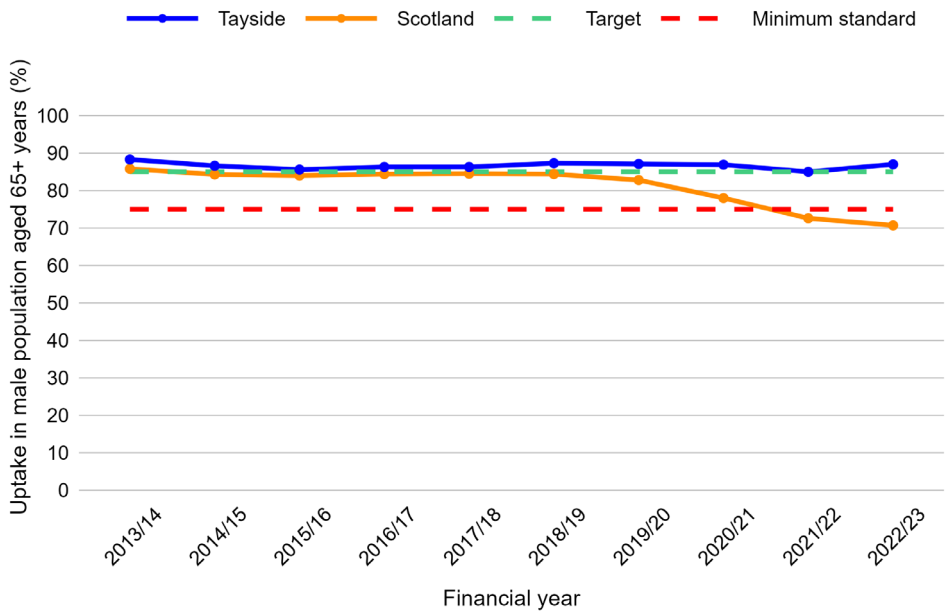
Source: https://www.diabetesinscotland.org.uk/publications/#survey-docs

6.1.5 Abdominal aortic aneurysm (AAA) screening

The AAA screening programme aims to reduce the number of deaths caused by abdominal aneurysms in men aged 65 and over.

In 2022/23, 87% of eligible men in Tayside attended a screening appointment, a slight increase from previous years and above the national average (70.7%) and higher than the target of 85% (figure 65).

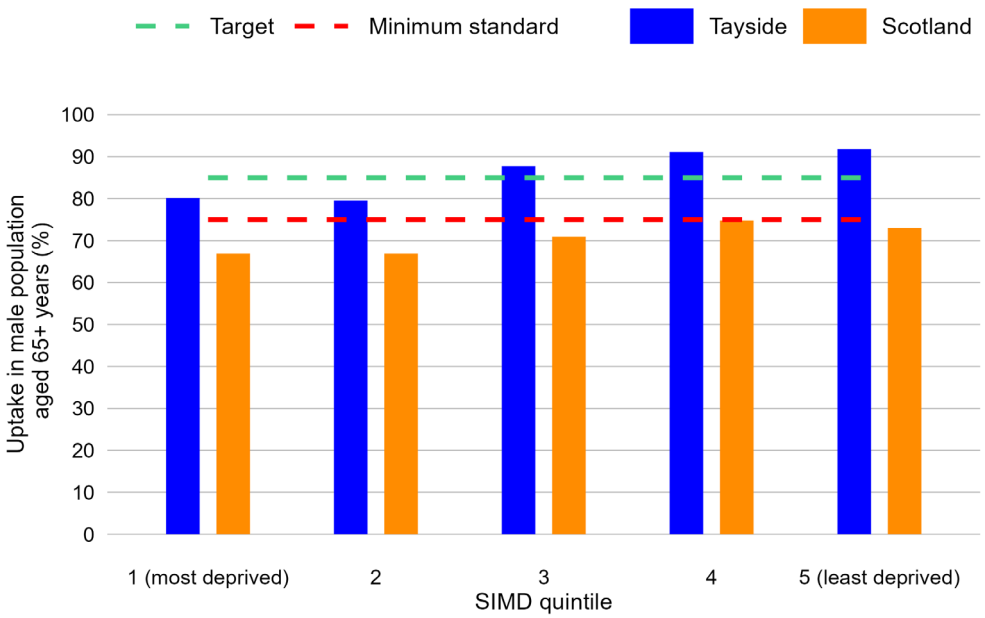
Figure 65: Abdominal aortic aneurysm screening uptake in Tayside and Scotland population; 2013/14-2022/23



Source: Scottish Abdominal Aortic Aneurysm (AAA) Screening Programme Statistics via PHS

Similar to other screening programmes, the AAA screening uptake varies with deprivation with 80% in the most deprived areas and 92% in the least (figure 66).

Figure 66: Abdominal aortic aneurysm screening uptake in males aged 65+ years in Tayside and Scotland by SIMD quintile; 2022/23



Source: Scottish Abdominal Aortic Aneurysm (AAA) Screening Programme Statistics via PHS

6.2 Current and future activity

The NHS Tayside Public Health Adult Screening team has worked with the screening programmes to develop several interventions to improve patient experience and increase uptake both across the whole population and targeted to areas of greatest deprivation.

These have included:

- Improving uptake in breast screening amongst previous defaulters through a targeted telephone intervention
- Supporting pathway change in bowel screening and understanding the barriers to accessing colonoscopy in order to improve uptake and outcomes for people who screen positive
- Targeted pop-up cervical screening clinics for people overdue/never screened
- Piloting the use of hand-held cameras for DES
- Embedding Making Every Contact Count in AAA screening

Future programmes of work include developing more targeted approaches to increase engagement in screening, particularly for people who have never attended any screening programme. In 2025, it is anticipated that the roll out of the national Lung Cancer Screening programme aimed at over 50's that have 'ever' smoked will commence.

6.3 Call to action

Cancer and Non-Cancer Screening Programmes: The Power of Tiny Gains

Screening can detect a health problem early, before any symptoms develop. In Tayside over 200,000 adults are eligible for cancer and non-cancer screening and many lives are saved each year in Tayside.

Stark inequalities exist within Tayside's screening programmes. These inequalities are unfair and avoidable and despite our effort in recent years, these inequalities have not improved, especially the gap in uptake between our most and least deprived communities.

In Tayside we have an ambition to reduce the widening inequalities gap and we need a whole system approach to make this happen.

Everyone can help achieve this population level change by implementing these three simple asks:

- Make the time to go to your own screening appointment
- Return your bowel screening test kit
- Use every opportunity to ask your patients/service users about screening, be proactive and support them to engage

If everyone working in health and social care in Tayside supported one additional person to attend their screening appointment, we would have an extra 29,000 people accessing screening.

In Tayside around 50,000 people do not engage in bowel screening, and this is a missed opportunity. If everyone returned their kit, we could detect an extra 100 bowel cancers earlier, saving lives and improving outcomes.

There is power in tiny gains, if we all try and improve one small thing at a time, the sum value of our combined efforts are significant when we put them all together.

7. Health Protection

The health protection function of the Public Health Directorate consists of fulfilling the statutory duties of NHS Boards to protect their populations from infectious diseases and environmental hazards. This is achieved through both reactive and strategic work carried out by the Health Protection Team (HPT) in preventing, monitoring, maintaining preparedness for, and carrying out investigation and public health management of individual cases, clusters, outbreaks, and other incidents. These may involve a wide array of infections and environmental hazards, in community settings and across the general population.

Over the past year there have been a number of national outbreaks and surges in infectious disease activity in Tayside, the UK and internationally, including highly pathogenic avian flu, scabies outbreaks in care homes, cryptosporidiosis, shiga-toxin producing E. coli (STEC), Listeria, pertussis (whooping cough) and measles, driven at least in part by changes in the behaviour of the population following easing of pandemic restrictions, and the impact of serial lockdowns in reducing exposure, and so immunity, to other micro-organisms.

The HPT also has responsibility for leading the coordination, governance and oversight of all immunisation programmes within Tayside. Its remit is safeguarding the health of the population in relation to vaccine-preventable infections, and ensuring fulfilment of Health Board and national programme objectives and vaccination uptake targets. The COVID-19 pandemic highlighted the importance of maintaining a robust infrastructure to provide the necessary oversight and support to ensure vaccination services can meet current and future needs, fulfil any requirements for programme acceleration, and respond to emerging outbreaks and incidents in a consistent, efficient and sustainable manner.

Over the course of 2024, the Public Health vaccinations leadership team has worked with partners to develop and implement an updated governance structure able to meet these challenges on a sustainable basis. At its centre is a multi-disciplinary Vaccinations Steering Group (VSG), which maintains a comprehensive overview of all immunisation programmes in Tayside, facilitating partnership working between Public Health, operational vaccination services, pharmacy, primary and secondary care, and support services. The VSG ensures the application of appropriate governance and risk management to facilitate strategic plans for the timely, safe and effective delivery of high quality, equitable immunisation programmes in line with national policy and good practice principles.

As well as its core governance role, the Public Health Directorate, through its vaccinations leadership based within the HPT, operationally manages the single largest clinical service providing immunisations to patients for the Health Board – the Tayside Central Vaccination Service. This evolved from the service created in 2020, and based within Public Health, tasked with delivering the COVID-19 vaccination programme. From autumn/winter 2021/22, the service began also contributing to the adult seasonal flu programme. It has since expanded to take over full responsibility for programmes that were previously delivered by general practice as part of Scotland's Vaccination Transformation Programme (VTP), and in line with the 2018 GMS contract. Since the completion of the VTP in March 2022, the Public Health Directorate has been responsible for operational delivery of the full COVID-19 and adult flu programmes, the routine adult pneumococcal and shingles programmes, the respiratory syncytial virus (RSV) programme, unscheduled and catch-up vaccinations for adults, and NHS travel immunisations.

The HPT has managed and contained a number of outbreaks, such as E. coli, listeria, measles, mpox, seasonal flu and whooping cough.

Uptake for many adult immunisations in 2023/24 have been higher in Tayside than Scotland. COVID-19 – 60.9% versus 56.6%, flu – 57.7% versus 53.7.

Annual childhood uptake rates declined gradually in Scotland over the past 10 years across all routine immunisations. And in Tayside, childhood vaccination coverage is lower than the average for Scotland across multiple measures.

The coverage of the adult population vaccinated for shingles, pneumococcal and RSV is higher in Tayside than Scotland. However, there is a lower coverage rate of RSV and pertussis immunisations amongst pregnant women.

