



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

City Chambers
DUNDEE
DD1 3BY

21st October, 2025

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the meeting of the above Integration Joint Board which is to be held remotely on Wednesday 22nd October, 2025 and now enclose the undernoted item of business with appendices attached which were not available at time of issue.

Yours faithfully

DAVE BERRY
Chief Officer

**11 INFORMATION GOVERNANCE – INFORMATION SHARING AGREEMENT BETWEEN
NHS TAYSIDE AND DUNDEE CITY COUNCIL FOR DUNDEE HEALTH AND SOCIAL
CARE PARTNERSHIP - Page 1**

(Report No DIJB70-2025 by the Chief Officer, copy attached – for noting).

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 22 OCTOBER 2025

REPORT ON: INFORMATION GOVERNANCE – INFORMATION SHARING AGREEMENT BETWEEN NHS TAYSIDE AND DUNDEE CITY COUNCIL FOR DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB70-2025

1.0 PURPOSE OF REPORT

- 1.1 To inform the Integration Joint Board of the progress on the completion of the signed Information Sharing Agreement between NHS Tayside and Dundee City Council for the sharing of information within Dundee Health and Social Care Partnership.
- 1.2 To note the assurance about the information governance arrangements for the Health and Social Care Partnership.

2.0 RECOMMENDATIONS

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

- 2.1 Note the progress on the signed Information Sharing Agreement for Dundee Health and Social Care Partnership between Dundee City Council and NHS Tayside.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 MAIN TEXT

- 4.1 A long standing Information Sharing Agreement has been used to share personal data between NHS Tayside and Dundee City Council for the purposes of the services and work carried out by Dundee Health and Social Care Partnership.
- 4.2 Dundee City Council and NHS Tayside are the Data Controllers for the personal data that they hold. Dundee Health and Social Care Partnership is not a data controller in its own right.
- 4.3 The Integration Joint Board is a data controller but only in relation to data about its members and the work it carries out. The IJB does not hold personal data about services users or patients.
- 4.4 The Information Governance Team in NHS Tayside has worked with information governance representatives in Dundee City Council and Dundee Health and Social Care Partnership to draft an updated Information Sharing Agreement.
- 4.5 This Information Sharing Agreement covers the sharing of personal data about patients and service users to ensure appropriate care. In addition, it also covers the sharing of data for research purposes and other reasons.

- 4.6 The Governance Action Plan directed us to submit the final signed copy of the Information Sharing Agreement to the IJB for noting. Reference to GAP
- 4.6 The Information Sharing Agreement was signed by the previous Chief Officer, Vicky Irons.
- 4.7 The NHS Information Governance Team are updating the Information Sharing Agreement with details of the current Chief Officer.
- 4.8 The Governance Action Plan to the Performance and Audit Committee in September 2025 requested assurance about information governance arrangements. An annual Information Governance Report will be completed at the end of 2025/26.
- 4.9 Representatives from Dundee Health and Social Care Partnership attend Information Governance forums in NHS Tayside and Dundee City Council. A main focus for both NHS Tayside and Dundee City Council has been the implementation of Office 365 and ensuring that it is compliant with information governance requirements. In addition new processes where information sharing is undertaken carry out Data Privacy Impact Assessments to ensure that data privacy is embedded in the process.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

No Risk Assessment was required due to it being for information only

7.0 CONSULTATIONS

- 7.1 The Chief Finance 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	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Chief Officer

DATE:

Clare Lewis-Robertson
Lead Officer

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**Dundee IJB****Dundee City
Council**

Information Sharing

Overarching Memorandum of Understanding

**Between
Dundee Integration Joint Board,
NHS Tayside,
and
Dundee City Council**

23 September 2021

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Document Status

Version:	V0.1
Author:	Alison Dailly, NHS Tayside
Date issued:	December 2019
Date Reviewed:	
Next review date:	December 2020

Version Control

Version	Date	Brief Summary of Changes	Author
0.1	Dec 2019	Original Draft	Alison Dailly

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1 Parties, Scope and Purpose

1.1 Name and details of the parties who agree to share information

Legal name of parties to Memorandum	Short name of the party	Head address	Office	ICO Registration
Dundee Integration Joint Board (also known as Dundee Health and Social Care Partnership)	DIJB	21 City Square Dundee DD1 3BY		ZB211094
NHS Tayside Board	NHS Tayside	Ninewells Hospital and Medical School Dundee DD1 9SY		Z8537226
Dundee City Council	The Council	21 City Square Dundee DD1 3BY		Z7211936

1.2 Definitions

In this Memorandum:

“Constituent Authorities” means Dundee City Council and NHS Tayside, being the local authority and the health board which prepared the integration scheme under which the DIJB was established.

“Data Controller” means a person or body who determines the purpose for which personal data is collected and processed, the purpose for which it is processed, and the means by which it is processed.

“Data Protection Officer” means an officer appointed by a party to this Memorandum with the responsibilities set out in Section 4 of the EU General Data Protection Regulation 2016.

“Data Subject” means a natural person whose personal information is subject to processing by a Data Controller.

“Integration Functions” means the functions delegated by the constituent authorities to the DIJB under the integration scheme.

“Integration Scheme” means the integration scheme drawn up by the Council and NHS Tayside, and approved by the Scottish Ministers, under which the DIJB was established by order of the Scottish Ministers.

“Information Commissioner” means the statutory regulator whose duties and powers are defined in Part 5 and Schedule 12 of the Data Protection Act 2018.

“Information Officer” means one or more officers appointed by a party to this Memorandum with day to day responsibility for information governance matters including handling of freedom of information requests.

“Information Sharing Agreement” means an agreement between two or more of the parties, or between one or more of the parties and one or more third party, made under the provisions of this Memorandum to govern the sharing of specific information under specified circumstances.

“Records Manager” means the officer or contractor appointed by a party to carry out the functions of that role as defined in the Model Records Management Plan issued by the Keeper of the National Records of Scotland.

“Senior Information Officer” means the senior accountable officer appointed by a party to this Memorandum with overall responsibility for information governance on behalf of that party.

“Support services” means any service provided to the DIJB by the constituent authorities under a support agreement between the parties.

“Statutory Functions” means the functions imposed on the DIJB by the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the preparation and review of the strategic plan, the monitoring of and reporting on the delivery of the strategic plan, consultation and engagement of the public and other stakeholders in the preparation and review of the strategic plan, and the direction of the constituent authorities to carry out the integration functions, to include, but not limited to, the following working groups:

- Data Sharing Oversight Group
- Data Sharing Working Group
- Clinical, Care and Professional Governance Groups

1.3 Business and legislative drivers

The integration of health and social care requires close collaboration between the parties to this Memorandum, their employees, service users, carers, service providers, voluntary sector organisations and the wider community. The importance of information sharing for the efficient and effective integration of health and social care is recognised in section 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 which makes special provision for information sharing between the parties.

This Memorandum of Understanding implements section 10 of the Integration Scheme agreed between the constituent authorities. It has been drawn up in line with the guidance contained in the Scottish Information Toolkit 2016 (which replaced the Scottish Accord on the Sharing of Personal Information referred to in section 10 of the Integration Scheme) and the guidance issued by the Keeper of the National Records of Scotland in relation to information sharing.

The Memorandum reflects the relationship between the parties established by the Public Bodies (Joint Working) (Scotland) Act 2014. It also reflects the changes to data protection legislation introduced by the EU General Data Protection Regulation 2016/679 and the Data Protection Act 2018.

Dundee Information Sharing Memorandum of Understanding

This Memorandum of understanding also takes into account other legislation and statutory guidance in relation to the processing, recording, sharing and disclosure of information, including:

- The Freedom of Information (Scotland) Act 2002
- The Environmental Information (Scotland) Regulations 2004
- The Adult Support and Protection (Scotland) Act 2007
- The INSPIRE (Scotland) Regulations 2009
- The Public Records (Scotland) Act 2011 (and statutory Model Records Management Plan issued by the Keeper of the National Records of Scotland under that Act)
- The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016
- Codes of practice issued by the Information Commissioner including those issued under section 121 of the Data Protection Act 2018
- Guidance on the implementation of the GDPR issued by the EU Article 29 Working Group

1.4 Purposes of information sharing under this Memorandum

The overarching purpose of information sharing between the parties is to facilitate the efficient and effective planning and delivery of integrated health and social care services to the adult residents of Dundee.

The following table sets out the processing purposes in terms of the duties placed on the DIJB and the other parties under the Public Bodies (Joint Working) (Scotland) Act 2014 and other legal obligations on the parties.

Purpose description	Primary or secondary purpose
Enabling the DIJB to carry out its statutory functions under the Public Bodies (Joint Working) (Scotland) Act 2014 including: • Developing, implementing and reviewing a strategic commissioning plan for the area of Dundee in respect of services delegated to the DIJB under the Act • Developing, implementing and reviewing locality plans for the constituent localities of Dundee in respect of services delegated to the DIJB under the Act	Primary

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Purpose description	Primary or secondary purpose
- Assessing the needs of the population of Dundee and its constituent localities - Allocating funding for the carrying out of functions delegated to the DIJB - Monitoring the delivery, performance, and outcomes achieved in the carrying out of integration functions by NHS Tayside and the Council as directed by the DIJB - Consulting and engaging with the residents of Dundee, community organisations, voluntary organisations, and third party providers of health and social care services within Dundee - Preparing statistical and other reports to Scottish Government, regulatory bodies, NHS Tayside and the Council in relation to the statutory functions of the DIJB and the functions delegated to the DIJB	
Ensuring the effective provision of health and social care services to individual residents of Dundee in line with the integration principles and the national health and wellbeing outcomes	Primary
Improving the health and wellbeing of the residents of Dundee	Primary
Discharging any other duty or obligation imposed by law on any of the parties	Secondary

Any change to the purposes set out above requires to be agreed in writing by all of the parties.

2 Legal Basis for Sharing Information

2.1 Legal basis for the sharing of information in general

Sections 26, 27, 31 and 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 provides the legal basis for the sharing information between the parties and for the processing shared information by the parties.

Under section 49 of that Act, the DIJB and its constituent authorities are empowered to share information for the purposes of the carrying out of integration functions and the drawing up of a strategic plan. Section 49 (6) of the Act specifies that such information can be shared by the parties “despite any duty of confidentiality owed to any person in respect of the information by the person disclosing the information”. “Person” in this clause includes both natural and legal persons.

Under section 31(1) of that Act the constituent authorities must provide the DIJB with such information as it might reasonably require for the purpose of preparing a strategic plan.

Under section 26(5) and section 27(2) of that Act the DIJB may from time to time direct either or both other parties to this Memorandum as to manner, extent, and means of data sharing between the parties under section 49 of that Act, which it considers necessary to the effective carrying out by the DIJB of its strategic planning functions and the exercising by the DIJB of integration functions in line with the integration delivery principles set out in section 31 of that Act and the national health and wellbeing outcomes.

Under section 26(3) of that Act the constituent authorities must provide any information that the DIJB might reasonably require to decide whether to issue a direction.

Under section 27(2) a constituent authority subject to a direction by the DIJB in respect of the carrying out of integration functions must provide any information to the DIJB which the DIJB requires in respect of the carrying out of those functions.

2.2 Legal basis for sharing and processing personal information

The requirements for the “consent” of data subjects to processing of their personal data are much stricter under the GDPR. Recital 43 of the GDPR and section 3.1.1 of the Article 29 Working Party Guidelines on Consent indicate that, in general, public bodies should not seek to use “consent” as the legal basis for processing personal data. This is because there is generally an imbalance of power between a public body and individual data subject which means that “consent” is unlikely to be considered to be freely given under the GDPR.

The following table sets out the appropriate legal bases, enacted by the GDPR and Data Protection Act 2018, which shall apply to the sharing and processing of personal information by any of the parties to this Memorandum. References are to the relevant sections of the GDPR.