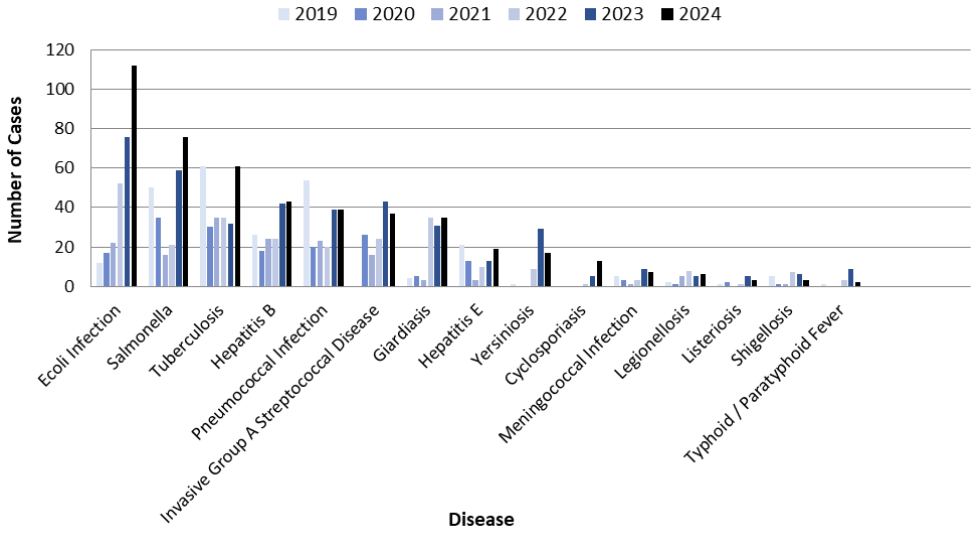
7.1 Infectious diseases

7.1.1 Local and national context

An analysis of the Health Protection Team's (HPT) response to infectious disease in the community showed just over 2,325 non-COVID-19 clinical and laboratory notifications were received between 1st January 2024 to 31st December 2024, an average of six per day. Of these, 879 (38%) were notifications of whooping cough (pertussis); 470 of these cases were laboratory confirmed. There were 520 (22%) laboratory notifications of campylobacter, a common gastrointestinal pathogen usually of low clinical consequence. The other 926 notifications spanned a full range from other common infections usually requiring limited follow-up (e.g., mumps, salmonella) to more severe and complex infections, such as E. coli O157 (and other Shiga-toxin producing E. coli), Legionnaire's disease and tuberculosis. In addition to the workload represented by the notifications of diseases and pathogens, the HPT's day-to-day activities include responding to other reports and enquiries, including water quality failures and potential environmental hazards, and requests for advice on vaccinations.

Trends in the number of cases of laboratory-confirmed notifiable organisms over the last six years are summarised in figure 67 and table 6, with the numbers referring to individual disease/organism notifications and not individual people. There have been notable yearly increases in E. coli 0157 and Salmonella, whilst Cryptosporidium in 2023 and 2024 had around twice the number of cases compared to 2019.

Figure 67: Number of Tayside laboratory-confirmed infectious disease cases, 2019-2024



Source: HPZone, NHS Tayside

Table 6: Number of Tayside laboratory-confirmed pertussis (whooping cough) cases 2019-24

	2019	2020	2021	2022	2023	2024
Pertussis cases	43	12	2	0	17	457

7.1.2 Current and future activity

The Tayside HPT manages outbreaks of infections, such as flu, COVID-19 and other respiratory and gastrointestinal infections, and environmental hazards, in care homes as well as other closed settings. In care homes, the cause of respiratory outbreaks transitioned from being predominantly due to SARS-CoV-2 in winter 2022/23, to resulting from a range of viruses, including SARS-CoV-2, influenza A, rhinovirus, metapneumovirus etc. The majority of outbreaks of gastroenteritis/diarrhoea and vomiting resulted from norovirus infections (as would be expected). In outbreaks secondary to influenza virus, the HPT supports the assessment for the provision of antiviral treatment and prophylaxis.

As well as care homes, the HPT has responsibility for investigating, risk assessing, advising on, and managing cases/clusters/outbreaks of infections and environmental hazards to human health in all settings other than secondary healthcare facilities. Over the last year, non-care home settings with suspected or confirmed outbreaks, and other incidents in which we were involved, in the Tayside area, have included: schools; nurseries; supported accommodation; day care facilities; food outlets; holiday accommodation; water quality failures; and seafaring vessels (the infectious agents associated with these situations included various respiratory and gastrointestinal pathogens, and scabies).

Tayside HPT provided the local response to, and input into national management of, the following notable cases/incidents (this is not an exhaustive list):

Highly Pathogenic Avian Influenza (HPAI)

A highly pathogenic influenza A virus subtype (H5N1) has emerged as a global concern. While the risk to the general public's health from avian influenza is very low, Health Protection Teams were tasked with maintaining preparedness as part of a wider system response, ensuring local arrangements were in place for: advising and monitoring any persons exposed to infected birds (e.g. farm workers and veterinary professionals); supporting the provision of antiviral

prophylaxis; accessing antiviral stocks; and arranging sampling of any exposed persons who are symptomatic. The arrangements put in place by the Tayside HPT were utilised actively in a small number of situations involving confirmed avian influenza in birds locally, and has required ongoing monitoring/surveillance during 2024.

Scabies outbreaks in care homes

During 2023/24, cases/outbreaks of scabies in care homes created a significant workload challenge for HPTs (both locally and nationally). This is due to higher case numbers than usual being identified, along with the many challenges of managing these situations, which can be very difficult to resolve.

Scabies has a prolonged incubation period, enabling it to spread between individuals before it leads to symptoms, so it can be difficult to know who has been/will be infected. In addition, treatment is challenging to administer, resource intensive for care homes, and can often fail to be fully effective (which can result in a need for repeated cycles of 'whole home treatment'). Although not life threatening, scabies causes a significant amount of discomfort and distress for care home residents, their families and staff.

Increase in Listeria cases

In early 2024, PHS and the UK Health Security Agency (UKHSA) identified that a significantly increased number of cases of listeriosis had been detected, a number of which were in Tayside residents. HPT contributed to the National Incident Management Team (NIMT) convened by PHS. This group sought to understand any potential links between cases, and therefore areas for intervention. HPT supported this with intelligence on the local cases. The NIMT was unable to identify any clear common sources of infection, and Whole Genome Sequencing supported that cases were not of the same subtype so less likely to be linked. However, measures to reduce the risk of listeriosis in general were identified and enacted.

Surge in pertussis (whooping cough) cases

Because of the longstanding presence of pertussis vaccine within the routine childhood and, more recently, adult (pregnant women) vaccination programmes, this infection is usually seen at low levels within the population, presenting as occasional cases. However, the immunity conferred by the vaccine does wane over time, and every few (roughly 3-5) years a surge in cases can occur.

Although it leads to a self-limiting illness in most people, pertussis is highly infectious, challenging to accurately diagnose, and can lead to more severe illness in infants who are not fully immunised. Even possible, unconfirmed cases therefore require a thorough response to reduce the risks of spread to vulnerable infants. From late 2023 to autumn 2024, a major surge in pertussis incidence occurred throughout the UK, necessitating rapid and coordinated responses by the HPT including follow-up of individual cases and contacts, management of community clusters, and development of appropriate multidisciplinary protocols and pathways.

Measles

Measles is the most transmissible human infection known. Due to the vaccination, which is very protective (i.e. individuals who are fully vaccinated are highly unlikely to be infected), this is normally a very uncommon disease in the UK. However, during early 2024, a significant number of cases (hundreds) were identified in outbreaks in England, and a much smaller, but significant number, in Scotland (largely 'imported' from England or overseas).

This difference in numbers of infection seen in Scotland and England is believed to be due to a number of factors, including a higher immunisation rate in Scotland. Despite the small numbers, this does raise the possibility that individuals who present with symptoms consistent

with the infection may have measles, particularly if they have travelled outside Scotland and are not fully vaccinated. Any response to a suspected or confirmed measles case is resource intensive but necessary to limit the impact of the infection's high infectivity and potential to cause severe illness.

E. coli

During early 2024, a UK-wide outbreak of Shiga-toxin producing E. coli (STEC) 026 was being monitored by the national agencies (UKHSA and PHS), requiring close monitoring and action where needed by local teams. More broadly, changes in laboratory testing and guidance since the pre-pandemic period have been associated with a consistently raised level of activity for the HPT in notifications received and cases and contacts of STEC in need of follow-up.

Mpox

In 2024, the WHO declared a Public Health Emergency of International Concern relating to a surge in clade Ib mpox cases in the Democratic Republic of Congo (DRC) and neighbouring countries. This clade of mpox is thought to be associated with greater virulence (i.e. disease severity and transmissibility) and wider demographic communities than clade II mpox, which caused an international outbreak predominantly among gay, bisexual and other men who have sex with men in 2022, and against which a targeted programme of vaccination and public information and advice was successful. A small number of clade Ib mpox cases have been reported in Europe and Asia, including in the UK (but not Scotland), and HPTs and national public health bodies have undertaken concerted planning and preparedness activity in expectation of further cases emerging in the UK over time.

The mpox outbreak has highlighted the need for collaborative working, particularly between the HPT and acute medicine and sexual health services, laboratories and the third sector, to effectively respond to this incident in view of the associated stigma, and difficulties with effectively communicating messaging. Pathways for managing high consequence infectious diseases (HCID) cases have also been discussed and worked through at local and national level to better respond to any future possible cases of infections such as Ebola or MERS-CoV.

7.2 Immunisations

Immunisations are highly effective at preventing or reducing severity of illness. A number of vaccinations (currently approximately 30) are available for people at different stages of their life within the routine UK schedules provided by the NHS[92].

The UK routine vaccination schedule offers protection against diseases caused by 16 different infectious organisms. The majority of these vaccines are offered in childhood, at several key stages: infancy, pre-school, and in secondary school. A smaller range of vaccinations are included in routine schedules for adults: age-based programmes providing protection against shingles, pneumococcal disease and RSV, and pertussis and RSV vaccination for pregnant women. There are two vaccination programmes which are primarily delivered seasonally to large age- and risk-based cohorts: flu and COVID-19. A further 12 vaccines are offered to individuals at highest risk of specific infections, including those that are associated with occupational and lifestyle factors, various health conditions, and travel.