Dundee Information Sharing Memorandum of Understanding

No.	Purpose of Sharing / Processing (type of data subject affected)	Legal Basis and any Additional Conditions for Processing Sensitive Data
1	Provision of health and social care services under integration functions (service users, carers, family members of the service user)	Public Task – 6(1)(e) Health and Social Care – 9(2)(h)
2	Adult protection (vulnerable adults)	Public Task – 6(1)(e) Substantial Public Interest – 9(2)(g)
3	Emergency intervention (service users, other persons)	Vital Interests – 6(1)(d) Vital interests – 6(1)(d)
4	Equalities monitoring (employees, volunteers, service users, carers, consultees)	Legal Obligation – 6(1)(c) Substantial Public Interest – 9(2)(g)
5	Business communication (employees of the parties and of third party contractors)	Public Task – 6(1)(e)
6	The assessment and collection of financial contributions (service users, carers)	Public Task – 6(1)(e)
7	Publication of marketing, information, and training materials (employees of the parties or of third party bodies, board members of the parties, volunteers, service users, carers, other members of the public)	Consent – 6(1)(a) Consent – 9(2)(a)

No.	Purpose of Sharing / Processing (type of data subject affected)	Legal Basis and any Additional Conditions for Processing Sensitive Data
8	Public protection including prevention of fraud, malpractice, crime, etc. (employees of the parties and of third parties, board members of the parties, service users, carers, other persons)	Legal Obligation – 6(1)(c) Substantial Public Interest – 9(2)(g)

3 Sharing of Non-Personal Information

3.1 Principles applying to the sharing of non-personal information

The following principles shall apply to any non-personal information held or processed by any of the parties which is necessary to the effective discharge of its statutory functions by the DIJB or to the carrying out of the integration functions by the constituent authorities under the direction of the DIJB. The statutory functions and integrations are set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Scheme entered into between the constituent authorities.

Co-operation – Each party to this Memorandum shall actively co-operate in sharing non-personal information between the parties which might assist one or more of the parties in the effective and efficient carrying out of the statutory or integration functions referred to in this section.

Transparency – All parties to this Memorandum shall be open and transparent in their sharing of non-personal information between the parties. Non-personal information shared by one party shall be made available to all parties under the same terms to ensure that no party is unaware of matters which might impact on their ability to effectively and efficiently perform their functions as referred to in this section. Wherever it is reasonable and lawful to do so, each party shall make public as part of their publication scheme a statement of the general type of information that has been shared with the other parties and the purposes for which it has been shared.

Limitation – Non-personal information shared by one party with the other parties shall only be used for the specific purpose agreed to by the party sharing the information. No secondary use of the information will be carried out by the receiving party unless the permission of the party sharing the information has given their express permission in writing for this additional purpose. Each party receiving the shared information shall ensure that it is used only for the purpose for which it was shared and shall ensure that the shared information is not treated as information or intelligence of the receiving party.

Confidentiality – Under section 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 parties to this Memorandum may share information with other parties despite any duty of confidentiality they owe to any other person, natural or legal, in respect of that information. Any party sharing non-personal information under this provision shall inform the receiving parties of any duty confidentiality, including commercial confidentiality, owed by them to a third party in respect of the information shared. The receiving parties shall be bound by the same duty of confidentiality to the third party in respect of the information shared as the party sharing the information.

3.2 Description of the type of non-personal information to be shared

Non-personal information which may be shared between the parties shall include, but not be limited to:

- Financial information
- Service information including budgetary, performance and quality data in relation to the carrying out of integration functions or the provision of support functions to the DIJB by the parties or any third parties under contract to one or more of the parties
- Information concerning contracts entered into by any of the parties in respect of the provision of services under the integration functions or the provision of support services to the DIJB
- Information relating to the business organisation and statutory functions of the parties including the relevant contact details of officers of the parties responsible for the carrying out of integration functions or the provision of support functions
- Information concerning any regulatory reports related to the carrying out of the integration functions by the parties or by third parties under contract to one or more of the parties

4 Sharing of Personal Information

4.1 The Data Controller Role of the DIJB

The DIJB is responsible, as a data controller, for any personal information collected and processed in relation to its core functions.

Under the Integration Scheme the DIJB is responsible through the Chief Officer for operational management of all integration functions with the exception of the delegated acute services.

As a consequence the DIJB is jointly responsible with NHS Tayside, as a joint data controller, of personal data collected or processed in relation to any of the delegated health functions, with the exception of delegated acute services.

Also as a consequence the DIJB is jointly responsible with the Council, as a joint data controller, for personal information collected or processed in relation to any of the delegated Council functions.

4.2 Principles applying to the sharing of personal information

A party to this Memorandum may share personal information with the other parties under section 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 despite and duty of confidentiality owed to the person whose personal information is shared.

In exercise of this power, or under direction of the DIJB or under any other legal duty, the parties shall comply with the principles for the processing of personal data set out in Article 5 of the GDPR and described in summary below:

- a) **Lawfulness, Fairness and Transparency Principle** – Personal Data shall be processed lawfully, fairly and in a transparent manner in relation to the data subject
- b) **Purpose Limitation Principle** – Personal data shall be collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes
- c) **Data Minimisation Principle** – Personal data shall be adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed
- d) **Accuracy Principle** – Personal data shall be accurate and, where necessary, kept up to date
- e) **Storage Limitation Principle** – Personal data shall be kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed and in accordance with applicable law
- f) **Integrity and Confidentiality Principle** – Personal data shall be processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures

It shall be the responsibility of the party sharing the personal information to ensure that it has a legal basis for processing the information and satisfies any additional legal condition necessary for processing special categories of information if required.

It shall be the responsibility of the party sharing the personal information to inform the receiving party or parties at the time of sharing the information of the legal basis and legal conditions under which the information is being processed.

It shall be the responsibility of the party receiving the information to ensure that the personal information is processed under the same legal basis and legal conditions as by the party sharing the information.

NHS Tayside is committed to the Caldicott principles when considering whether patient-identifiable information should be shared. These principles are:

- Justify the purpose(s) for using confidential information
- Don't use patient-identifiable information unless absolutely necessary
- Use the minimum that is required
- Access should be on a strict need to know basis
- Everyone must understand his or her responsibilities

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- Understand and comply with the law
- The duty to share information can be as important as the duty to protect patient confidentiality

The other parties to this memorandum undertake to respect the Caldicott principles in respect of patient-identifiable information which they receive.

However, the parties also agree that whilst the Caldicott principles complement the GDPR and the Data Protection Act 2018, they do not extend beyond the provisions of that legislation.

Therefore, if information can be shared in accordance with the GDPR and the Data Protection Act 2018, the Caldicott principles shall not be an obstacle to sharing of this information between the parties.

4.3 Description of the type of personal information to be shared

Personal information which may be shared between the parties shall include, but not be limited to:

- Core demographic information such as name, date of birth, sex, and residential address
- Personal data relating to equalities categories including religion, ethnic or racial origin, sex life and sexual orientation, and disability status
- Personal data relating to the service user's next of kin, carers, family members, etc. where this is necessary for the provision of health and social care services to the service user
- Personal information relating to a service user's health and medical treatment
- Personal information relating to a service user's social care and support needs and services
- Personal information in relation to adult protection concerns and interventions
- Personal data related to criminal convictions
- Personal information related to the prevention of crime, fraud, misconduct or malpractice etc.

5 Upholding Public Rights to Public Information

All parties to this Memorandum are subject to the public rights of access to information under the Freedom of Information (Scotland) Act 2002, the Environmental Information (Scotland) Regulations 2004, and the INSPIRE (Scotland) Act 2009.

All parties shall appoint an Information Officer with responsibility for handling requests for information under the above enactments.

Where information pertaining to a party, and covered by any of these enactments, is shared by that party with a second party, the second party may be deemed to hold that information for the purposes of the relevant enactment.

Where a request for access to information under any of these enactments is received, and the information held by that party is information shared with that

party by a second party pertaining to that second party, the first party shall consult with the second party regarding whether the information should be disclosed or whether it is covered by an exception or exemption under the relevant enactment.

Notwithstanding the outcome of such consultation it shall be the sole responsibility for the party holding the requested information to determine whether or not to disclose the existence of that information and whether or not to disclose that information.

6 Upholding Data Subjects Rights over their Personal Information

6.1 Overarching Fair Processing Principles

The parties to this Memorandum shall take all reasonable measures to ensure that processing of personal information in connection with the functions of the DIJB, including the carrying out of integration functions by the parties, shall be in compliance with the GDPR and the Data Protection Act 2018, and any statutory guidance issued by the Information Commissioner or the Article 29 Working Group. The parties shall comply with any statutory codes of conduct and any certification requirements issued under the provisions of the GDPR and the Data Protection Act 2018.

The parties shall issue uniform joint Privacy Notices in respect of the collection and processing of any personal information as part of the carrying out of any of the integration functions.

The agreed form and content of the joint Privacy Notice will be developed between the parties. This joint Privacy Notice shall be used except where a different joint Privacy Notice is specified in an Information Sharing Agreement made under this Memorandum in respect of a specific service, contract, or type of data processing.

6.2 Overarching Security Arrangements

Each party to this Memorandum shall take all reasonable organisational and technical measures to ensure that processing of personal information in connection with the functions of the DIJB, including the carrying out of integration functions by that party, is carried out in such a way as to protect the integrity and confidentiality of that personal information.

Each party shall carry out Data Protection Impact Assessments in relation to any processing of personal data in connection with the functions of the DIJB, including the carrying out of integration functions by that party. Each party shall share the conclusions of such Data Protection Impact Assessments with the other parties.

Information Sharing Agreements made under this Memorandum in respect of specific services, contracts, or types of data processing may, by agreement between the parties, make additional specifications in respect of security measures.

Personal data shared under this Memorandum shall not be transferred to countries outwith the UK and the European Economic Area by any of the parties.

Any transfer of data outwith the European Economic Area will have appropriate safeguards (technical, organisational and procedural) in place for the safe transfer of data to satisfy all partners.

6.3 Responsibilities for Ensuring Data Subject Rights in Relation to their Personal Information

The DIJB shall be solely responsible as data controller for ensuring the data subject rights of members of the DIJB, employees of the DIJB, and members of the public whose personal details are held and processed by the DIJB in the exercise of its statutory functions.

NHS Tayside shall be solely responsible as data controller for ensuring the data subject rights of board members, employees, and volunteers of NHS Tayside, in relation to delegated acute services, and in relation to any health function not delegated to the DIJB.

The Council shall be solely responsible as data controller for ensuring the data subject rights of elected members, employees, and volunteers of the Council, and in relation to any function not delegated to the DIJB.

The DIJB and NHS Tayside shall be jointly responsible as data controllers for ensuring the data subject rights of members of the public whose personal information is held and processed by NHS Tayside, or by any third party contracted by NHS Tayside to process such information on behalf of NHS Tayside, in the course of carrying out of integration functions under the direction of the DIJB, with the exception of delegated acute services.

The DIJB and the Council shall be jointly responsible as data controllers for ensuring the data subject rights of members of the public whose personal information is held and processed by the Council, or by any third party contracted by the Council to process such information on behalf of Dundee Council, in the course of carrying out of integration functions under the direction of the DIJB.

6.4 Handling of Data Subject Rights Requests

All parties shall publish and make publicly available the contact details of their Data Protection Officer.

Where parties are jointly responsible as data controllers, requests may be made to the Data Protection Officer of either party.

On receipt of the request, the Data Protection Officer of the receiving organisation will follow their internal procedures for a Subject Access Request. The procedure will acknowledge the request on behalf of the receiving organisation and, where relevant, make reference to the joint responsibility around the requesters care and the contact details for the other party's Data Protection Officer.

This is to ensure that the requester is made aware of the joint responsibility around their care and the ability for them to decide whether or not to request their data from the other party.

Only where a request received by one organisation makes reference to requiring information from both parties, will the request be passed to the other party.

In this instance, the Data Protection Officer will immediately share the request with the other party's Data Protection Officer.

The Data Protection Officers of either party shall respond separately to a request as decisions taken around the request may differ.

6.5 Handling of Personal Data Breaches

This sub-section applies where the DIJB and another party to this Memorandum are joint data controllers in respect of personal data which has been the subject of a possible breach under the GDPR.

In the event of a possible breach being reported to the Data Protection Officers of the DIJB and the other party must both be informed promptly. The relevant Data Protection Officer(s) shall carry out their investigation according to their internal procedures, including notification of relevant third parties, and governing bodies including, where necessary, the Information Commissioner.

Additionally, where a breach has occurred, whether or not it is reportable to the Information Commissioner, the Data Protection Officers shall jointly prepare a report for the DIJB summarising the breach and any recommendations for changes to data protection arrangements by either party or both, or any other actions they consider necessary, to prevent similar breaches in the future.

The governing bodies of both parties shall be accountable for the implementation of any recommendations made jointly by the Data Protection Officers and, in the case of reportable breaches, the recommendations of the Information Commissioner.

7 Governance Arrangements

7.1 Accountability

This Memorandum of Understanding shall be between the Board of NHS Tayside, The Board of the Dundee Integration Joint Board, and Dundee Council, who shall jointly be accountable for the governance of data sharing between their respective organisations under this Memorandum.

7.2 The Parties as Data Controllers in Respect of Personal Information

Under the GDPR as applied by the Data Protection Act 2018 each of the parties is a data controller in its own right with the responsibilities of a data controller as set out in Chapter IV of the GDPR. Each party is required to register as a data controller with the Information Commissioner and to appoint a Data Protection Officer. Each party shall ensure that there is appropriate cover for the Data Protection Officer's functions in case of sickness, annual leave, etc.

In respect of personal data collected and processed by NHS Tayside in the carrying out of integration functions under the direction of the DIJB, NHS Tayside and the DIJB are joint data controllers.

In respect of personal data collected and processed by the Council in the carrying out of integration functions under the direction of the DIJB, the Council and the DIJB are joint data controllers.

7.3 Data Sharing Oversight Group

Each party shall appoint a senior officer to act as Senior Information Officer or Senior Accountable Officer with responsibility for overseeing the sharing of data by that party with the other parties to this Memorandum. Each Senior Information Officer

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shall be responsible for approving such guidance, procedures, and operational instructions as they consider necessary to secure the effective, efficient and lawful sharing of information by that party with the other parties to this Memorandum.

The Senior Information Officers shall meet quarterly as the Dundee Data Sharing Oversight Group to review the operation of this Memorandum, to determine any actions which need to be taken in order to continually improve the effectiveness, efficiency and quality of information sharing between the parties.

The group will be responsible for approving any Information Sharing Agreements made under this Memorandum and drafted by the Data Sharing Working Group.

7.4 Data Sharing Working Group

Each party shall appoint Information Officers with responsibility for monitoring and managing the day to day sharing of information with the other parties to this Memorandum. Information Officers shall be responsible for providing advice and guidance and for training of staff within their organisation in relation to information sharing.

The Information Officers and Data Protection Officers of the parties shall meet quarterly as the Data Sharing Working Group to monitor and review data sharing between the parties and to agree any remedial action to address issues in performance and practice. Where such remedial action includes proposed amendments to the Memorandum, or any Information Sharing Agreements made under it, the Working Group shall refer these proposals to the Oversight Group.

As part of their ongoing monitoring function the Working Group shall carry out regular consultation and engagement with staff, service users, and other stakeholders to gather their views on the operation of data sharing under this Memorandum. It shall be for the Working Group to determine the form and frequency of such consultation.

The group shall be responsible for identifying areas of data sharing requiring specific Information Sharing Agreements and shall be responsible for drafting such agreements.

7.5 Dundee Clinical, Care and Professional Governance Group

The Group has an advisory role to the DIJB in respect of information governance, including the sharing of information between the parties. All Information Sharing Agreements shall be submitted to the Group for comment prior to being approved.

The DIJB Data Protection Officer and Records Manager shall be members of the Group. The Data Protection Officers and Records Managers of the constituent authorities shall be invited to attend any meeting of the Group at which changes to this Memorandum of Understanding or consideration of any Information Sharing Agreements under this Memorandum are to be discussed.

8 Implementation of the Overarching Memorandum of Understanding

8.1 Dates when information sharing commences

This Memorandum of Understanding shall take effect from 1 October 2021.

8.2 Information Sharing Agreements and Contracts under this Memorandum

Wherever the parties agree that there is a need for more specific data sharing arrangements in relation to some function, service, or process, the Data Sharing Working Group shall draft a suitable Data Sharing Agreement using a template approved by the Data Sharing Oversight Group.

All contracts or service level agreements entered into by any of the parties in relation to integrated functions covered by this memorandum of understanding shall include terms specifying the duties of the contractor in relation to data protection of personal information in connection with their fulfilment of the contract.

Every such contract shall be supported by a data processing agreement which specifies the personal data to be processed by either party to the contract, how that information is to be transferred, stored, processed and protected, and arrangements for retention and disposal.

Where data is to be shared with a third party not under contractual terms or under a service level agreement, the parties sharing the information must enter into an Information Sharing Agreement prior to sharing the information unless the sharing of the information is empowered or required by law.

Such an Information Sharing Agreement shall specify the personal data to be collected, shared or processed by either party to the agreement, how that information is to be transferred, stored, processed and protected, and arrangements for retention and disposal.

All Information Sharing Agreement shall be subject to approval by the Data Sharing Oversight Group.

8.3 Overarching training and communications arrangements

Each party shall be responsible for communicating the terms of this Memorandum, and any Information Sharing Agreements made under it, to their employees.

Each party shall be responsible for providing adequate training to all employees who may be involved in information sharing under this Memorandum. Each party shall ensure that specific training is provided regarding the terms of any Information Sharing Agreement made under this Memorandum.

8.4 Overarching publication and transparency arrangements

Each party shall ensure that this Memorandum, and any Information Sharing Agreements made under it, be made publicly available on the party's website by December 2020.

8.5 Non-routine information sharing and exceptional circumstances

Under the terms of section 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 the parties to this Memorandum of Understanding reserve the right to share any information which they hold, including personal information, with any other of the parties in situations which are non-routine or exceptional, notwithstanding the terms of any Information Sharing Agreements covering the sharing of such information.

8.6 Monitoring and Review

The Data Sharing Working Group shall be responsible for the continuous monitoring of the operation of this Memorandum, and any Information Sharing Agreements made under it.

The Oversight Group shall be responsible for reviewing the operation of this Memorandum and making recommendations to the governing bodies of the parties regarding amendments or additions to this Memorandum.

The Oversight Group shall also be responsible for reviewing the operation of any Information Sharing Agreements made under this Memorandum and for making any amendments to those agreements.

9 Sign-off and responsibilities

9.1 Senior Information Officers / Senior Accountable Officers

Name	Post title	Organisation
Vicky Irons	Chief Officer	DIJB
Margaret Dunning	SIRO	NHS Tayside
Greg Colgan	Executive Director of Corporate Services/SIRO	Dundee Council

9.2 Records Managers (Appointed under the Public Records (Scotland) Act)

Name	Post title	Organisation
Joyce Chapman	Records Manager	DIJB
Lynda Petrie	Corporate Records Manager	NHS Tayside
Sarah Aitken	Records Manager/Assistant Archivist	Dundee Council

9.3 Information Officers (Freedom of Information / Information Governance)

Name	Post title	Organisation
Ian Smail	Information Governance Manager	DIJB
Alison Dailly	Head of Information Governance and Cyber Assurance/DPO	NHS Tayside
Ian Smail	Information Governance Manager	Dundee Council

9.4 Data Protection Officers

Name	Post title	Organisation
Ian Smail	DPO	DIJB
Alison Dailly	DPO	NHS Tayside
Ian Smail	DPO	Dundee Council

9.5 Signatories

Name of Party	Dundee Integration Joint Board	
Head Office address	21 City Square Dundee DD1 3BY	
ICO Registration	ZB211094	
Authorised signatory	Title /Name	Vicky Irons
	Role	Chief Officer

Name of Party	NHS Tayside Board	
Head Office address	NHS Tayside Headquarters Ninewells Hospital & Medical School Dundee DD1 9SY	
ICO Registration	Z8537226	
Authorised signatory	Title /Name	Prof. Peter Stonebridge

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	Role	Medical Director/Caldicott Guardian
--	------	-------------------------------------

Name of Party	Dundee Council	
Head Office address	21 City Square Dundee DD1 3BY	
ICO Registration	Z7211936	
Authorised signatory	Title /Name	Ian Smail
	Role	Information Governance Manager

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9.6 Sign off

"We the undersigned agree to the details recorded in this Overarching Memorandum of Understanding, are satisfied that our representatives have carried out the preparatory work set out in the Information Sharing Tool-kit (Scotland) 2016, and are committed to the ongoing monitoring and review of the scope, purpose and manner of the information sharing."

Signature	
<i>Vicky Irons</i>	
Name	Vicky Irons
Date	21 September 2021

Signature Ian Smail	
Name	Ian Smail
Date	21 September 2021

Signature	
Name	Prof. Peter Stonebridge
Date	

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**Dundee IJB****Dundee City
Council**

Information Sharing

Overarching Memorandum of Understanding

**Between
Dundee Integration Joint Board,
Tayside Health Board,
and
Dundee City Council**

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Document Status

Version:	V0.2
Author:	Alison Dailly, NHS Tayside
Date issued:	
Date Reviewed:	
Next review date:	

Version Control

Version	Date	Brief Summary of Changes	Author
0.1	Dec 2019	Original Draft	Alison Dailly
0.2	September 2025	Updated Draft Requested as original was not signed off due to COVID lockdown	Alison Dailly Joe Donnelly

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1 Parties, Scope and Purpose

1.1 Name and details of the parties who agree to share information

Legal name of parties to Memorandum	Short name of the party	Head address	Office	ICO Registration
Dundee Integration Joint Board (also known as Dundee Health and Social Care Partnership)	DIJB	TBC		TBC
Tayside Health Board	NHS Tayside	Ninewells Hospital and Medical School Dundee DD1 9SY		Z8537226
Dundee City Council	The Council	21 City Square Dundee DD1 3BY		Z7211936

1.2 Definitions

In this Memorandum:

“Constituent Authorities” means Dundee City Council and NHS Tayside, being the local authority and the health board which prepared the integration scheme under which the DIJB was established.

“Data Controller” means a person or body who determines the purpose for which personal data is collected and processed, the purpose for which it is processed, and the means by which it is processed.

“Data Protection Officer” means an officer appointed by a party to this Memorandum with the responsibilities set out in Section 4 of the EU General Data Protection Regulation 2016.

“Data Subject” means a natural person whose personal information is subject to processing by a Data Controller.

“Integration Functions” means the functions delegated by the constituent authorities to the DIJB under the integration scheme.

“Integration Scheme” means the integration scheme drawn up by the Council and NHS Tayside, and approved by the Scottish Ministers, under which the DIJB was established by order of the Scottish Ministers.

“Information Commissioner” means the statutory regulator whose duties and powers are defined in Part 5 and Schedule 12 of the Data Protection Act 2018.

“Information Officer” means one or more officers appointed by a party to this Memorandum with day to day responsibility for information governance matters including handling of freedom of information requests.

“Information Sharing Agreement” means an agreement between two or more of the parties, or between one or more of the parties and one or more third party, made under the provisions of this Memorandum to govern the sharing of specific information under specified circumstances.

“Records Manager” means the officer or contractor appointed by a party to carry out the functions of that role as defined in the Model Records Management Plan issued by the Keeper of the National Records of Scotland.

“Senior Information Officer” means the senior accountable officer appointed by a party to this Memorandum with overall responsibility for information governance on behalf of that party.

“Support services” means any service provided to the DIJB by the constituent authorities under a support agreement between the parties.

“Statutory Functions” means the functions imposed on the DIJB by the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the preparation and review of the strategic plan, the monitoring of and reporting on the delivery of the strategic plan, consultation and engagement of the public and other stakeholders in the preparation and review of the strategic plan, and the direction of the constituent authorities to carry out the integration functions, to include, but not limited to, the following working groups:

- Data Sharing Oversight Group
- Data Sharing Working Group
- Clinical, Care and Professional Governance Groups

1.3 Business and legislative drivers

The integration of health and social care requires close collaboration between the parties to this Memorandum, their employees, service users, carers, service providers, voluntary sector organisations and the wider community. The importance of information sharing for the efficient and effective integration of health and social care is recognised in section 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 which makes special provision for information sharing between the parties.

This Memorandum of Understanding implements section 10 of the Integration Scheme agreed between the constituent authorities. It has been drawn up in line with the guidance contained in the Scottish Information Toolkit 2016 (which replaced the Scottish Accord on the Sharing of Personal Information referred to in section 10 of the Integration Scheme) and the guidance issued by the Keeper of the National Records of Scotland in relation to information sharing.