7.2.1 COVID-19 and adult vaccination programmes

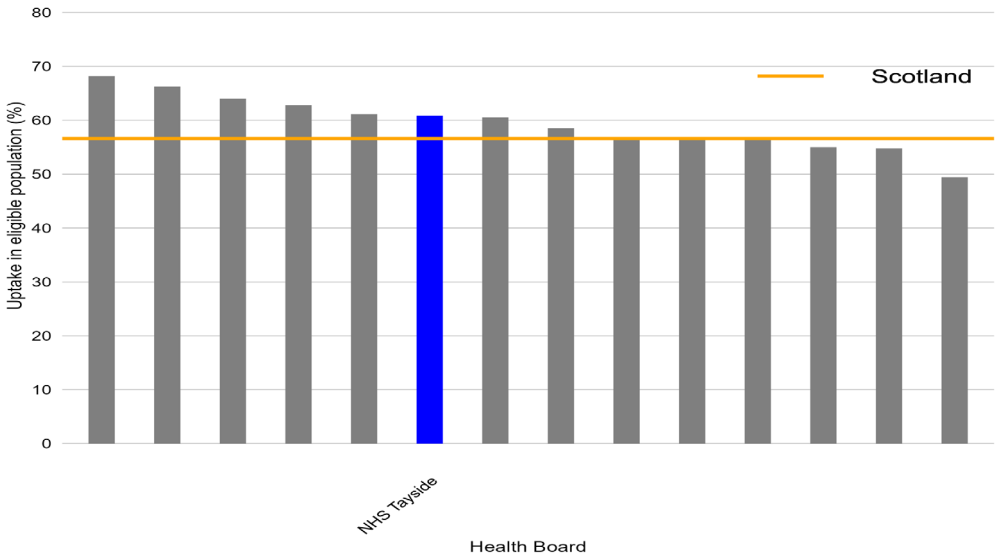
The COVID-19 vaccination programme is now largely delivered seasonally. As of 2024/25, the main autumn/winter booster programme targets adults aged 65 and older, care home

92 NHS Inform - Vaccines

residents, clinical risk groups aged 6 months to 64, and health and social care staff. There is a smaller spring booster campaign for over-75s, care home residents and people aged 6 months and over with a weakened immune system.

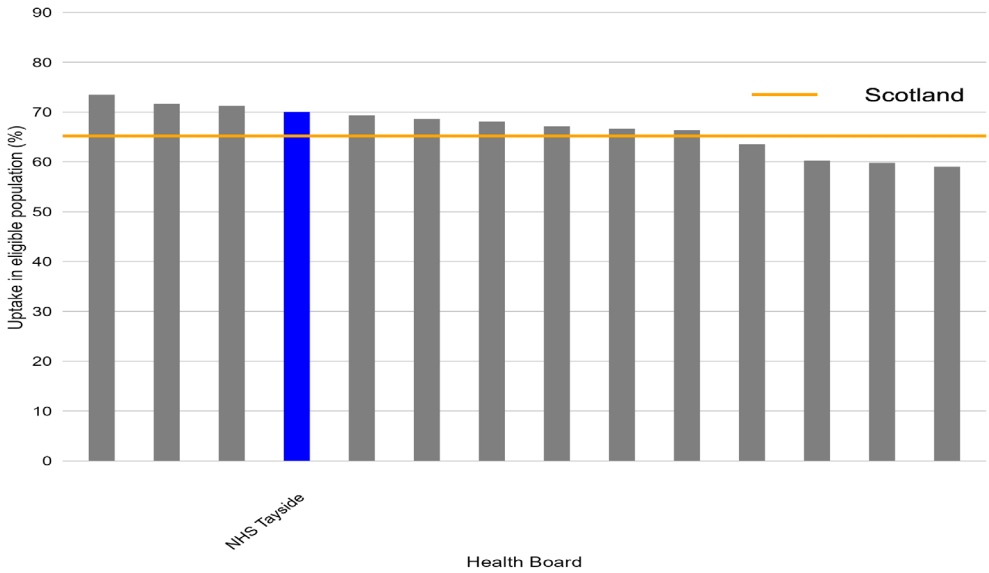
The latest uptake data shows a total of 107,808 COVID-19 booster vaccinations have been administered within the 2023/24 autumn/winter programme in Tayside, given an overall uptake of 60.9%, compared to 56.6% recorded for Scotland as a whole (figure 68). In the 2024 spring booster programme, the total number of vaccinations completed for Tayside (up to July) was 40,230, an uptake of 70.1%, which compares to 65.2% in Scotland overall (figure 69).

Figure 68: COVID-19 vaccination uptake in eligible population by Health Board, winter booster programme 2023/24



Source: Discovery - Public Health Scotland

Figure 69: COVID-19 vaccination uptake in eligible population by Health Board, spring booster programme 2024



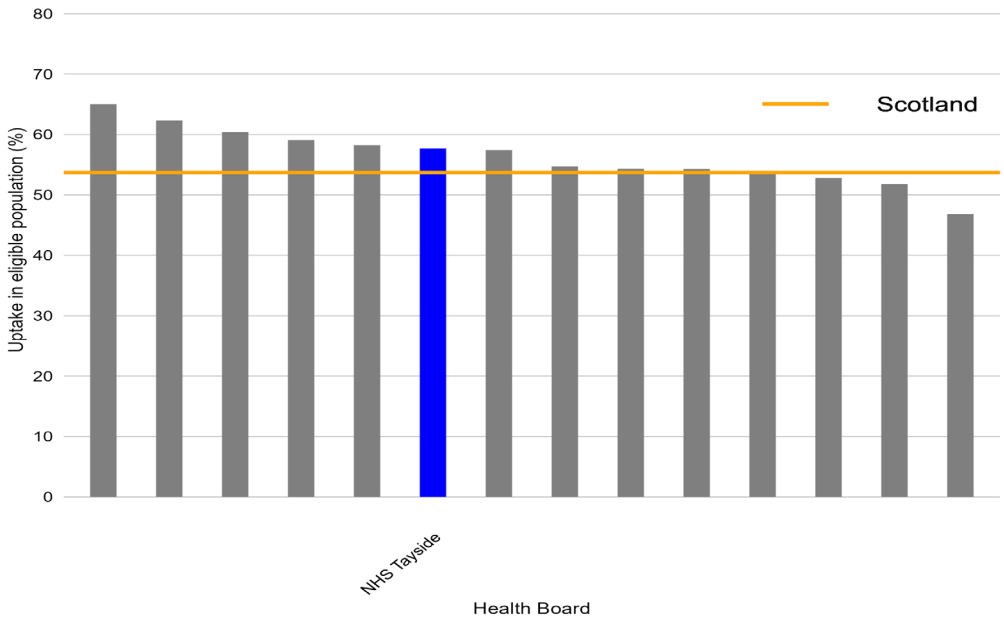
Source: Discovery - Public Health Scotland

In 2022/23, the cohorts eligible for flu vaccination were: all adults aged 50 or older, people aged under 50 in clinical risk groups, care home residents, and health and social care workers.

PHS dashboards show that a total of 147,960 vaccinations were carried out in Tayside this year, equating to an uptake of 64.6%; Scotland's overall uptake was 63.7% (figure 64).

Over 90% of individuals who were eligible for both flu and COVID-19 booster vaccinations received them at the same visit (co-administration).

Figure 70: Seasonal flu vaccination uptake in eligible population by Health Board, winter programme 2023/24



Source: Discovery - Public Health Scotland

7.2.2 Shingles and other vaccination programmes

All adults over the age of 70 are eligible for vaccination against shingles. Those who are not yet vaccinated should be offered opportunities to catch up until they reach 80 years old. General practices in Tayside continued to provide shingles vaccinations until April 2022, when responsibility transferred to the central vaccination service operated by Public Health, which carried out delivery primarily in July and August 2022. From 2023/24, people turning 65 are also eligible for shingles immunisation. Uptake statistics are published by PHS annually, based on a reporting year running from September to August. The data (table 7) show Tayside maintaining a record of achieving uptake substantially higher than the overall levels for Scotland.

Table 7: Shingles vaccination coverage amongst eligible cohorts, up to 31 May 2024

	NHS Tayside			All Scotland		
	Cohort	Vaccinated	Coverage	Cohort	Vaccinated	Coverage
Routine cohort (70-year-olds)	4,911	2,921	59.5%	58,821	26,307	44.7%
Catch-up cohort (71 to 79-year-olds)	38,118	31,009	81.4%	448,589	341,008	76.0%

Source: Discovery - Public Health Scotland

Other immunisations delivered by the NHS Tayside central vaccination service include the pneumococcal polysaccharide vaccine (PPV) for adults aged 65 and older and people aged under 65 who are at increased risk; vaccinations such as tetanus, rabies and hepatitis B which

must be offered urgently following potential exposure; catch-up doses of vaccinations missed in childhood including diphtheria, tetanus and polio, MMR, and MenACWY; and vaccines such as pneumococcal, meningococcal and hepatitis B for people with medical conditions or treatment which make them especially vulnerable. Table 8 shows Tayside pneumococcal uptake rates are higher than the national average for all cohorts.

Table 8: Pneumococcal vaccination coverage amongst eligible cohorts, 2023/24

	NHS Tayside			All Scotland		
	Cohort	Vaccinated	Coverage	Cohort	Vaccinated	Coverage
2 to 64 at risk	24,945	15,597	63%	360,248	192,661	54%
Aged 65+	90,124	76,638	85%	1,066,397	872,974	82%
Every 5 Years	3,730	2,296	62%	51,305	25,466	50%
Total	115,071	88,504	77%	1,426,645	1,426,645	72%

Source: Discovery - Public Health Scotland

Uptake rates continue to be higher than the national average for the Respiratory Syncytial Virus (RSV) programme for older adults, but the uptake rate is lower for pregnant women in Tayside (table 9). This lower uptake rate for pregnant women is also reflected in the Pertussis immunisation programme where Tayside had the lowest uptake rate in Scotland for 2023/24 with 77.6% compared to the national uptake rate of 82.3%. These maternal vaccination programmes are delivered directly by Midwifery, and the Public Health immunisations leadership team is working closely with that service in order to develop and implement strategies to boost uptake in partnership.