The Memorandum reflects the relationship between the parties established by the Public Bodies (Joint Working) (Scotland) Act 2014. It also reflects the changes to data protection legislation introduced by the EU General Data Protection Regulation 2016/679 and the Data Protection Act 2018.

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This Memorandum of understanding also takes into account other legislation and statutory guidance in relation to the processing, recording, sharing and disclosure of information, including:

- The Freedom of Information (Scotland) Act 2002
- The Environmental Information (Scotland) Regulations 2004
- The Adult Support and Protection (Scotland) Act 2007
- The INSPIRE (Scotland) Regulations 2009
- The Public Records (Scotland) Act 2011 (and statutory Model Records Management Plan issued by the Keeper of the National Records of Scotland under that Act)
- The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016
- Codes of practice issued by the Information Commissioner including those issued under section 121 of the Data Protection Act 2018
- Guidance on the implementation of the GDPR issued by the EU Article 29 Working Group
- UKGDPR 2020
- The Data Use and Access Act 2025

1.4 Purposes of information sharing under this Memorandum

The overarching purpose of information sharing between the parties is to facilitate the efficient and effective planning and delivery of integrated health and social care services to the adult residents of Dundee.

The following table sets out the processing purposes in terms of the duties placed on the DIJB and the other parties under the Public Bodies (Joint Working) (Scotland) Act 2014 and other legal obligations on the parties.

Purpose description	Primary or secondary purpose
Enabling the DIJB to carry out its statutory functions under the Public Bodies (Joint Working) (Scotland) Act 2014 including: • Developing, implementing and reviewing a strategic commissioning plan for the area of Dundee in respect of services delegated to the DIJB under the Act • Developing, implementing and reviewing locality plans for the constituent localities of Dundee in	Primary

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Purpose description	Primary or secondary purpose
respect of services delegated to the DIJB under the Act • Assessing the needs of the population of Dundee and its constituent localities • Allocating funding for the carrying out of functions delegated to the DIJB • Monitoring the delivery, performance, and outcomes achieved in the carrying out of integration functions by NHS Tayside and the Council as directed by the DIJB • Consulting and engaging with the residents of Dundee, community organisations, voluntary organisations, and third party providers of health and social care services within Dundee • Preparing statistical and other reports to Scottish Government, regulatory bodies, NHS Tayside and the Council in relation to the statutory functions of the DIJB and the functions delegated to the DIJB	
Ensuring the effective provision of health and social care services to individual residents of Dundee in line with the integration principles and the national health and wellbeing outcomes	Primary
Improving the health and wellbeing of the residents of Dundee	Primary
Discharging any other duty or obligation imposed by law on any of the parties	Secondary

Any change to the purposes set out above requires to be agreed in writing by all of the parties.

2 Legal Basis for Sharing Information

2.1 Legal basis for the sharing of information in general

Sections 26, 27, 31 and 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 provides the legal basis for the sharing information between the parties and for the processing shared information by the parties.

Under section 49 of that Act, the DIJB and its constituent authorities are empowered to share information for the purposes of the carrying out of integration functions and the drawing up of a strategic plan. Section 49 (6) of the Act specifies that such information can be shared by the parties “despite any duty of confidentiality owed to any person in respect of the information by the person disclosing the information”. “Person” in this clause includes both natural and legal persons.

Under section 31(1) of that Act the constituent authorities must provide the DIJB with such information as it might reasonably require for the purpose of preparing a strategic plan.

Under section 26(5) and section 27(2) of that Act the DIJB may from time to time direct either or both other parties to this Memorandum as to manner, extent, and means of data sharing between the parties under section 49 of that Act, which it considers necessary to the effective carrying out by the DIJB of its strategic planning functions and the exercising by the DIJB of integration functions in line with the integration delivery principles set out in section 31 of that Act and the national health and wellbeing outcomes.

Under section 26(3) of that Act the constituent authorities must provide any information that the DIJB might reasonably require to decide whether to issue a direction.

Under section 27(2) a constituent authority subject to a direction by the DIJB in respect of the carrying out of integration functions must provide any information to the DIJB which the DIJB requires in respect of the carrying out of those functions.

2.2 Legal basis for sharing and processing personal information

The requirements for the “consent” of data subjects to processing of their personal data are much stricter under the GDPR. Recital 43 of the GDPR and section 3.1.1 of the Article 29 Working Party Guidelines on Consent indicate that, in general, public bodies should not seek to use “consent” as the legal basis for processing personal data. This is because there is generally an imbalance of power between a public body and individual data subject which means that “consent” is unlikely to be considered to be freely given under the GDPR.

The following table sets out the appropriate legal bases, enacted by the GDPR and Data Protection Act 2018, which shall apply to the sharing and processing of personal information by any of the parties to this Memorandum. References are to the relevant sections of the GDPR.

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No.	Purpose of Sharing / Processing (type of data subject affected)	Legal Basis and any Additional Conditions for Processing Sensitive Data
1	Provision of health and social care services under integration functions (service users, carers, family members of the service user)	Public Task – 6(1)(e) Health and Social Care – 9(2)(h)
2	Adult protection (vulnerable adults)	Public Task – 6(1)(e) Substantial Public Interest – 9(2)(g)
3	Emergency intervention (service users, other persons)	Vital Interests – 6(1)(d) Vital interests – 6(1)(d)
4	Equalities monitoring (employees, volunteers, service users, carers, consultees)	Legal Obligation – 6(1)(c) Substantial Public Interest – 9(2)(g)
5	Business communication (employees of the parties and of third party contractors)	Public Task – 6(1)(e)
6	The assessment and collection of financial contributions (service users, carers)	Public Task – 6(1)(e)
7	Publication of marketing, information, and training materials (employees of the parties or of third party bodies, board members of the parties, volunteers, service users, carers, other members of the public)	Consent – 6(1)(a) Consent – 9(2)(a)

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No.	Purpose of Sharing / Processing (type of data subject affected)	Legal Basis and any Additional Conditions for Processing Sensitive Data
8	Public protection including prevention of fraud, malpractice, crime, etc. (employees of the parties and of third parties, board members of the parties, service users, carers, other persons)	Legal Obligation – 6(1)(c) Substantial Public Interest – 9(2)(g)

3 Sharing of Non-Personal Information

3.1 Principles applying to the sharing of non-personal information

The following principles shall apply to any non-personal information held or processed by any of the parties which is necessary to the effective discharge of its statutory functions by the DIJB or to the carrying out of the integration functions by the constituent authorities under the direction of the DIJB. The statutory functions and integrations are set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Scheme entered into between the constituent authorities.

Co-operation – Each party to this Memorandum shall actively co-operate in sharing non-personal information between the parties which might assist one or more of the parties in the effective and efficient carrying out of the statutory or integration functions referred to in this section.

Transparency – All parties to this Memorandum shall be open and transparent in their sharing of non-personal information between the parties. Non-personal information shared by one party shall be made available to all parties under the same terms to ensure that no party is unaware of matters which might impact on their ability to effectively and efficiently perform their functions as referred to in this section. Wherever it is reasonable and lawful to do so, each party shall make public as part of their publication scheme a statement of the general type of information that has been shared with the other parties and the purposes for which it has been shared.

Limitation – Non-personal information shared by one party with the other parties shall only be used for the specific purpose agreed to by the party sharing the information. No secondary use of the information will be carried out by the receiving party unless the permission of the party sharing the information has given their express permission in writing for this additional purpose. Each party receiving the shared information shall ensure that it is used only for the purpose for which it was shared and shall ensure that the shared information is not treated as information or intelligence of the receiving party.

Confidentiality – Under section 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 parties to this Memorandum may share information with other parties despite any duty of confidentiality they owe to any other person, natural or legal, in respect of that information. Any party sharing non-personal information under this provision shall inform the receiving parties of any duty confidentiality, including commercial confidentiality, owed by them to a third party in respect of the information shared. The receiving parties shall be bound by the same duty of confidentiality to the third party in respect of the information shared as the party sharing the information.

3.2 Description of the type of non-personal information to be shared

Non-personal information which may be shared between the parties shall include, but not be limited to:

- Financial information
- Service information including budgetary, performance and quality data in relation to the carrying out of integration functions or the provision of support functions to the DIJB by the parties or any third parties under contract to one or more of the parties
- Information concerning contracts entered into by any of the parties in respect of the provision of services under the integration functions or the provision of support services to the DIJB
- Information relating to the business organisation and statutory functions of the parties including the relevant contact details of officers of the parties responsible for the carrying out of integration functions or the provision of support functions
- Information concerning any regulatory reports related to the carrying out of the integration functions by the parties or by third parties under contract to one or more of the parties

4 Sharing of Personal Information

4.1 The Data Controller Role of the DIJB

The DIJB is responsible, as a data controller, for any personal information collected and processed in relation to its core functions.

Under the Integration Scheme the DIJB is responsible through the Chief Officer for operational management of all integration functions with the exception of the delegated acute services.

As a consequence the DIJB is jointly responsible with NHS Tayside, as a joint data controller, of personal data collected or processed in relation to any of the delegated health functions, with the exception of delegated acute services.

Also as a consequence the DIJB is jointly responsible with the Council, as a joint data controller, for personal information collected or processed in relation to any of the delegated Council functions.

4.2 Principles applying to the sharing of personal information

A party to this Memorandum may share personal information with the other parties under section 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 despite and duty of confidentiality owed to the person whose personal information is shared.

In exercise of this power, or under direction of the DIJB or under any other legal duty, the parties shall comply with the principles for the processing of personal data set out in Article 5 of the GDPR and described in summary below:

- a) **Lawfulness, Fairness and Transparency Principle** – Personal Data shall be processed lawfully, fairly and in a transparent manner in relation to the data subject
- b) **Purpose Limitation Principle** – Personal data shall be collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes
- c) **Data Minimisation Principle** – Personal data shall be adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed
- d) **Accuracy Principle** – Personal data shall be accurate and, where necessary, kept up to date
- e) **Storage Limitation Principle** – Personal data shall be kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed and in accordance with applicable law
- f) **Integrity and Confidentiality Principle** – Personal data shall be processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures

It shall be the responsibility of the party sharing the personal information to ensure that it has a legal basis for processing the information and satisfies any additional legal condition necessary for processing special categories of information if required.

It shall be the responsibility of the party sharing the personal information to inform the receiving party or parties at the time of sharing the information of the legal basis and legal conditions under which the information is being processed.

It shall be the responsibility of the party receiving the information to ensure that the personal information is processed under the same legal basis and legal conditions as by the party sharing the information.

NHS Tayside is committed to the Caldicott principles when considering whether patient-identifiable information should be shared. These principles are:

- Justify the purpose(s) for using confidential information
- Don't use patient-identifiable information unless absolutely necessary
- Use the minimum that is required
- Access should be on a strict need to know basis
- Everyone must understand his or her responsibilities

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- Understand and comply with the law
- The duty to share information can be as important as the duty to protect patient confidentiality

The other parties to this memorandum undertake to respect the Caldicott principles in respect of patient-identifiable information which they receive.

However, the parties also agree that whilst the Caldicott principles complement the GDPR and the Data Protection Act 2018, they do not extend beyond the provisions of that legislation.

Therefore, if information can be shared in accordance with the GDPR and the Data Protection Act 2018, the Caldicott principles shall not be an obstacle to sharing of this information between the parties.

4.3 Description of the type of personal information to be shared

Personal information which may be shared between the parties shall include, but not be limited to:

- Core demographic information such as name, date of birth, sex, and residential address
- Personal data relating to equalities categories including religion, ethnic or racial origin, sex life and sexual orientation, and disability status
- Personal data relating to the service user's next of kin, carers, family members, etc. where this is necessary for the provision of health and social care services to the service user
- Personal information relating to a service user's health and medical treatment
- Personal information relating to a service user's social care and support needs and services
- Personal information in relation to adult protection concerns and interventions
- Personal data related to criminal convictions
- Personal information related to the prevention of crime, fraud, misconduct or malpractice etc.

5 Upholding Public Rights to Public Information

All parties to this Memorandum are subject to the public rights of access to information under the Freedom of Information (Scotland) Act 2002, the Environmental Information (Scotland) Regulations 2004, and the INSPIRE (Scotland) Act 2009.

All parties shall appoint an Information Officer with responsibility for handling requests for information under the above enactments.

Where information pertaining to a party, and covered by any of these enactments, is shared by that party with a second party, the second party may be deemed to hold that information for the purposes of the relevant enactment.

Where a request for access to information under any of these enactments is received, and the information held by that party is information shared with that

party by a second party pertaining to that second party, the first party shall consult with the second party regarding whether the information should be disclosed or whether it is covered by an exception or exemption under the relevant enactment.

Notwithstanding the outcome of such consultation it shall be the sole responsibility for the party holding the requested information to determine whether or not to disclose the existence of that information and whether or not to disclose that information.

6 Upholding Data Subjects Rights over their Personal Information

6.1 Overarching Fair Processing Principles

The parties to this Memorandum shall take all reasonable measures to ensure that processing of personal information in connection with the functions of the DIJB, including the carrying out of integration functions by the parties, shall be in compliance with the GDPR and the Data Protection Act 2018, and any statutory guidance issued by the Information Commissioner or the Article 29 Working Group. The parties shall comply with any statutory codes of conduct and any certification requirements issued under the provisions of the GDPR and the Data Protection Act 2018.

The parties shall issue uniform joint Privacy Notices in respect of the collection and processing of any personal information as part of the carrying out of any of the integration functions.

The agreed form and content of the joint Privacy Notice will be developed between the parties. This joint Privacy Notice shall be used except where a different joint Privacy Notice is specified in an Information Sharing Agreement made under this Memorandum in respect of a specific service, contract, or type of data processing.

6.2 Overarching Security Arrangements

Each party to this Memorandum shall take all reasonable organisational and technical measures to ensure that processing of personal information in connection with the functions of the DIJB, including the carrying out of integration functions by that party, is carried out in such a way as to protect the integrity and confidentiality of that personal information.

Each party shall carry out Data Protection Impact Assessments in relation to any processing of personal data in connection with the functions of the DIJB, including the carrying out of integration functions by that party. Each party shall share the conclusions of such Data Protection Impact Assessments with the other parties.

Information Sharing Agreements made under this Memorandum in respect of specific services, contracts, or types of data processing may, by agreement between the parties, make additional specifications in respect of security measures.

Personal data shared under this Memorandum shall not be transferred to countries outwith the UK and the European Economic Area by any of the parties.

Any transfer of data outwith the European Economic Area will have appropriate safeguards (technical, organisational and procedural) in place for the safe transfer of data to satisfy all partners.

6.3 Responsibilities for Ensuring Data Subject Rights in Relation to their Personal Information

The DIJB shall be solely responsible as data controller for ensuring the data subject rights of members of the DIJB, employees of the DIJB, and members of the public whose personal details are held and processed by the DIJB in the exercise of its statutory functions.

NHS Tayside shall be solely responsible as data controller for ensuring the data subject rights of board members, employees, and volunteers of NHS Tayside, in relation to delegated acute services, and in relation to any health function not delegated to the DIJB.

The Council shall be solely responsible as data controller for ensuring the data subject rights of elected members, employees, and volunteers of the Council, and in relation to any function not delegated to the DIJB.

The DIJB and NHS Tayside shall be jointly responsible as data controllers for ensuring the data subject rights of members of the public whose personal information is held and processed by NHS Tayside, or by any third party contracted by NHS Tayside to process such information on behalf of NHS Tayside, in the course of carrying out of integration functions under the direction of the DIJB, with the exception of delegated acute services.

The DIJB and the Council shall be jointly responsible as data controllers for ensuring the data subject rights of members of the public whose personal information is held and processed by the Council, or by any third party contracted by the Council to process such information on behalf of Dundee Council, in the course of carrying out of integration functions under the direction of the DIJB.

6.4 Handling of Data Subject Rights Requests

All parties shall publish and make publicly available the contact details of their Data Protection Officer.

Where parties are jointly responsible as data controllers, requests may be made to the Data Protection Officer of either party.

On receipt of the request, the Data Protection Officer of the receiving organisation will follow their internal procedures for a Subject Access Request. The procedure will acknowledge the request on behalf of the receiving organisation and, where relevant, make reference to the joint responsibility around the requesters care and the contact details for the other party's Data Protection Officer.

This is to ensure that the requester is made aware of the joint responsibility around their care and the ability for them to decide whether or not to request their data from the other party.

Only where a request received by one organisation makes reference to requiring information from both parties, will the request be passed to the other party.

In this instance, the Data Protection Officer will immediately share the request with the other party's Data Protection Officer.

The Data Protection Officers of either party shall respond separately to a request as decisions taken around the request may differ.

6.5 Handling of Personal Data Breaches

This sub-section applies where the DIJB and another party to this Memorandum are joint data controllers in respect of personal data which has been the subject of a possible breach under the GDPR.

In the event of a possible breach being reported to the Data Protection Officers of the DIJB and the other party must both be informed promptly. The relevant Data Protection Officer(s) shall carry out their investigation according to their internal procedures, including notification of relevant third parties, and governing bodies including, where necessary, the Information Commissioner.

Additionally, where a breach has occurred, whether or not it is reportable to the Information Commissioner, the Data Protection Officers shall jointly prepare a report for the DIJB summarising the breach and any recommendations for changes to data protection arrangements by either party or both, or any other actions they consider necessary, to prevent similar breaches in the future.

The governing bodies of both parties shall be accountable for the implementation of any recommendations made jointly by the Data Protection Officers and, in the case of reportable breaches, the recommendations of the Information Commissioner.

7 Governance Arrangements

7.1 Accountability

This Memorandum of Understanding shall be between the Board of NHS Tayside, The Board of the Dundee Integration Joint Board, and Dundee Council, who shall jointly be accountable for the governance of data sharing between their respective organisations under this Memorandum.

7.2 The Parties as Data Controllers in Respect of Personal Information

Under the GDPR as applied by the Data Protection Act 2018 each of the parties is a data controller in its own right with the responsibilities of a data controller as set out in Chapter IV of the GDPR. Each party is required to register as a data controller with the Information Commissioner and to appoint a Data Protection Officer. Each party shall ensure that there is appropriate cover for the Data Protection Officer's functions in case of sickness, annual leave, etc.

In respect of personal data collected and processed by NHS Tayside in the carrying out of integration functions under the direction of the DIJB, NHS Tayside and the DIJB are joint data controllers.

In respect of personal data collected and processed by the Council in the carrying out of integration functions under the direction of the DIJB, the Council and the DIJB are joint data controllers.

7.3 Data Sharing Oversight Group

Each party shall appoint a senior officer to act as Senior Information Officer or Senior Accountable Officer with responsibility for overseeing the sharing of data by that party with the other parties to this Memorandum. Each Senior Information Officer

Dundee Information Sharing Memorandum of Understanding

shall be responsible for approving such guidance, procedures, and operational instructions as they consider necessary to secure the effective, efficient and lawful sharing of information by that party with the other parties to this Memorandum.

The Senior Information Officers shall meet quarterly as the Dundee Data Sharing Oversight Group to review the operation of this Memorandum, to determine any actions which need to be taken in order to continually improve the effectiveness, efficiency and quality of information sharing between the parties.

The group will be responsible for approving any Information Sharing Agreements made under this Memorandum and drafted by the Data Sharing Working Group.

7.4 Data Sharing Working Group

Each party shall appoint Information Officers with responsibility for monitoring and managing the day to day sharing of information with the other parties to this Memorandum. Information Officers shall be responsible for providing advice and guidance and for training of staff within their organisation in relation to information sharing.

The Information Officers and Data Protection Officers of the parties shall meet quarterly as the Data Sharing Working Group to monitor and review data sharing between the parties and to agree any remedial action to address issues in performance and practice. Where such remedial action includes proposed amendments to the Memorandum, or any Information Sharing Agreements made under it, the Working Group shall refer these proposals to the Oversight Group.

As part of their ongoing monitoring function the Working Group shall carry out regular consultation and engagement with staff, service users, and other stakeholders to gather their views on the operation of data sharing under this Memorandum. It shall be for the Working Group to determine the form and frequency of such consultation.

The group shall be responsible for identifying areas of data sharing requiring specific Information Sharing Agreements and shall be responsible for drafting such agreements.

7.5 Dundee Clinical, Care and Professional Governance Group

The Group has an advisory role to the DIJB in respect of information governance, including the sharing of information between the parties. All Information Sharing Agreements shall be submitted to the Group for comment prior to being approved.

The DIJB Data Protection Officer and Records Manager shall be members of the Group. The Data Protection Officers and Records Managers of the constituent authorities shall be invited to attend any meeting of the Group at which changes to this Memorandum of Understanding or consideration of any Information Sharing Agreements under this Memorandum are to be discussed.

8 Implementation of the Overarching Memorandum of Understanding

8.1 Dates when information sharing commences

This Memorandum of Understanding shall take effect from XXX.

8.2 Information Sharing Agreements and Contracts under this Memorandum

Wherever the parties agree that there is a need for more specific data sharing arrangements in relation to some function, service, or process, the Data Sharing Working Group shall draft a suitable Data Sharing Agreement using a template approved by the Data Sharing Oversight Group.

All contracts or service level agreements entered into by any of the parties in relation to integrated functions covered by this memorandum of understanding shall include terms specifying the duties of the contractor in relation to data protection of personal information in connection with their fulfilment of the contract.

Every such contract shall be supported by a data processing agreement which specifies the personal data to be processed by either party to the contract, how that information is to be transferred, stored, processed and protected, and arrangements for retention and disposal.

Where data is to be shared with a third party not under contractual terms or under a service level agreement, the parties sharing the information must enter into an Information Sharing Agreement prior to sharing the information unless the sharing of the information is empowered or required by law.

Such an Information Sharing Agreement shall specify the personal data to be collected, shared or processed by either party to the agreement, how that information is to be transferred, stored, processed and protected, and arrangements for retention and disposal.

All Information Sharing Agreement shall be subject to approval by the Data Sharing Oversight Group.

8.3 Overarching training and communications arrangements

Each party shall be responsible for communicating the terms of this Memorandum, and any Information Sharing Agreements made under it, to their employees.

Each party shall be responsible for providing adequate training to all employees who may be involved in information sharing under this Memorandum. Each party shall ensure that specific training is provided regarding the terms of any Information Sharing Agreement made under this Memorandum.

8.4 Overarching publication and transparency arrangements

Each party shall ensure that this Memorandum, and any Information Sharing Agreements made under it, be made publicly available on the party's website by December 2020.

8.5 Non-routine information sharing and exceptional circumstances

Under the terms of section 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 the parties to this Memorandum of Understanding reserve the right to share any information which they hold, including personal information, with any other of the parties in situations which are non-routine or exceptional, notwithstanding the terms of any Information Sharing Agreements covering the sharing of such information.

8.6 Monitoring and Review

The Data Sharing Working Group shall be responsible for the continuous monitoring of the operation of this Memorandum, and any Information Sharing Agreements made under it.

The Oversight Group shall be responsible for reviewing the operation of this Memorandum and making recommendations to the governing bodies of the parties regarding amendments or additions to this Memorandum.

The Oversight Group shall also be responsible for reviewing the operation of any Information Sharing Agreements made under this Memorandum and for making any amendments to those agreements.