Table 9: Respiratory Syncytial Virus (RSV) vaccination coverage amongst eligible cohorts, 2023/24

	NHS Tayside			All Scotland		
	Cohort	Vaccinated	Coverage	Cohort	Vaccinated	Coverage
Aged 75 to 79	20,876	15,055	72%	242,006	166,076	69%
Turning Age 75	4,493	3,272	73%	53,158	36,081	68%
Pregnancy	1,367	498	36%	18,317	6,825	50%
Total	26,736	88,504	77%	1,426,645	1,426,645	72%

Source: Discovery - Public Health Scotland

7.2.3 Childhood immunisation

With the exception of the COVID-19 programme, delivery of routine, catch-up, selective and unscheduled vaccinations for children aged up to 18 is delivered by the Children's Immunisation Service, supported but not managed by the Public Health immunisations leadership team.

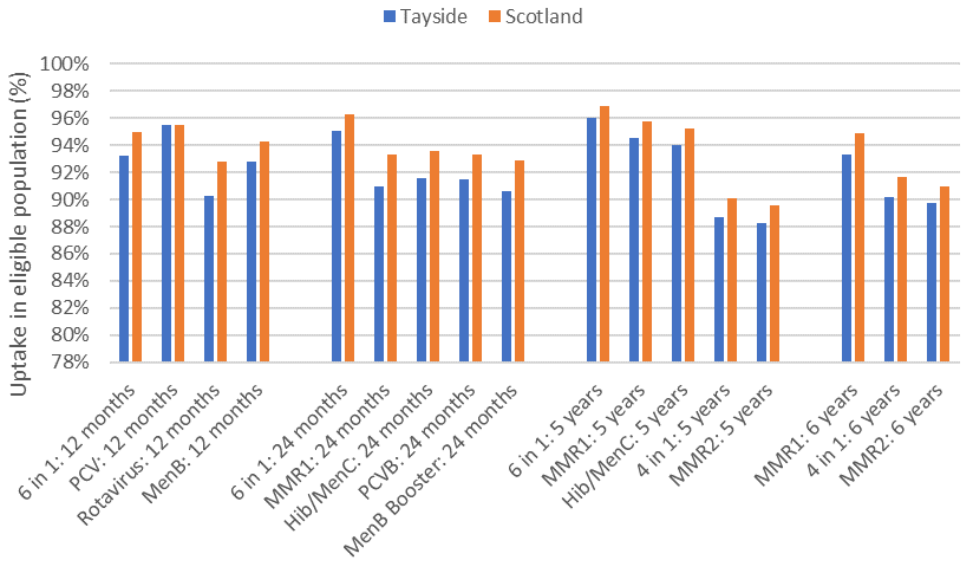
Annual childhood uptake rates declined gradually in Scotland over the past 10 years across all routine immunisations. However, uptake has remained high overall in absolute terms, particularly in comparison to wider UK and international trends.

The causes of the long-term trend are not fully understood, but are likely to involve multiple interacting factors, including shifts in population vaccine confidence, changes in population

local demographics and mobility, impacts of the pandemic, changes in delivery models (such as VTP), NHS pressures, and wider socioeconomic conditions all influencing individual sentiment and behaviours.

In Tayside, childhood vaccination coverage is lower than the average for Scotland across multiple measures (figure 71), and this is a source of concern and area of focus for the children's immunisation service leadership and Public Health immunisations team. A multidisciplinary children's immunisations improvement group is being established and action already commenced to support and remove barriers to accessing vaccinations for families with low levels of uptake, initially prioritising MMR and pertussis-containing vaccines.

Figure 71: Summary of core childhood vaccination uptake between Tayside and Scotland for 2023/24



Source: Discovery - Public Health Scotland

7.3 Call to action

In the aftermath of the COVD-19 pandemic, Scotland has faced a series of UK-wide and international surges in diseases such as mpox, measles, whooping cough and tuberculosis. In this global context of increasing risks, it has never been more critical for services and systems to maintain constant readiness to detect and take action to prevent and control the threat from new and re-emerging infections.

The NHS Tayside Health Protection Team is at the forefront of this effort. Our mission is to take action and provide leadership, expert guidance and support to prevent and manage risks to the health of the public from infectious diseases and environmental hazards.

By combining detailed local knowledge with the specialist expertise of dedicated professionals, and building strong local networks and relationship with key partners, the Tayside team strives to lead the way in preparing for, and tackling, the ever evolving risks of infectious disease and other hazards throughout our communities.

Our first priority is to prevent infection and protect the public from disease transmission wherever possible, through both effective public communication about risks, and delivery of high quality and widely valued vaccination programmes. The NHS Tayside vaccination service forms a core part of the Health Protection function, and it consistently achieves levels of

coverage and uptake in the adult population that are well in excess of averages for all Scottish Health Boards. Maintaining and further building on this success is a key priority for public health in Tayside.

When infections do occur in our community, we require rigorous and robust systems to offer timely screening, detection and surveillance, to track disease trends and plan responses strategically. We seek to make the best possible use of data systems and analyses to investigate patterns and identify root causes of new threats where they arise.

Responding to this ever-changing surveillance picture, the Tayside Health Protection Team aims to lead the way in identifying, deploying and sharing best practice for effective management and control of clusters and outbreaks of disease, in Scotland and beyond.

To do this we require a well-resourced team embedded within wider public health and NHS systems, and the support of all our core partners - including clinicians and laboratories, local authority environmental health teams, national statutory agencies, and wider civil society. It is essential we work together to promote, encourage and enable everyone to benefit from the protection offered by relevant, accessible advice and information, timely vaccination, and a healthy environment.

By successfully harnessing these resources, we can ensure the best possible, continuing protection for the whole population of Tayside against the ever-present risks that environmental and infectious agents pose to our health and wellbeing.

Summary

This report outlines the key public health challenges facing Tayside currently and action being taken by the Directorate of Public Health, in collaboration with teams across NHS Tayside and partner agencies.

New to this year, the report also includes a section on the wider determinants of health, given that the socioeconomic conditions in which people live is the single greatest driver of health and wellbeing outcomes.

Following previous feedback, we have also included 'Calls to Action' which outline action we can all take to help improve health and wellbeing.

This report is designed to be an overview and reference tool, to inform health-based discussions locally and strategic planning. However, if you would like any further information on any of the workstreams detailed, please do look at the Directorate of Public Health webpages – https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/PublicHealth/index.htm – or email us directly at tay.directorofpublichealth@nhs.scot

To note, the Public Health Directorate also leads on the Anchor Strategy and climate change and sustainability work for NHS Tayside, both of which are also critical to population health.

As always, we would also welcome any feedback on this report for future iterations.

To conclude, I wish to flag the considerable contributions made to this report by my colleagues including:

- the Public Health Strategic Leadership Team for the workstream reports
- the Health Intelligence Team for generating all the charts and tables, the accompanying text and pulling it all together - in particular Stephen Halcrow, Ally Stewart, Russell Goldsmith and Caroline Snowdon
- and Louise Wilson in the Comms team for all the infographics and polishing of the report

Thank you all, hugely.

Tables and Figures

Figure 1: Population estimates of Tayside by local authority area; 2001-2021	9
Figure 2: Net-migration for NHS Tayside; mid-year 2016 – mid-year 2022	10
Table 1: Tayside 2011 and 2022 Census population by ethnic group	10
Figure 3: Comparison of median age of the population of Tayside and Scotland; 2011-2021	11
Figure 4: Population estimates of Angus by age and sex as at 30 June 2022	12
Figure 5: Population estimates of Dundee City by age and sex as at 30 June 2022	12
Figure 6: Population estimates of Perth & Kinross by age and sex as at 30 June 2022	12
Figure 7: Live birth rate per 1,000 female population aged 15-44 years in Tayside by local authority area and Scotland; 2001-2022	13
Figure 8: Projected percentage change in population of Tayside by local authority area; 2018-2028	14
Table 2: Proportion of Tayside's 2022 population estimates living in each SIMD 2020 quintile by local authority area	15
Figure 9: Life expectancy (LE) at birth for population of Western Europe; 2012-2022	15
Figure 10: Life expectancy (LE) at birth for population across the United Kingdom; 2008-10 to 2020-22	16
Figure 11: Life expectancy (LE) at birth for population of Tayside and Scotland by sex; 2010-12 to 2020-22	16
Figure 12: Life expectancy (LE) at birth for population in Tayside by local authority area and sex; 2009-11 to 2019-21	17
Figure 13: Life expectancy at birth for population of Tayside by local authority area and deprivation; 2019-2023	17
Figure 14: Healthy life expectancy at birth for population of Tayside and Scotland by sex; 2015-17 to 2019-21	18
Table 3: Proportion of life spent in good health in Tayside by local authority area and Scotland; 2019-2021	19
Figure 15: Age standardised premature (<75 years) mortality rates per 100,000 population in Tayside by SIMD quintile; 2014-2021	19
Table 4: Causes of premature (<75 years) mortality in Tayside. Comparison of the 10 main causes of death within the most and least deprived areas based on five-year aggregate (2018-2022)	20
Figure 16: Age-sex standardised premature mortality rates per 100,000 population aged 15-44, in Tayside by local authority area and Scotland; 2002-04 to 2020-22	21
Figure 17: Percentage of the 16-64 population that are employed; 2013/14-2022/23	23
Table 5: Employment in Lower Paid Occupations in 2023	23
Figure 18: Weekly median earnings of adult employed population (£s); 2013/14-2022/23	24
Figure 19: Homelessness Applications as a Percentage of All Households; 2013/14-2022/23	25