9 Sign-off and responsibilities

9.1 Senior Information Officers / Senior Accountable Officers

Name	Post title	Organisation
Dave Berry	Chief Officer	DIJB
Margaret Dunning	SIRO	NHS Tayside
Greg Colgan	Executive Director of Corporate Services/SIRO	Dundee Council

9.2 Records Managers (Appointed under the Public Records (Scotland) Act)

Name	Post title	Organisation
Clare Lewis-Robertson	Lead Officer	DIJB
Lynda Petrie	Corporate Records Manager	NHS Tayside
Sarah Aitken	Records Manager/Assistant Archivist	Dundee Council

9.3 Information Officers (Freedom of Information / Information Governance)

Name	Post title	Organisation
TBC		DIJB
Alison Dailly	Head of Information Governance and Cyber Assurance/DPO	NHS Tayside
		Dundee Council

9.4 Data Protection Officers

Name	Post title	Organisation
Alison Dailly	DPO	NHS Tayside

9.5 Signatories

Name of Party	Dundee Integration Joint Board	
Head Office address	5 City Square Dundee DD1 3BY	
ICO Registration	ZB211094	
Authorised signatory	Title /Name	Dave Berry
	Role	Chief Officer

Name of Party	Tayside Health Board	
Head Office address	NHS Tayside Headquarters Ninewells Hospital & Medical School Dundee DD1 9SY	
ICO Registration	Z8537226	
Authorised signatory	Title /Name	Dr James Cotton
	Role	Medical Director/Caldicott Guardian

Dundee Information Sharing Memorandum of Understanding

Name of Party	Dundee Council	
Head Office address	21 City Square Dundee DD1 3BY	
ICO Registration	Z7211936	
Authorised signatory	Title /Name	
	Role	

9.6 Sign off

"We the undersigned agree to the details recorded in this Overarching Memorandum of Understanding, are satisfied that our representatives have carried out the preparatory work set out in the Information Sharing Tool-kit (Scotland) 2016, and are committed to the ongoing monitoring and review of the scope, purpose and manner of the information sharing."

Signature	
Name	
Date	

Signature	
Name	
Date	

Signature	
Name	
Date	



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

City Chambers
DUNDEE
DD1 3BY

14th October, 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, 22nd October, 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, 20th October, 2025.

Yours faithfully

DAVE BERRY
Chief Officer

AGENDA

1 APOLOGIES

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING - Page 1

(a) The minute of previous meeting of the Integration Joint Board held on 20th August, 2025 is submitted for approval.

(b) ACTION TRACKER - Page 9

The Action Tracker (DIJB64-2025) for meetings of the Integration Joint Board is submitted for noting and updating accordingly.

4 NHS MEMBERSHIP APPOINTMENT

It is reported that NHS Tayside has advised that Jayne Smith has been appointed as a replacement non-voting member of the Integration Joint Board in the capacity of Registered Nurse employed by the Health Board.

The Integration Joint Board is asked to note the appointment.

5 DUNDEE CITY COUNCIL MEMBERSHIP APPOINTMENTS

(a) VOTING MEMBERS

It is reported that Dundee City Council at its meeting on 22nd September, 2025 agreed to re-appoint the following to serve as Voting Members of the Integration Joint Board:-

Councillor Ken Lynn
Councillor Siobhan Tolland
Councillor Dorothy McHugh.

(b) PROXY MEMBERS

It is reported that Dundee City Council at its meeting on 22nd September, 2025 agreed to re-appoint the following to serve as Proxy Members of the Integration Joint Board in the absence of a member from Dundee City Council:-

Councillor Lynne Short
Councillor Roisin Smith
Baillie Helen Wright.

(c) CHAIRPERSON

It is reported that Dundee City Council at its meeting on 22nd September, 2025 agreed to re-appoint Councillor Lynn as Chairperson of the Integration Joint Board.

The Integration Joint Board is asked to note the above appointments.

6 JOINT INSPECTION UPDATE (DIJB65-2025)

It is reported that the Chief Officer along with the Chief Executives of Dundee City Council and NHS Tayside received notice from the Care Inspectorate and Healthcare Improvement Scotland on 11th August, 2025 that they will jointly inspect health and social care services for adults living with a mental illness and their carers. The inspection will consider "How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?". The inspection process commenced on 1st September, 2025 with publication of the inspection report due in early March 2026. Arrangements have been put in place by

Dundee Health and Social Care Partnership to support the inspection process. The outcome of the inspection will be reported to the IJB once published.

The Integration Joint Board is asked to note the position.

7 REVISED TIMESCALES FOR STATUTORY UPDATING OF A CARING DUNDEE 2 AND SHORT BREAKS STATEMENT (DIJB66-2025)

It is reported that in April 2025, the IJB concluded the statutory review of A Caring Dundee 2 (Dundee's Carers Strategy) and approved the recommendation that both the Strategy and the Short Breaks Service Statement be revised. At this time the Chief Officer was instructed to submit the revised documents no later than 31st October, 2025 (Article VI of the minute of meeting of the Dundee Integration Joint Board held on 16th April, 2025 refers).

Due to competing priorities, including preparation for the Joint Inspection of Adult Services, work to revise these documents has not been able to be completed within the timescale originally planned. Dundee Carers Partnership, alongside the Strategic Planning Advisory Group, will complete the revision of the documents as soon as available resources allow and certainly no later than of 31st March, 2026.

The Integration Joint Board is asked to note the position.

8 PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT - Page 11

(Report No DIJB67-2025 by the Chair of the Performance and Audit Committee, copy attached – for information and record purposes).

9 PROPOSED REVISED PERFORMANCE AND AUDIT COMMITTEE TERMS OF REFERENCE - Page 13

(Report No DIJB68-2025 by the Chief Finance Officer, copy attached – for decision).

10 DUNDEE IJB PROPERTY STRATEGY UPDATE - Page 21

(Report No DIJB69-2025 by the Chief Finance Officer, copy attached – for noting).

11 INFORMATION GOVERNANCE – INFORMATION SHARING AGREEMENT BETWEEN NHS TAYSIDE AND DUNDEE CITY COUNCIL FOR DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - Page 25

(Report No DIJB70-2025 by the Chief Officer, copy attached – for noting).

12 FINANCIAL MONITORING POSITION AS AT AUGUST 2025 - Page 29

(Report No DIJB71-2025 by the Chief Finance Officer, copy attached – for noting).

13 DUNDEE IJB 2026/27 BUDGET OUTLOOK - Page 47

(Report No DIJB72-2025 by the Chief Finance Officer, copy attached – for noting).

14 FINANCIAL RECOVERY PLAN 2025/26 - Page 55

(Report No DIJB73-2025 by the Chief Finance Officer, copy attached – for decision).

15 MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES - Page 65

A copy of the attendance return (DIJB74-2025) for meetings of the Integration Joint Board held over 2025 is attached for information.

16 IJB DEVELOPMENT SESSIONS

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

29th October – 2026/2027 Budget Development Process
26th November – Equality Matters
17th December – 2026/2027 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.

17 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held on Wednesday, 10th December, 2025 at 10.00am.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
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	Jayne Smith
Registered medical practitioner (not providing primary medical services)	Dr Sanjay Pillai
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Vacant
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Vacant
Clinical Director	Dr David Shaw
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

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Nicky Connor
NHS Tayside (Director of Finance)	Stuart Lyaal
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Paul Thomson
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Members' Support)	Lesley Blyth
Dundee City Council (Members' Support)	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



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 20th August, 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
Christina COOPER	Third Sector Representative
Christine JONES	Acting Chief Finance Officer
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)
Dr David SHAW	Clinical Director
Martyn SLOAN	Person providing unpaid care in the area of the local authority
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:-

Dawn FRASER	Health and Social Care Partnership
Fiona GIBSON	Health and Social Care Partnership
Vered HOPKINS	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Emma LAMONT	Health and Social Care Partnership
Kathry SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Member

Role

Glyn Lloyd	Chief Social Work Officer
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II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

- (a) The minute of previous meeting of the Integration Joint Board held on 18th June, 2025 was submitted and approved with an amendment requested by Councillor McHugh in relation to Article II.

Councillor McHugh also asked for the recruitment of the service user representative to be added to the Action Tracker.

(b) **ACTION TRACKER**

The Action Tracker (DIJB61-2025) for meetings of the Integration Joint Board was submitted and noted.

Following questions and answers the Integration Joint Board agreed:-

- (i) to note that Roger Mennie was carrying out an option appraisal in relation to the request for a move to hybrid meetings and that the Chair would follow up with Roger regarding the position; and
- (ii) to note Councillor McHugh's comments in relation to expecting to see a report submitted to the IJB if it had been requested rather than dealt with in a Development Session only.

IV FINANCIAL MONITORING POSITION AS AT JUNE 2025

There was submitted Report No DIJB49-2025 by the Chief Finance Officer providing an update of the projected financial position for delegated health and social care services for 2025/2026.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the projected operational financial position for delegated services for the 2025/2026 financial year end as at 30th June 2025 as outlined in Appendices 1, 2, and 3 of the report; and
- (ii) to 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 the next IJB meeting (as detailed in section 4.5 of the report).

Following questions and answers the Integration Joint Board agreed:-

- (iii) to note that the Chief Finance Officer would consider if the up to date savings position could be incorporated in future reports rather than a RAG status; and
- (iv) that consideration would be given to having an IJB Development Session on the absence position.

V 2025/2026 BUDGET AND SAVINGS DELIVERY PROGRESS UPDATE

There was submitted Report No DIJB46-2025 by the Chief Finance Officer providing a progress report and update to actions and reviews being undertaken to deliver the 2025/2026 Financial Plan and Balanced Budget.

The Integration Joint Board agreed:-

- (i) to note the progress to deliver the required actions and reviews in Section 4 of the report;
- (ii) to instruct the Chief Finance Officer to provide a further update on ongoing and outstanding reviews no later than 31st December 2025; and
- (iii) to approve the recommendation to progress recommissioning of Rockwell Housing with Care provision, as detailed in section 4.3 and Appendix 1 of the report.

Following questions and answers the Integration Joint Board agreed:-

- (iv) to note the assurance provided by the Chief Officer that discussions had taken place, and would continue to take place, with third party partners in relation to sustainability and updates would be provided when appropriate.

VI 5 YEAR FINANCIAL OUTLOOK 2025/26-2029/30

There was submitted Report No DIJB47-2025 by the Chief Finance Officer providing a forecast of the medium to longer term financial challenges which were likely to impact on the IJB's future delegated budget and set out the framework within which these challenges would be mitigated to enable the IJB's strategic priorities to be delivered within a balanced budget.

The Integration Joint Board agreed:-

- (i) to note 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 the report; and
- (ii) to approve the framework and range of principles under which the IJB would approach these challenges to ensure the IJB was 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 the report.

VII DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE

There was submitted Report No DIJB57-2025 by the Chief Officer providing an update on the implementation of the Dundee Primary Care Improvement Plan for 2024/2025 and seeking approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2025/2026.

The Integration Joint Board agreed:-

- (i) to note the progress in implementing the Dundee Primary Care Improvement Plan (PCIP) 2024/2025 (attached as Appendix 1) and the key achievements as described in Section 4 of the report;
- (ii) to approve the proposed actions for Dundee Health & Social Care Partnership for 2025/2026 as described in Appendix 1 and to note the proposed allocation of funding as detailed in Section 3 of the report;
- (iii) to note that aspects of the Plan which had been directed by the Scottish Government to be fully implemented continued to have ongoing gaps, for a range of reasons outlined;
- (iv) to instruct the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1;
- (v) to note 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 of the report; and
- (vi) to instruct the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Improvement Plan 2025/2026 to a future IJB.

Following questions and answers the Integration Joint Board agreed:-

- (vii) to note the offer from Dawn Fraser to provide a different presentation of the information if required.

VIII APPLICATION FOR TRANSFORMATION FUNDING FOR CONTINUITY OF CARE IN GENERAL PRACTICE

There was submitted Report No DIJB59-2025 by the Chief Officer seeking 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 five practices to sustainably improve Continuity of Care (CoC) within their practice. If approved, these practices would establish and support local learning and share their experience of CoC with other practices.

The Integration Joint Board agreed:-

- (i) to approve the request for £80k funding from the IJB Transformation Fund to improve CoC in light of the wealth of evidence that improving CoC could support general practice to be more sustainable; and
- (ii) to instruct updates on progress to be provided as part of wider Primary Care update reports to the IJB.

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

There was submitted Report No DIJB54-2025 by the Clinical Director providing assurance to the Dundee IJB regarding matters of Clinical, Care and Professional Governance. In addition, the report provided information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group ("the Group", DHSCP CCPG Group).

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to note 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.

X PERFORMANCE AND AUDIT COMMITTEE ANNUAL REPORT 2024/2025

There was submitted Report No DIJB48-2025 by the Chief Finance Officer providing an overview of the activities of the Performance and Audit Committee over 2024/2025.

The Integration Joint Board agreed to note the content of the Performance and Audit Committee's Annual Report for the year 2024/2025.