Figure 20: Percentage of households that are fuel poor; 2013/13-2022/23	**25**
Figure 21: Percentage of children in relative poverty; 2013/14-2022/23	**26**
Figure 22: Score based on highest level of attainment average across all school leavers 2013/14-2022/23	**27**
Figure 23: Percentage of school leavers in positive and sustained destinations; 2013/14-2022/23	**27**
Figure 24: Age-sex standardised rate of coronary heart disease patient hospitalisations per 100,000 population in Tayside and Scotland; 2002-04 to 2020-22	**29**
Figure 25: Age-sex standardised rate of cancer diagnosis per 100,000 population in Tayside and Scotland; 2002-04 to 2020-22	**30**
Figure 26: Age-sex standardised rate of lung cancer diagnoses per 100,000 population; 2002-04 to 2019-21	**31**
Figure 27: Age-sex standardised rate of COPD hospitalisation per 100,000 population; 2002-04 to 2020-22	**32**
Figure 28: Crude prevalence rate of all types of diabetes for all ages per 100,000 population; 2013-2023	**33**
Figure 29: Age-sex standardised rate of psychiatric patient hospitalisations per 100,000 population; 2002/03-2004/05 to 2021/22-2022/23	**35**
Figure 30: Adult psychiatric patient hospitalisations per 100,000 population in Tayside by SIMD2020 quintile; 2022/23	**36**
Figure 31: Percentage of population prescribed drugs for anxiety/depression/ psychosis between 2011/12 and 2021/22	**36**
Figure 32: Adult psychiatric patient hospitalisations per 100,000 population in Tayside by main diagnosis grouping; 2022/23	**37**
Figure 33: Age standardised suicide rate per 100,000 population in Tayside and Scotland; 2002-2006 to 2019-2023	**37**
Figure 34: Age-sex standardised suicide rate per 100,000 population in Tayside and Scotland by sex; 2002-2006 to 2019-2023	**38**
Figure 35: Age-sex standardised alcohol-related hospital admission rate per 100,000 population; 2012/23 to 2022/23	**43**
Figure 36: Age-sex standardised alcohol-related hospital admission rate per 100,000 population by SIMD quintile; 2012/13 to 2022/23	**44**
Figure 37: Age standardised alcohol specific mortality rates per 100,000 population in Tayside and Scotland; 2009-2013 to 2019-2023	**44**
Figure 38: Age-sex standardised drug-related hospital admission rate per 100,000 population; 2010/11-2012/13 to 2020/21-2022/23	**45**
Figure 39: Age-sex standardised drug-related hospital admission rate per 100,000 population by SIMD quintile; 2010/11-2012/13 to 2020/21-2022/23	**46**
Figure 40: Age-sex standardised drug-related death rate per 100,000 population in Tayside and Scotland; 2012 to 2022	**46**
Figure 41: Chlamydia trachomatis infection and gonorrhoea infection rates per 100,000 population (aged 15-64 years) in Tayside and Scotland; 2013 to 2023	**51**
Figure 42: Teenage (under 20 years) pregnancy rate per 100,000 population (aged 15-19 years) in Tayside and Scotland; 2009-2011 to 2020-2022	**52**
Figure 43: Termination rates per 1,000 women (aged 15-44 years) in Tayside and Scotland; 2013 to 2023	**53**
Figure 44: Smoking attributable deaths by sex in Scotland; 2011 to 2021	**56**

Figure 45: Percentage of adults meeting physical activity guidelines, Tayside and Scotland; 2012-2015 to 2019-2023	**59**
Figure 46: Percentage of adults estimated to be of healthy weight in Tayside and Scotland; 2012-15 to 2016-2019	**61**
Figure 47: Percentage of adults estimated to be of healthy weight in Scotland by SIMD quintile*;2011 to 2022	**62**
Figure 48: Proportion of primary 1 children who are of healthy weight (epidemiological) in Tayside and Scotland*; 2014/15 to 2022/23	**64**
Figure 49: Proportion of primary 1 children at risk of obesity in Scotland by SIMD quintile;2014/15 to 2022/23	**65**
Figure 50: Percentage of adults meeting recommended fruit and vegetable consumption guidelines by SIMD quintile, Scotland*;2011 to 2021	**67**
Figure 51: Percentage of babies exclusively breastfed at 6-8 weeks, Tayside and Scotland; 2002/03 to 2023/24	**68**
Figure 52: Percentage of babies exclusively breastfed at 6-8 weeks, Tayside by SIMD quintile	**69**
Figure 53: Percentage of babies exclusively breastfed at 6-8 weeks by age of mother, Tayside	**69**
Figure 54: Percentage of adults who think they would need dental treatment, Tayside and Scotland*	**72**
Figure 55: Percentage of primary 1 children with no obvious decay at detailed inspection, by local authority area in Tayside and Scotland	**73**
Figure 56: Percentage of primary 7 children with no obvious decay at detailed inspection, by Scotland and local authority areas in Tayside	**73**
Figure 57: Percentage of primary 1 children with no obvious decay at detailed inspection in Tayside by SIMD quintile	**74**
Figure 58: Breast screening uptake in female population aged 50-70 years, Tayside and Scotland; 3-year rolling average 2010/11-2012/13 to 2020/21-2022/23	**77**
Figure 59: Breast screening uptake (%) in female population aged 50-70 years, Tayside and Scotland by SIMD quintile; 2020/21-2022/23	**77**
Figure 60: Bowel screening uptake in Tayside and Scotland population; 2-year average 2011/12-2012/13 to 2021/22-2022/23*	**78**
Figure 61: Bowel screening uptake in Tayside and Scotland population by SIMD quintile; 2-year average 2021/22-2022/23	**78**
Figure 62: Cervical screening uptake in Tayside and Scotland female population aged 25-64 years; 2016/17-2021/22	**79**
Figure 63: Cervical screening uptake in female population aged 25-64 years in Tayside and Scotland by SIMD quintile; 2021/22	**79**
Figure 64: Percentage of people with type 1 and type 2 diabetes (>12 years) who were either recorded as having had diabetic retinopathy screening within the previous 15 months, were attending specialist ophthalmology clinics or were appropriately suspended from screening in Tayside and Scotland; 2016-2023	**80**
Figure 65: Abdominal aortic aneurysm screening uptake in Tayside and Scotland population; 2013/14-2022/23	**81**
Figure 66: Abdominal aortic aneurysm screening uptake in males aged 65+ years in Tayside and Scotland by SIMD quintile; 2022/23	**81**
Figure 67: Number of Tayside laboratory-confirmed infectious disease cases, 2019-2024	**85**

Table 6: Number of Tayside laboratory-confirmed pertussis (whooping cough) cases 2019-24	**85**
Figure 68: COVID-19 vaccination uptake in eligible population by Health Board, winter booster programme 2023/24	**88**
Figure 69: COVID-19 vaccination uptake in eligible population by Health Board, spring booster programme 2024	**88**
Figure 70: Seasonal flu vaccination uptake in eligible population by Health Board, winter programme 2023/24	**89**
Table 7: Shingles vaccination coverage amongst eligible cohorts, up to 31 May 2024	**89**
Table 8: Pneumococcal vaccination coverage amongst eligible cohorts, 2023/24	**90**
Table 9: Pneumococcal vaccination coverage amongst eligible cohorts, 2023/24	**90**
Figure 71: Summary of core childhood vaccination uptake between Tayside and Scotland for 2023/24	**91**

ITEM No …16……..…..

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 processed progress.

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)	• 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.

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)	• 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

Dave Berry
Chief Officer

DATE: 10 July 2025

Kathryn Sharp
Acting Head of Service, Strategic Services

This page is intentionally left blank

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.

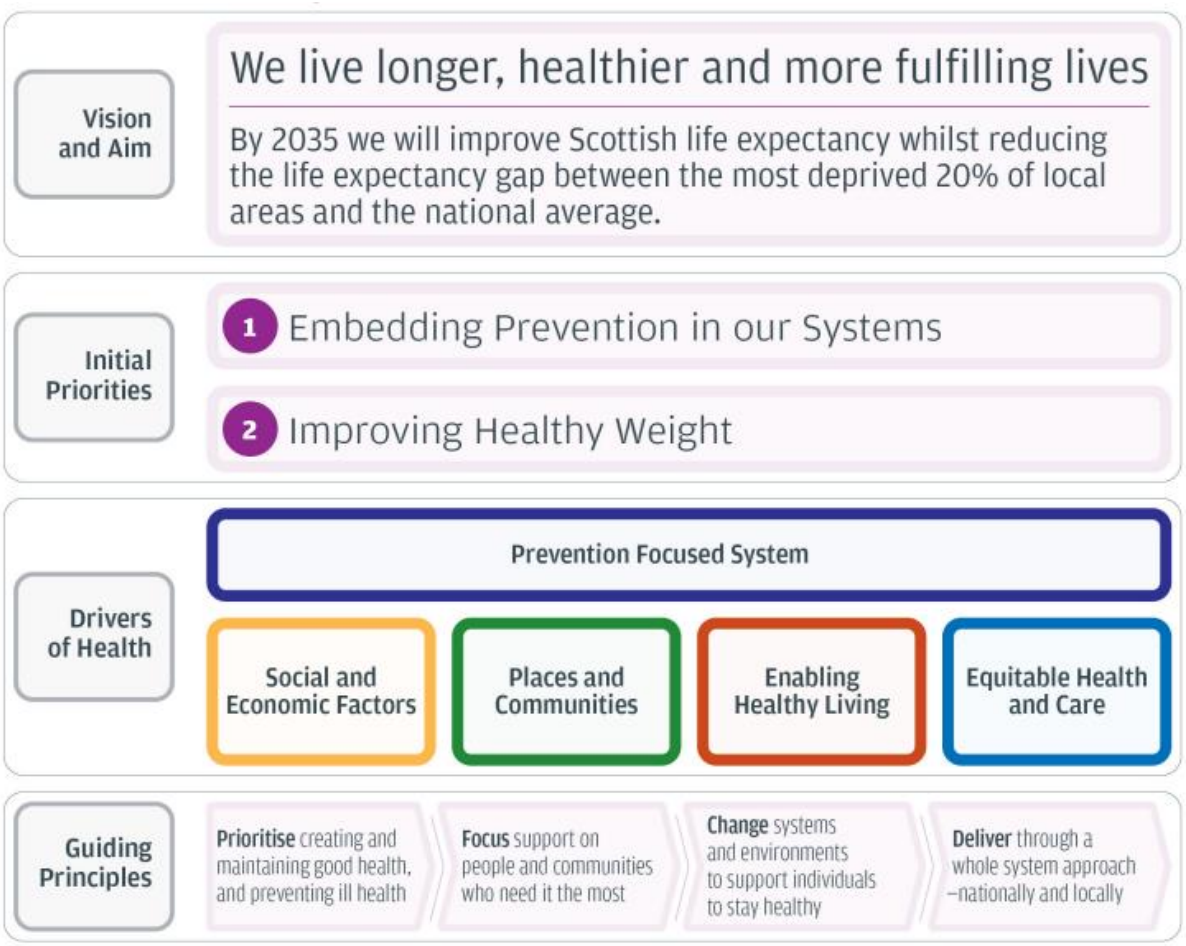
2. **Building Blocks of Health** – the wider determinants of health (linked to where we are born, grow-up, live, work and age), including prioritisation of early years, good education, fair work and income, healthy places, social networks, and appropriate public services. The Framework also recognises 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 loved 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 don 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.

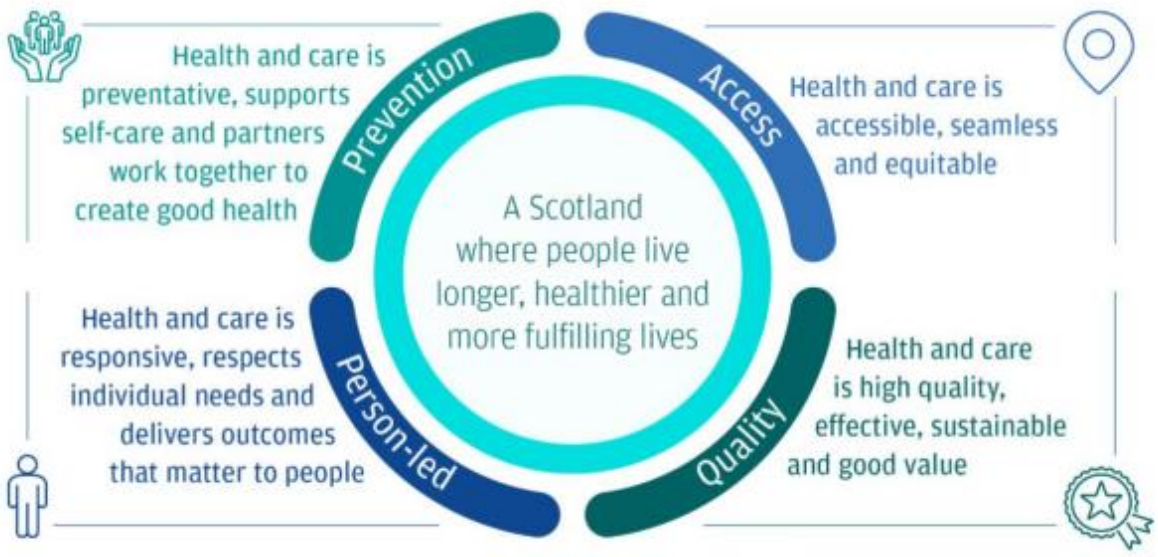
The Framework also articulates a set of actions to support the delivery of each of the five Drivers of Health for 2025-27. These actions reflect a whole system approach, with leadership and active participation required from all Community Planning partners. Sector summaries have also been developed for 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 plane, at the right time.

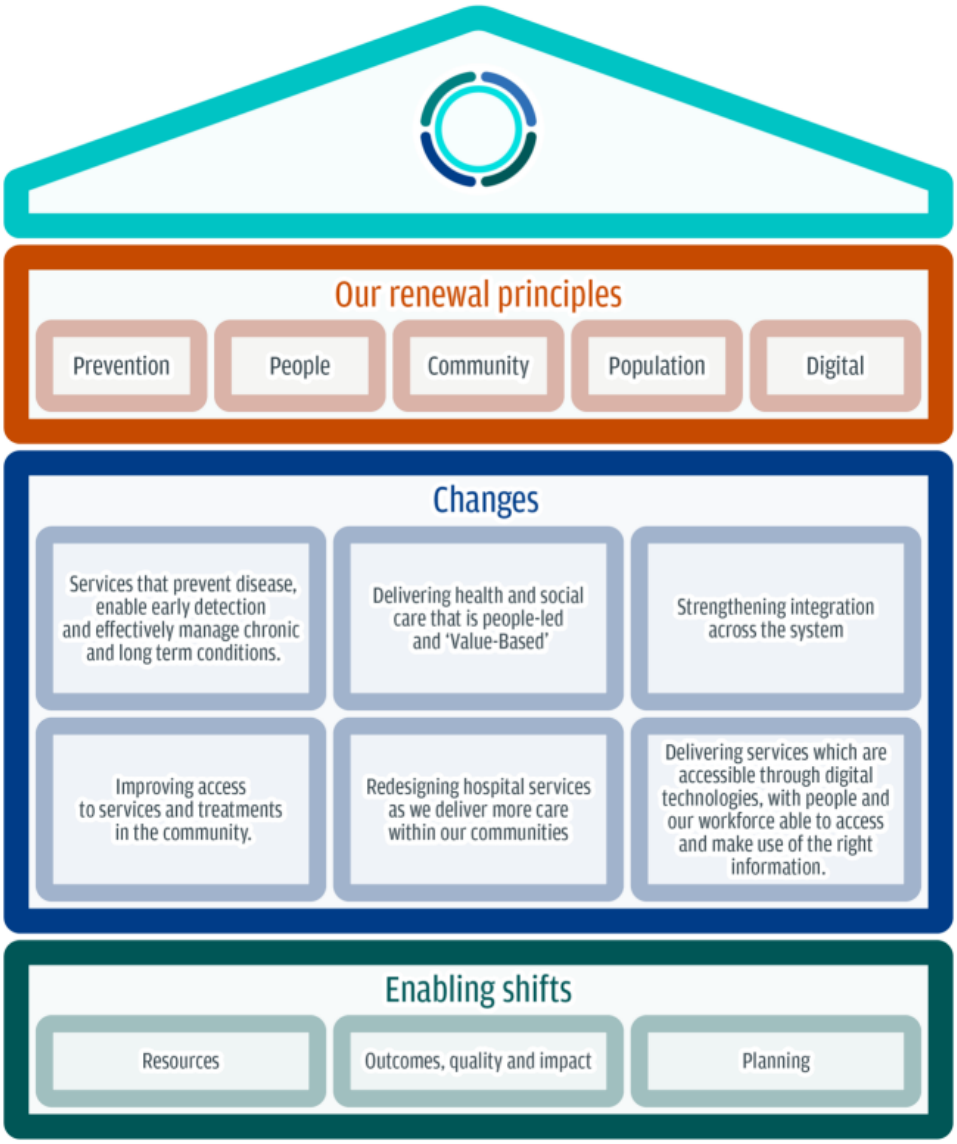
- Person-led care, with more emphasis on choice and control. People will be more empowered to direct their care and better supported to manage self-care.

- 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 role 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.

This page is intentionally left blank

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 Coporate 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 acre 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*."

ITEM No …18……..…..

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

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP DELIVERY PLAN OCTOBER 2024-MARCH 2026 UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB60-2025**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an overview of progress against the actions within the Dundee Health and Social Care Partnership Delivery Plan, and to inform the IJB of revisions made to the plan following the 2025/26 budget setting process.

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 In October 2024 the Health and Social Care Partnership finalised and published their Delivery Plan to March 2026 (Article XI of the minute of the meeting of the Dundee Integration Joint Board held on 23 October 2024 refers). The delivery plan is aligned to support the achievement of the strategic priorities and shifts identified within the IJB's Plan for Excellence in Health and Social Care, setting out the most significant operational actions that the Chief Officer will take to over the period to March 2026 to deliver on the IJB's strategic commissioning intentions. The delivery plan is one layer of a tiered approach to strategic and service planning for adult health and social care, carried out by the IJB, the Partnership and in collaboration with wider Community Planning partners.



Community Planning (public facing) – provides the wider context. Focus on strategic alignment and the IJB and Health and Social Care Partnership as a contributor to the bigger picture.



The Plan for Excellence (Strategic Commissioning Framework (public facing) – long-term, high-level ambition with a focus on outcomes and experiences of people. The IJB's plan that focuses on WHAT they want to achieve (and WHY).



Delivery Plan (public facing) – short-term statement for the Health and Social Care Partnership of HOW they will deliver against the Plan for Excellence. Operational and infrastructure focus – deliverable actions that will make the biggest contribution to the strategic priorities and shifts.



Care Groups and Transformation Plans (organisation facing) – evolving towards a preferences for delivery plan format (some exceptions) which provide detail (HOW, WHEN, WHO) of specific functions / areas of work.



Service and Team Improvement Plans (organisation facing) – combining day-to-day performance management and improvement alongside contributions to care group and transformation plans.

4.2 At the point of publication it was recognised that the delivery plan would be a live document that would continue to evolve to respond to changing pressures and needs, data and evidence and legal and policy requirements. As the first nine months of the delivery plan has now elapsed and the annual budget setting process has concluded for the 2025/26 financial year, officers have reviewed the content of the Delivery Plan to:

- Provide a high-level overview of progress against actions within the plan.
- Ensure that changes in the wider operating environment are adequately reflected within the actions described. This has included considering the actions agreed as part of the savings proposals submitted within the 2025/26 IJB budget, national policy developments and consideration of NHS Tayside's revised corporate objectives.

Appendix 1 contains information summarising the outcomes of each of these activities.

4.3 The information contained within appendix 1 shows that of the 75 live actions within the Partnership Delivery Plan:

Complete	3
Progressing well – on track for completion.	22
Minor delays – mitigations being developed and expected to be delivered within original timescale.	44
Significant delays – mitigations being developed but may not be delivered within planned timescale.	8

4.4 Actions that have been assigned a RED rating, and therefore are subject of significant delay are set out below with additional information regarding the reasons for delay:

Action number	Action	Priority	Update
8	Develop a programme of work to improve public information about	Inequalities / Self Care / Open Door /	Significantly impacted by absence and vacant posts within Finance and Strategic Services structure. Intention to

	services, supports and self-care resources.	Planning Together / Working Together	progress recruitment to agreed structure within confines of available budget.
14	Progress the development of a sensory impairment delivery plan for Dundee.	Inequalities	Impacted by reduced capacity in key posts. Anticipated that position will improve during latter part of 2025/26 and allow work to progress, although might not be completed within the financial year.
16	Further develop and implement weight management programmes of work.	Self Care / Working Together	Significant increase in demand to service alongside increased staff absence has slowed progress. Additional finance being sought to support the position, with SBAR to be considered in conjunction with NHS Chief Executive Team.
30	Review the Partnership approach to Participatory Budgeting, including alignment to existing approaches used by Dundee City Council and NHS Tayside.	Planning Together	Opportunity to progress this as part of the 2026/27 budget development process, however this will be challenging due to the overall context of significant financial pressures.
35	Enhance input from Nutrition and Dietetics within prehabilitation pathways.	Planning Together	Change in national policy and funding environment has resulted in focus of resources on reactive work, particularly addressing waiting times. Partnership Senior Management Team to consider prioritisation of resources to support prehabilitation activity or amendment to original action if this cannot be achieved.
69	Develop a Partnership approach to capturing evidence of the impact of services on outcomes for people.	Working Together	Significantly impacted by vacant posts within Finance and Strategic Services structure. Intention to progress recruitment to agreed structure within confines of financial pressures.
71	Develop a Net Zero Action Plan for the Partnership.	Working Together	Impacted by workforce capacity in Finance and Strategic Services structure and competing demands on time. Support and expertise to be sought from Dundee City Council and NHS Tayside to enable progression of this action in latter part of 2025/26.
79	Work with NHS Tayside and Dundee City Council to progress digital transformation projects and digital support for agile working.	Resources and Risk	Collaborative working is progressing with both Dundee City Council and NHS Tayside as part of their wider digital transformation programmes. The scale and complexity of these programmes is significant resulting in challenges in terms of pace of change for health and social care specific projects. Financial implications of required digital investment to facilitate longer-term savings is also a significant challenge.