XI LEARNING DISABILITY INPATIENT TRANSITION QUARTERLY REPORT

There was submitted Report No DIJB63-2025 by the Chief Officer providing an update on progress with the Learning Disability Inpatient Transition Programme led by NHS Tayside.

The Integration Joint Board agreed:-

- (i) to note the progress against the recommendations within the Learning Disability Inpatient Transition Programme as set out in Appendix 1 to the report; and
- (ii) to instruct the Chief Officer to provide a further update to the IJB by no later than 31st December 2025.

Following questions and answers the Integration Joint Board agreed:-

- (iii) to note that Raymond Marshall would follow up with Sandra McLeod regarding his concerns about lack of Trade Union involvement in certain aspects;

- (iv) to note that Matthew Kendall would get an update on the position in relation to whether Occupational Therapy was in or out of scope and whether the day service provision was a completely separate service and report back to Raymond;
- (v) to note that further information would be provided to Councillor McHugh in relation to the engagement with patients and their families;
- (vi) to note that further information would be provided to Councillor McHugh on mitigations included in the combined Impact Assessment.

XII MENTAL HEALTH AND WELLBEING STRATEGIC PLANNING

There was submitted Report No DIJB51-2025 by the Chief Officer providing a briefing 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.

The Integration Joint Board agreed:-

- (i) to note 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 of the report;
- (ii) to note 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 of the report;
- (iii) to note that Dundee Health and Social Care Partnership would 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; and
- (iv) to 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.

Following questions and answers the Integration Joint Board agreed:-

- (v) to note Councillor McHugh's suggestion that more information be provided in future reports in relation to what had been achieved and what was still to be achieved.

XIII REDUCING HARM FROM DRUG AND ALCOHOL USE – UPDATE REPORT

There was submitted Report No DIJB50-2025 by the Independent Chair, Dundee Drug & Alcohol Partnership providing a summary overview of progress made during the second year of the Dundee Alcohol and Drug Partnership's Strategic Framework 2023-2028 and informing of the priorities for the second year of delivery. The report also sought approval of the 2024/2025 annual return from the Dundee Alcohol and Drug Partnership to the Scottish Government.

The Integration Joint Board agreed:-

- (i) to note the content of the 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 of the report); and
- (ii) to approve the draft ADP 2024/2025 Annual Report, noting that the draft had been submitted to the Scottish Government on 13th June 2025 to meet their submission date guidelines (section 4.3 and appendix 1 of the report).

Following questions and answers the Integration Joint Board agreed:-

- (iii) that Vered Hopkins would provide information to the Chair on the number of people receiving shared care; and
- (iv) that further information would be provided to a future IJB meeting in relation to residential rehab and the alcohol pathway review.

XIV SCOTTISH GOVERNMENT NHS RENEWAL FUNDING - URGENT AND UNSCHEDULED CARE

There was submitted Report No DIJB58-2025 by the Chief Officer providing an overview of the Scottish Government's 2025/2026 NHS Renewal – Additional Urgent and Unscheduled Care (UUSC) Funding recommending that the Chief Officer issued Directions on behalf of the IJB to NHS Tayside and Dundee City Council to ensure the Scottish Governments' outcome expectations were delivered as they related to Dundee delegated functions.

The Integration Joint Board agreed:-

- (i) to note the detail of additional Scottish Government funding provided to NHS Tayside for Urgent and Unscheduled Care in 2025/2026 to support whole system working; and
- (ii) to instruct the Chief Officer to issue Directions to NHS Tayside and Dundee City Council to ensure the Scottish Government's outcome expectations were delivered as they related to Dundee delegated functions.

XV DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024/2025

There was submitted Report Number DIJB55-2025 by the Associate Director of Public Health informing of the content of the Director of Public Health Annual Report 2024/2025.

The Integration Joint Board agreed to 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.

Following questions and answers the Integration Joint Board agreed:-

- (i) to note that Kathryn would feedback comments from the IJB to Simon Hilton.

XVI NATIONAL LEGISLATIVE AND STRATEGIC PLANNING DEVELOPMENTS FOR HEALTH AND SOCIAL CARE

There was submitted Report No DIJB45-2025 by the Chief Officer providing an overview of recent national developments in relation to policy, legislation and strategy directly related to adult health and social care.

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

XVII ANNUAL PERFORMANCE REPORT 2024/2025

There was submitted Agenda Note DIJB52-2025 reporting that Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 stated that Integration Authorities must prepare an annual performance report for each reporting year, with reports being required to be published by 31st 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 30th 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 were 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 would be updated as soon as financial year data was made available by Public Health Scotland for all indicators.

The Annual Performance Report had been formally submitted to the Scottish Government and would 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 would 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 noted the approval and publication of the Annual Performance Report and the planned submission of the report to the Performance and Audit Committee.

XVIII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP DELIVERY PLAN OCTOBER 2024-MARCH 2026 UPDATE

There was submitted Report No DIJB60-2025 by the Chief Officer providing 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 2025/2026 budget setting process.

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

XIX STATUTORY REVIEW OF THE STRATEGIC COMMISSIONING FRAMEWORK

There was submitted Report No DIJB53-2025 by the Chief Officer providing an overview of the planned approach to progressing the statutory review of the IJB's Strategic Commissioning Framework during 2025/2026.

The Integration Joint Board agreed to note the content of the report and provide feedback on the planned approach to undertaking the statutory review, including engagement activities.

XX MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB62-2025 for meetings of the Integration Joint Board held to date over 2025.

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

XXI IJB DEVELOPMENT SESSIONS

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

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 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.

XXII 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 22nd October, 2025 at 10.00am.

Ken LYNN, Chairperson

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 20TH AUGUST, 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	Position will be provided at the October IJB meeting.
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	Complete	Report DIJB69-2025 included in October meeting agenda
3	20/08/25		RECRUITMENT OF SERVICE USER REP TO IJB	That an update would be provided on the process of recruitment of a service user rep to the IJB.	Chief Officer	December 2025	In progress	Chief Officer in discussion with NHS Tayside, and Angus and P&K IJB's to understand approach taken in each of those areas
4	20/08/25	IV	FINANCIAL MONITORING AS AT JUNE 2025	That consideration would be given to providing the up to date savings position in the report rather than a RAG status.	Acting Chief Finance Officer	October 2025	Complete	Financial Monitoring report updated to reflect savings delivery progress
5	20/08/25	IV	FINANCIAL MONITORING AS AT JUNE 2025	That consideration would be given to having a Development Session on the absence position.	Chief Officer	December 2025	In progress	Will look to incorporate info into a budget development session; financial monitoring report now includes further info on absence levels
6	20/08/25	XII	MENTAL HEALTH AND WELLBEING STRATEGIC PLANNING	That consideration would be given to including further information in future reports in relation to what had been achieved and was still to be achieved.	Emma Lamont	August 2026	In progress	Consideration to incorporate information into future updating report
7	20/08/25	XIII	REDUCING HARM FROM DRUG AND	That further information would be provided to a future IJB meeting in	Acting Head of Service,	June 2026	In progress	Current pathway being reviewed – update to be

			ALCOHOL USE – UPDATE REPORT	relation to residential rehab and the alcohol pathway review.	Strategic Services			provided following completion of review
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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
22 OCTOBER 2025

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB67-2025

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 24th September 2025.

Overview of Committee Business:

- An updated draft PAC Terms of Reference was presented to Committee for consideration. The revised document incorporated some additional responsibilities following the introduction of Global Internal Audit Standards earlier in the year, as well as some other minor wording amendments. A query was raised in terms of how PAC members would have the ability to highlight any significant concerns and it was advised that this would be escalated to IJB via Chair's Assurance Report. The draft Terms of Reference will now be presented to IJB for approval.
- The Annual Performance Report 2024/25 was submitted to PAC for noting following publication on 31 July 2025 (in line with statutory timescales) and following approval by IJB on 20 August 2025. The document was welcomed and praised the good work across the services areas delegated to the IJB and also by staff collating the information into the published version. A point was raised noting concern that the document is presented to IJB for review and approval after the statutory publication date – this was acknowledged and advised the tight timescales and inability to obtain full IJB approval has previously been fed-back to Scottish Government colleagues on a number of occasions.
- The 2024/25 Q4 Performance Report was presented and members raised questions regarding some key aspects including the latest falls data indicated a deteriorating position in Dundee, however after some discussion it was noted the pathway and patient journey after a fall for Dundee citizens differed from other areas and may adversely affect the captured data but actually provide better care. The Falls group are looking into this further.
- The latest Clinical, Care and Professional Governance report recommended acceptance of a Reasonable level of assurance while also noting risks associated with increasing demand and strains on clinical capacity.
- Mental Health Service Indicators Q4 2024/25 was presented for noting and scrutiny. Members highlighted points relating to the number of people on waiting lists who were discharged without being seen by CMHT, and were subsequently assured that those people were provided with signposting to alternative supports as well as duty worker contact while on the waiting list which, for some, had been sufficient to resolve issues resulting in them no longer needing CMHT treatment and care. It was also noted that Tayside Psychological Therapies Service continues to be placed in Enhanced Support due to not meeting 18-week waiting time standard – the Improvement Plan was discussed, highlighting efforts to enhance capacity in targeted specialties to address areas of poorest performance.
- Drug & Alcohol Service Indicators Q4 2024/25 was shared and noted performance against the agreed suite of indicators. Members noted the small reduction in drug-related deaths in the latest published report and also strong performance in the implementation of MAT standards in the latest benchmarking report.

- An update report on Unscheduled Care performance was presented for noting. It was highlighted that Dundee (and Tayside) continues to perform very well in comparison to other HSCP areas in terms of Delayed Discharge. However it was also recognised that the current levels of performance and activity are financially unsustainable within the IJB's delegated resources.
- The annual report of Care Inspectorate Gratings was provided for assurance purposes. The inspection reports from Care Inspectorate show a generally improving position in Care Home and Other Adult Services for 2024/25 when compared to the previous year. Where weak gradings were published, details of improvement actions were also noted. Members queried how HSCP staff are able to support and influence efforts to improve gradings and were assured that teams have built up strong working relationships with providers and collaborate to support continuous improvement actions with enhanced monitoring arrangements where required.
- The Strategic Risk Register Update noted the ongoing and emerging strategic risks currently being faced by the IJB. It was also agreed that a review should be undertaken to consider arrangements relating to the recording, managing and reporting of strategic risks, incorporating the rationalised risk categories and agreed risk appetite levels.
- The annual report on Best Value arrangements & assessment was presented for review and assurance purposes and provided a self-assessment review of the IJB best value governance arrangements and activities during 2024/25
- Governance Action Plan progress report was presented to provide PAC with an update on progress of the actions. It was noted that since the last report 6 actions have been completed, 23 remain ongoing and 11 have been added following receipt of Internal Audit Annual Report 2024/25.
- Internal Audit Plan 2024/25 Progress Report was presented noting that 5 of the 6 substantive workplan audits have been completed with the final audit currently in progress. A summary of internal audits undertaken for Dundee City Council and NHS Tayside that are considered relevant to IJB for assurance purposes were also noted.
- The proposed Annual Internal Audit Plan for 2025/26 was presented along with a recommendation to approve the continued appointment of Chief Internal Auditor and Fife, Tayside and Forth Valley Audit Internal Audit (FTF) for 2025/26 – these were both approved. The Chair also requested an invite to attend a planning meeting between CFO and Internal Audit colleagues, dates to be arranged.

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

Bob Benson
Chair

24 September 2025



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
22 OCTOBER 2025

REPORT ON: PROPOSED REVISED PERFORMANCE AND AUDIT COMMITTEE TERMS
OF REFERENCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB68-2025

1.0 PURPOSE OF REPORT

The purpose of this report is to review and approve the revised Terms of Reference for Dundee Integration Joint Board's Performance and Audit Committee.