The Partnership's Senior Management Team will continue to support the Chief Officer to monitor the progress of all actions within the delivery plan, with specific attention on RED rated actions with a view to identifying mitigations for risks and challenges where possible.

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.

Member's attention is drawn to the IIA completed at the point at which the Plan for Excellence in Health and Social Care in Dundee was approved (available at: DIJB27-2023, page 95 onwards). As the delivery plan actions are aligned to the priorities and shifts within the strategic framework the IIA content is also relevant.

Please note that where any actions outlined within the delivery plan require decisions by the IJB, for example recommendations following a review of a service, the need for an IIA will be considered at that time.

6.0 RISK ASSESSMENT

6.1 A risk assessment has not been provided as this report is being provided for information only.

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

Dave Berry
Chief Officer

DATE: 30 July 2025

Kathryn Sharp
Acting Head of Service, Strategic Services

Appendix 1
Dundee Health and Social Care Partnership Delivery Plan October 2024 – March 2026
Progress Status and Actions Revisions as at July 2025

	Complete
	Progressing well – on track for completion.
	Minor delays – mitigations being developed and expected to be delivered within original timescale.
	Significant delays – mitigations being developed but may not be delivered within planned timescale.

BOLD text indicates changes to wording of actions and additional actions. Strikethrough indicates actions that have been removed. *Explanatory information* is provided in italics where appropriate.

1	Further develop our wellbeing hub model, with a focus on preventative services and targeted investment to support disadvantaged communities.	Inequalities Self Care / Open Door	
2	Establish a Primary Care prevention project to engage people at higher risk of health inequalities around their health, to promote self-care and self-management, and clinical management where required.	Inequalities / Self Care	
3	Establish an operational leadership post of public protection, and accelerate implementation of the Partnership's protecting people improvement plan.	Inequalities / Working Together	
4	Develop pathways of care and support for people who use alcohol and non-opioid drugs.	Inequalities / Open Door / Planning Together	
5	Progress project to establish mental health hubs, including co-location of Partnership services.	Inequalities	
6	Expand malnutrition screening to targeted groups, including older people and with a cancer diagnosis.	Inequalities / Self Care	
7	~~Deliver targeted Type 1 Diabetes Management services within adult services.~~ (*Leadership of this area of work sits with NHS Tayside Acute Services, Partnership services will actively contribute as and when work progresses*)	Inequalities	n/a

8	Develop a programme of work to improve public information about services, supports and self-care resources.	Inequalities / Self Care / Open Door / Planning Together / Working Together	
9	Develop and implement a programme of work to prevent and respond to race discrimination within Partnership workplaces and services.	Inequalities	
10	Develop and implement a programme of work to improve responses to transgender and non-binary people from Partnership services and supports.	Inequalities	
11	Review and update the Mental Health and Wellbeing Strategy (2019-2024).	Inequalities	
12	Lead the development and implementation of a multi-agency Suicide Prevention Delivery Plan, as part of an integrated protecting people approach.	Inequalities / Working Together	
13	Review and update Living Life Well and Living Life Your Way in Dundee (A Strategic Plan for Supporting Adults with a Learning Disability and Adults with a Learning Disability and Autism) (2022-2027)	Inequalities / Planning Together	
14	Progress the development of a ~~physical disability and~~ sensory impairment delivery plan for Dundee. *(Provision of support for people with a physical disability has been incorporated into locality social care teams)*	Inequalities	
15	Progress further implementation of Learning Disability Health Checks.	Self Care	
16	Further develop and implement weight management programmes of work.	Self Care / Working Together	
17	Support the mainstreaming of social prescribing approach and principles across community-based Partnership services.	Self Care / Open Door	
18	Further develop the role of Advanced Nurse Practitioners and other roles across relevant Partnership service.	Self Care / Planning Together	

19	~~Review of Homeopathy Service.~~ *(This action has been removed as it has been superseded by the decision within the 2025/26 budget to undertake a wider review of Palliative Care Services, with Homeopathy included within the scope of that review)*	Self Care / Planning Together	n/a
20	Progress the development of an approach to enhancing support for people with Long-Term Conditions.	Self Care	
21	Review Caring Dundee 2, including engagement with unpaid carers and the health and social care workforce.	Self Care / Open Door / Planning Together / Workforce / Working Together	
22	Realign operational process to meet national Self-Directed Support Standards, including financial processes.	Open Door / Planning Together	
23	Contribute to transformation of out-of-hours service provision on a Tayside wide basis.	Open Door	
24	Develop and implement transition pathways, including between children's and adult services.	Open Door / Planning Together / Working Together	
25	Further develop our approach to Fair Work and commissioning for outcomes, in collaboration with the third and independent sectors.	Open Door	
26	Develop and implement a programme of work to improve GP sustainability.	Open Door / Planning Together / Workforce	
27	Develop and publish a Dundee Health and Social Care Partnership Digital Strategy.	Open Door / Planning Together / Workforce / Working Together	
28	Review and update the Partnership's Personalisation Delivery Plan and related governance and delivery arrangements.	Open Door / Planning Together	
29	Implement Care Opinion across all Partnership services.	Planning Together / Working Together	
30	Review the Partnership approach to Participatory Budgeting, including alignment to existing approaches used by Dundee City Council and NHS Tayside.	Planning Together	

31	~~Develop and implement Enhanced Community Care Model within Specialist Palliative Care Services~~ **Review of Palliative Care service.** *(The original action has been superseded by decisions made during the 2025/26 budget setting process, when a wider review of the service was agreed, and the agreement of the NHS corporate objective in relation to Palliative Care))*	Planning Together	
32	Develop and implement Neurodiversity pathways.	Planning Together	
33	Review of Learning Disability and Mental Health physical resources / environmental quality and of contracted services and supports.	Planning Together	
34	Review of Care at Home contracts to enhance outcomes through more efficient use of available resources and focus on preventative approaches.	Planning Together	
35	Enhance input from Nutrition and Dietetics within prehabilitation pathways.	Planning Together	
36	Embed Dementia Strategy, including Post Diagnostic Support standards, across relevant Partnership services.	Planning Together	
37	~~Progress polypharmacy reviews and medicines optimisation within Medicine for the Elderly, including enhancing communication with general practice.~~ **Review of Medicine for the Elderly service.** *(The original action has been superseded by decisions made during the 2025/26 budget setting process, when a wider review of the service was agreed. Pharmacy and medicine optimisation will now form part of this wider review)*	Planning Together	
38	Implement Unscheduled Care Board improvement programmes for Optimising Access and Optimising Flow.	Planning Together	
39	Review transport provision across Partnership services, the Partnership's Practical Support Service and the Partnership's Meals Service.	Planning Together	
40	Review of social care assessment and supports for people with complex health and social care needs and for people with very low-level needs to ensure modern approaches are embedded in long-term support packages.	Planning Together	
41	Review of day services and opportunities for older adults.	Planning Together	
42	Review models of care for physiotherapy and occupational therapy enhancing care across patient pathways and transitions between community and hospital care.	Planning Together	
43	Implement revised model of care at MacKinnon Centre to enhance accommodation and step-down services.	Planning Together	

44	Implement programme of work to further reduce care home placements, with a focus on use of Partnership operated care homes and supported accommodation for people with the most complex health and social care needs.	Planning Together	
45	Develop model of care for all mental health services, based on place-based and personalised approach.	Planning Together	
46	**Review of the model of provision for Housing with Care services.**	Planning Together	
47	**Review of the Community Meals service.**	Planning Together	
48	Develop a Partnership Performance Framework, **including quality assurance mechanisms and clear reporting mechanisms linked to improvement planning.**	Planning Together / Working Together	
49	Develop a Partnership framework to support a consistent approach to public engagement and involvement.	Planning Together / Working Together	
50	~~Re-establish the Frailty Strategic Planning Group.~~ *(This will be addressed as part of action 75, which will include a review of all strategic planning groups)*	Planning Together	n/a
51	Implement the new NHS Tayside Staff Wellbeing Framework within Partnership services, including a joined-up approach with the existing Dundee City Council framework.	Workforce	
52	Develop and implement a programme of work to prevent and respond to race discrimination within Partnership workplaces and services.	Workforce	
53	Implement Partnership approach to vacancy management and use of supplementary staffing.	Workforce	
54	Implement response to the Health and Social Care (Staffing) (Scotland) Act 2019 across relevant Partnership services.	Workforce	
55	Review the availability and deployment of administrative and clerical resources across the Partnership.	Workforce	
56	Develop and implement an action plan to stabilise the social work, including Mental Health Officer, workforce.	Workforce	
57	Further develop the role of Advanced Nurse Practitioners, Advanced AHP roles and other roles across relevant Partnership service.	Workforce	

58	Complete restructure of Partnership's Senior Leadership Team, Operational Services and Strategic Services.	Workforce	
59	Review and enhance approach to workforce communication within the Partnership.	Workforce	
60	Strengthen the Staff Partnership Forum and related governance arrangements within the Partnership.	Workforce	
61	Review the Partnership's Workforce Plan, including engagement with the workforce.	Workforce	
62	Continue to progress the development of an integrated workforce dataset for the Partnership.	Workforce	
63	Analyse absence and 'time-out' information for the Partnership workforce and develop a related action plan.	Workforce	
64	Development of Partnership Resource Framework, including market facilitation approach.	Workforce	
65	Review the Dundee Health and Social Care Partnership Property Strategy.	Workforce	
66	~~Develop transformation programme around whole family approaches in partnership with Dundee City Council Children and Families Service.~~ *(This has been superseded by national developments regarding whole family approaches with leadership through local government. The Partnership will contribute to local developments as opportunities arise)*	Working Together	n/a
67	Contribute to whole system approach to prevention of unhealthy weight.	Working Together	
68	Enhance the planning interface between the Partnership and relevant children and families services in Dundee City Council and NHS Tayside.	Working Together	
69	Develop a Partnership approach to capturing evidence of the impact of services on outcomes for people.	Working Together	
70	~~Engage in the legislative process for the National Care Service and develop local transition plans as needed.~~ *(Legislative process is complete and changes to the provisions within this have changed the scale and nature of the impact associated with this)*	Working Together	n/a
71	Develop a Net Zero Action Plan for the Partnership.	Working Together	

72	Improve the quality and availability of data regarding health and social care services to support more effective performance management and improvement.	Resources and Risk	
73	Identify and respond to risks associated with ongoing pay and terms and condition negotiations within NHS and local government, as well as the third and independent sector.	Resources and Risk	
74	Review and implement a consistent approach to business continuity and resilience planning across the Partnership, including providing relevant workforce learning and development opportunities.	Resources and Risk	
75	Continue to collaborate with Dundee City Council and NHS Tayside to streamline governance arrangements and reduce duplication across organisational interfaces.	Resources and Risk	
76	Enhance Senior Leadership Team overview of service performance to inform decisions about prioritisation of budget resources and financial recovery.	Resources and Risk	
77	Review the Partnership's arrangements for strategic planning, delivery planning and service / team planning.	Resources and Risk	
78	**Review of third party commissioned services, including models of provision for homeless and housing support services and of management charges.** *(Additional action reflecting decisions made within the 2025/26 budget)*	Resources and Risk	
79	**Work with NHS Tayside and Dundee City Council to progress digital transformation projects and digital support for agile working.** *(Additional action reflecting decisions made within the 2025/26 budget)*	Resources and Risk	
80	**Carry out a whole system review of charging processes, including associated income maximisation supports and corporate communications.** *(Additional action reflecting decisions made within the 2025/26 budget)*	Resources and Risk	

This page is intentionally left blank

ITEM No …19……...

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

REPORT ON: **STATUTORY REVIEW OF THE STRATEGIC COMMISSIONING FRAMEWORK**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB53-2025**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an overview of the planned approach to progressing the statutory review of the IJB's Strategic Commissioning Framework during 2025-26.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and provide feedback on the planned approach to undertaking the statutory review, including engagement activities.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 BACKGROUND INFORMATION

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 The last statutory review was completed in 2022 and ultimately led to the development of publication of the IJB's current strategic plan, The Plan for Excellence in Health and Social Care in Dundee, being approved and published in June 2023. This Strategic Commissioning Framework was developed to support the delivery of identified local priorities over the ten-year period from 2023-2033; in developing the plan the IJB and its stakeholders that the priorities and associated shifts required to achieve the ambition for adult health and social care required a longer-term plan than traditional 3-year planning cycles had allowed for. However, within this planning framework there was recognition that that the requirement to undertake a statutory review at least every 3 years provided a helpful opportunity consider changes in the delivery environment, local population needs and preferences and national strategic direction.

5.0 STATUTORY REVIEW PROCESS

5.1 Whilst under section 37 of the 2014 Act it is the IJB who is responsible for carrying out the statutory review, in practice this process is led and supported by the Strategic Planning Advisory Group on their behalf. Based on approaches used in the previous statutory reviews completed for both the IJB's strategic plan and the Carers Strategy and learning gained from these experiences, the following approach and timeline has been devised for the 2025/26 review:

August 2025	Commence work to revise the IJB's strategic needs assessment. Taking into account timescales and available resources the revision will focus on updating general demographic data now available from the 2021 census and know pressures areas that are critical drivers of demand: • Frailty. • Mental health. • Drug and alcohol use. • Obesity. • Transitions, with a particular focus on children's services. • Wider determinants of health. It is intended to submit the revised strategic needs assessment document to the December 2025 IJB meeting for approval.
	Finalise assessment of progress against Year 1 Delivery Plan and amendments required following 2025 /26 budget process and related transformation activity.
	Strategic Planning Advisory workshop focused on strategic commissioning plan review and strategic planning structures.
September 2025	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). Discussion with Angus and Perth and Kinross Health and Social Care Partnership's regarding Lead Partner services.
	Early planning for engagement activities, including discussion with Angus and Perth and Kinross Health and Social Care Partnership's regarding Lead Partner services.
	Full analysis of implications of Scotland's Population Health Framework, Health and Care Service Renewal Framework and Care Reform (Scotland) Bill. Further consideration will also be given to the current and potential future interface with children's services strategic planning and commissioning arrangements.
	Joint workshop between the IJB and Strategic Planning Group with a focus on reviewing the ambition and values statements within the current Strategic Commissioning Framework.
October 2025	Preparation for public, workforce and stakeholder engagement, taking into account lessons learned from the Budget Consultation process (see section 6 of this report for further detail). This will require to have a focus on assessing stakeholders' relative priorities within the context of limited resources. Other aspects also likely to be included to inform the budget setting process (see section 6 of this report for further details). This will include alignment with the 2026/27 budget development process.
November 2025	Continuation and completion of engagement activity with focus on ambition, values and strategic priorities. Collation and reporting of findings.
December 2025	Strategic Planning Advisory Group workshop to consider evidence collated via the review process and reach agreement regarding recommendation to be made to the IJB.
January 2025	Collation, consolidation and report writing, including consultation on draft report to IJB making final recommendation on outcomes of the statutory review.

	(Also likely to be further engagement activity during January with stakeholders regarding budget saving proposals – see section 6).
February 2025	Report to IJB with recommendation on outcomes of the statutory review – retain, revise or replace.
March 2026	Strategic Planning Advisory Group reconvenes to consider IJB decision and to make any plans required at that stage to complete work to revise of replace the existing plan.

5.2 Given the limited resources available within Finance and Strategic Services within the Partnership the timeline and approach are ambitious and will require the full support, collaboration and active contribution of all partners, particularly members of the Strategic Planning Advisory Group.

6.0 APPROACH TO ENGAGEMENT

6.1 As part of the 2025/26 budget development process the IJB undertook a public consultation exercise for the first time. This process generated significant learning in terms of what worked well and what could be different and / or better in terms of future engagement activities (whether for the budget or other topic). The main learning points were:

- A one size fits all approach is not sufficient – whilst a large-scale public consultation survey can be a useful tool, it cannot be the only mechanism for engagement / source of feedback. A range of methods is needed to ensure a diversity of voices are heard, including workforce and organisational voices. External providers made several helpful suggestions about alternative and additional approaches that could be utilised to engage with them, including direct engagement with Boards of Trustees / Directors as well as with employed staff.

- A range of supporting materials are required to facilitate engagement with diverse groups – for example, toolkits to support staff within services and external providers to facilitate conversations with service users to enable their views to be captured and shared effectively. This includes Plain English adaptation of materials and other accessible formats.

- A longer consultation period is required, and additional time for analysis and communication of findings.

- Engagement activity in relation to priorities (‘what matters to you?’) should ideally be separate to those around specific savings proposals. Timelines should enable the outcomes of engagement around priorities to meaningfully inform the development of savings proposals, which are then subject to separate engagement.

- Workforce capacity and support is required to both prepare for and effectively implement engagement activities. This includes contributions from across the Partnership workforce but also support from partner bodies and external providers.

- The complexity of Lead Partner services and regional service provision need to be considered at an earlier stage and be subject to active discussion with Angus and Perth & Kinross Partnerships.

- Respondents found it particularly challenging to consider ranking questions (those that required a relative value to be placed on different options), to articulate impact (rather than preference) and to shift from a focus on gaps and challenges to also contributing to solutions. This will influence the construction of engagements questions and supporting materials.

- There is a challenging balance to be struck between the length / depth / transparency and the accessibility of engagement information and tools.

- Consultation fatigue, particularly for members of the public, is a critical issue and there is a need to better co-ordinate and, where possible, align future activities.

In addition, there were various more detailed learning points about the technical process of administering a large-scale survey. Overall, it was clear that within and between stakeholder groups there are a wider variety of different expectations and preferences in terms of methods of engagement; whist it will not be possible within available resources to meet all of these, the approach to engagement for both the statutory review of the strategic commissioning framework and the 2026/27 budget can improve on the process used earlier this year.

6.2 Taking this learning into account, alongside best practice guidance and legislative requirements the intention is that integrated engagement activity will be progressed during the remainder of 2025/26 with the dual purpose of informing the statutory review of the strategic commissioning framework and the 2026/27 budget setting process. Whilst the detailed planning for this engagement activity will be progressed over the early Autumn, it is intended that there will be two separate but linked periods of engagement:

- Phase 1, October / November 2025 – engagement activity focused the core elements of the strategic commissioning framework (ambition, values and priorities), supporting respondents to share views about the relative priority of different services / strategic developments within the context limited resources, and generating ideas change and reform of local services. The findings of phase 1 will be available by the end of November 2025 to inform the ongoing 2026/27 budget process, including having meaningful impact on the generation of budget proposals, including savings options.

- Phase 2, January 2025 – engagement activity focused on understanding potential impacts of savings options to be considered by the IJB as part of the 2026/27 budget proposals. The findings of phase 2 will be available by the end of February to inform the final stages of the budget setting process for 2026/27.

The Strategic Planning Advisory Group will have a vital role in both planning for and implementing both phases of engagement. Early discussions will also be required with Dundee City Council to consider alignment with their budget consultation and with Angus and Perth & Kinross IJB's to establish their plans for engagement around both statutory plan reviews and budget setting.

7.0 POLICY IMPLICATIONS

7.1 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.

8.0 RISK ASSESSMENT

8.1 A risk assessment has not been provided as this report is being provided to the Integration Joint Board for information only.

9.0 CONSULTATIONS

9.1 The Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

10.0 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	

11.0 BACKGROUND PAPERS

11.1 None

Dave Berry
Chief Officer

DATE: 23 July 2025

Kathryn Sharp
Acting Head of Service, Strategic Services

This page is intentionally left blank

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	✓	✓	✓	✓			
Acting Chief Officer	Dave Berry	✓	✓	✓	✓			
NHS Tayside (Registered Nurse)	Suzie Brown	✓	✓	✓				
Voluntary Sector	Christina Cooper	✓	✓	A	A			
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	✓	✓	✓	✓			
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	✓	✓	A			
Trade Union Representative	Jim McFarlane	✓	✓	✓	A			
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr Sanjay Pillai	✓	✓	✓	A			
Clinical Director	Dr David Shaw	✓	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							

✓ 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

*Special Meeting