2.0 RECOMMENDATIONS

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

- 2.1 Reviews and approves the revised Terms of Reference for the IJB's Performance and Audit Committee as attached as Appendix 1

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Dundee Integration Joint Board established the Performance and Audit Committee (PAC) at its meeting of the 30 August 2016 (Article IX of the meeting refers). At this meeting, the terms of reference for the Performance and Audit Committee were agreed.
- 4.1.2 Over the period since it was established, the PAC had developed the range of issues deemed relevant and appropriate for consideration, either through best practice, internal and external audit recommendations and at the request of members of the PAC and IJB. The PAC terms of reference had not changed over this time.
- 4.1.3 As part of the IJB's 2021/22 Audit Scotland annual report, the external auditors noted three areas of improvement to ensure the terms of reference met best practice guidance as set out in CIPFA's Audit Committees Practical Guidance for Local Authorities and Police (2018). These were:

1) the terms of reference do not cover the core areas of "counter fraud and corruption" and the PAC's role in relation to these.

2) the committee does not undertake an annual evaluation to assess whether it has undertaken its duties in accordance with the terms of reference.

3) there is no formal training programme in place to support board members.

- 4.1.4 The PAC terms of reference were revised and updated to reflect this best practice guidance and the other areas of development the PAC has undertaken since 2016. These were approved by IJB at its meeting of 13 December 2023 (Article IV of the meeting refers).
- 4.1.5 Following the biennial rotation of PAC Chair (effective from October 2024), the Terms of Reference were reviewed again at the IJB meeting on 11 December 2024 (Article XIII of the minute of the meeting refers) – no material changes were proposed at this time.
- 4.1.6 As part of good practice, PAC members should have the opportunity to periodically review PAC Terms of Reference to ensure the committee continues to have the remit to operate effectively and fulfil its duties. Any proposed changes should subsequently be presented to IJB for approval.
- 4.1.7 Following the introduction of Global Internal Audit Standards, which became effective for UK Public Sector from 1 April 2025, the draft Terms of Reference have also been reviewed by the IJB's Internal Audit to ensure appropriate responsibilities and duties are documented. 3 additional Duties (Section 8) have been added to the draft document (5, 9 and 10), and wording has been amended on 2 existing Duties (7 & 8).
- 4.1.8 Two further minor wording amendments are proposed to Sections 9 and 10.
- 4.1.9 PAC members reviewed and agreed the attached revised Terms of Reference at the meeting of 24 September 2025, and confirmed these remain sufficient and appropriate to allow the Committee to operate effectively.

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 RISK ASSESSMENT

Risk Description	Risk that the IJB is unable to demonstrate compliance with best practice in relation to its Performance and Audit Committee.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 3 = 9 (High Risk)
Mitigating Actions (including timescales and resources)	Adoption of revised and updated terms of reference
Residual Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the mitigating actions in place the risk should be accepted

7.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Christine Jones
Acting Chief Finance Officer

DATE: 26/09/25

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**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE
TERMS OF REFERENCE**

1	Introduction
1.1	The Performance and Audit Committee is identified as a Committee of the Integration Joint Board (IJB).
1.2	The Committee will be known as the Performance and Audit Committee of the IJB and will be a Standing Committee of the IJB.
2	Constitution
2.1	The IJB shall appoint the Committee. The Committee will consist of not less than 6 members of the IJB, excluding Professional Advisors. The Committee will include at least four IJB voting members, two from NHS Tayside and two from Dundee City Council. Only voting members of the IJB will be able to vote on the Committee. The Chair of the IJB shall not be a member of the Committee.
2.2	The Committee may at its discretion set up short-term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit and Performance Committee
3	Chair
3.1	The Committee will be chaired by the Vice Chair of the IJB and will rotate between a voting member nominated by NHS Tayside and a voting member nominated by Dundee City Council. In the absence of the Chair, the members present at the meeting will appoint a member to Chair the meeting. The Chair will rotate on the same frequency as the Chair of the IJB.
4	Quorum
4.1	Two voting members of the Committee will constitute a quorum consisting of one member from Dundee City Council and one member from NHS Tayside.
5	Attendance at meetings
5.1	The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors or their nominated representatives may attend meetings. Other persons shall attend meetings at the invitation of the Committee.
5.2	The external auditor will be invited to attend each meeting.
5.3	The Committee may invite additional advisors as appropriate.
6	Meeting Frequency

6.1	The Committee will meet at least four times each financial year with further meetings, including development events arranged if necessary.
7	Authority
7.1	The Committee is authorised to instruct further investigation on any matters which fall within Paragraph 8.
8	Duties
8.1	The Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically, it will be responsible for the following duties:
	1. The preparation and implementation of the strategy for Performance Review and monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.
	2. Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standards of service and to receive regular reports on these and to review progress against the outcomes set out in the Strategic and Commissioning Plan.
	3. To consider the IJB's Annual Performance Report and approve on behalf of the IJB as necessary.
	4. Acting as a focus for Best Value and performance initiatives.
	5. To review and approve the Internal Audit Charter, including the Internal Audit Mandate
	6. To review and approve the annual Internal Audit plan on behalf of the IJB.
	7. To receive reports, monitor the implementation of agreed actions on Internal Audit recommendations findings and reporting to the IJB as appropriate.
	8. To receive monitoring reports on the activity of Internal Audit and consider the Chief Internal Auditor's annual Internal Audit Report and Assurance Statement.
	9. To consider the results of the internal audit function's quality assurance and improvement programme.
	10. To ensure that there is direct contact between the Performance and Audit Committee and Internal Audit and to meet with the Chief Internal Auditor at least once per year and as required, without the presence of Officers.
	11. To consider External Audit Plans and reports (including the annual accounts and audit certificate), matters arising from these and

	management actions identified in response including monitoring of implementation of actions.
	12. To support the IJB in ensuring that the strategic integrated assurance and performance framework is working effectively, and that escalation of notice and action is consistent with the risk appetite set by the IJB.
	13. To support the IJB in delivering and expecting co-operation in seeking assurance that lead partner services run by partners are working effectively in order to allow Dundee IJB to sign off on its accountabilities for its resident population.
	14. Review risk management arrangements, receive regular reports on risk management and an annual Risk Management report.
	15. Ensure existence of and monitor compliance with an appropriate Risk Management Strategy.
	16. To consider annual financial accounts and related matters and approve on behalf of the IJB as necessary.
	17. Ensuring that the Senior Management Team of Dundee Health and Social Care Partnership, including Heads of Service, Professional Leads and Principal Managers maintain effective controls within their services which comply with financial procedures and regulations;
	18. To be responsible for setting its own work programme in order to meet its specific duties including any matters which the Chief Officer believes would benefit from investigation.
	19. Promoting the highest standards of conduct by Board Members; and monitoring and keeping under review the Code of Conduct maintained by the IJB.
	20. Will have oversight of Information Governance arrangements as part of the Performance and Audit process.
	21. To be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that the IJB has brought itself into compliance timeously.
	22. To receive assurances in relation to Clinical Care and Professional Governance through the consideration of a report presented to each meeting of the PAC by the Clinical Director.
	23. To receive and consider performance information in relation to complaints and compliments about services provided by the Health and Social Care Partnership or about the IJB's activities, ensuring the IJB's responsibilities around Duty of Candour are met.
	24. To receive assurances that effective counter fraud and corruption arrangements are in place within the partner bodies governance arrangements.

	25. To establish a formal training programme for PAC members to ensure they are aware of their roles and responsibilities as members of the Committee.
9	Reporting
9.1	The Chair of the PAC will provide an assurance report to the next IJB meeting, outlining the areas of discussion and decisions made at the PAC meeting.
9.2	The PAC will present an annual assurance report to the IJB to reflect the activities undertaken over the year in line with its remit and terms of reference.
10	Review
10.1	The Terms of Reference will be reviewed when the Chair rotates to ensure their ongoing appropriateness in dealing with the business of the IJB.
10.2	As a matter of good practice, the Committee should allow for periodic annual review utilising best practice guidelines and external facilitation as required.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
22 OCTOBER 2025

REPORT ON: DUNDEE IJB PROPERTY STRATEGY UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB69-2025

1.0 PURPOSE OF REPORT

- 1.1 To provide an update to members of the Integration Joint Board on progress made against the Property Strategy, including current and future priority areas of work.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress made in implementing the Property Strategy.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 Dundee IJB's Property Strategy was approved by the Board in December 2022 (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 14 December 2022 refers), with the first substantive update on progress having been submitted to the IJB in April 2023 (Article VII of the minute of the meeting of the Dundee Integration Joint Board held on 19 April 2023 refers) and a further update in February 2025 (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 19 February 2025 refers). A Property Strategy Sub-Group has been established for the IJB to oversee the implementation of this strategy with the following objectives:

- To gain best value from our use of property.
- To ensure that health and social care services are provided in and from accessible, sustainable, and fit-for-purpose, modern buildings.
- To ensure that health and social care services are provided from premises that create environments that support trauma informed ways of working and reducing inequalities (including protected characteristics, fairness and wider health and social work inequalities).
- To enhance provision of health and social care services in local communities.
- To ensure that health and social care services are provided from environments that ensure the wellbeing of our workforce.
- To rationalise our estate in order to reinvest savings into frontline services.

- 4.2 The work on the property strategy outlines a range of actions which include the need to:

- Agree processes for loans, leases, and funded modifications.

- Agree a programme of works in relation to GP premises, within the context of their local community.
- Look at areas that are underserved and explore options.
- Build on existing work to use clinical space more creatively.
- Scope out the clinical space requirements for planned care provision in the community.
- Identify alternative service provision for Constitution House.
- Scope out space requirements for community-based services.
- Scope out the need for clinical space within care homes and day services.
- Grow partnership shared workspaces and opportunities for coworking in Dundee as a key part of our premises strategy.
- Identify IT solutions to some of the barriers to partnership working.

4.3 Since the previous update in February 2025, progress continues to be made to deliver the property strategy. The Scottish Government has shared more details on the NHS Scotland Whole System Infrastructure which has two parts. The first is a Business Continuity plan for short- and medium-term priorities and NHS Tayside submitted a plan to Scottish Government on 31 January 2025. The plan sets out work needed to enable services to 'keep the lights on'. This included the leases for GP premises expiring before 2029/2030 and medical and non-medical equipment. This plan is required to be updated by 'exception' on a two-yearly cycle with fuller updates on alternative two-yearly cycle. This year's update is to be submitted to Scottish Government in November. The second part of the Whole System Infrastructure is the long-term priorities ie projects requiring capital investment. The Scottish Government anticipate there will be up to three local investment priorities for each NHS Board. They have provided an Assessment of Need template. This will need completing if Dundee is to progress an ambition for a health and wellbeing hub in the city. Any application will need to align with the Service Renewal Framework principles of a focus on prevention, designed around people with people, and enabling more care in the community together with links to other city initiatives such as the Local Development Plan. Information is currently awaited with regards to the process which anticipated to include a primary care focus.

4.4 In recognition of the unique position of the Health and Social Care Partnership in influencing and utilising both Dundee City Council and NHS Tayside assets to support integrated services, the partner bodies and the HSCP have engaged with Scottish Futures Trust to explore opportunities to better use the public sector estate with an initial focus on integrated mental health and substance use services. Two workshops have been held to date, one looking at demand levels and one looking at current available assets. Work is being done to look at the list of assets and rule out those which are unsuitable, have no capacity or are coming to the end of their lease arrangements and identify opportunities with other assets.

4.5 In relation to GP Practices there are three areas to update on:

- GP Practice Loans: A mechanism for general practice to access loans was included, under the 2018 GP Contract, giving GP Partnerships who own their own premises the opportunity to apply for a long-term interest free sustainability loan. A loan of up to 20% of the existing use value of the premises can be made, repayable when the building is sold or the contract ceases to provide general medical services. The availability of sustainability loans is a mitigation measure available to eligible GP practices across Scotland and aims to ease the financial burden associated with owning a practice. There have been delays in the availability of the funding however three Dundee GP practices have received a sustainability loan.
- GP Lease Assignations: The 2018 GMS contract allowed Health Boards to assume long term leases that had previously been held by GP practices. Where GPs no longer wish to lease premises from landlords, the lease can be assigned

to their local health board. Leases are included within the Business Continuity Plan as Boards require reimbursement from Scottish Government.

On 12 March 2025 NHST Asset Management Group members approved, in principle, subject to confirmation from Scottish Government, the request of the renewal of the lease and the lease assignment of a general practice lease expiring in 2026. On 18 June 2025 following consideration, Scottish Government colleagues confirmed that they were satisfied with the governance documents provided and therefore happy to authorise Capital Budget for this lease. It is now to being progressed by NHS Tayside Property Asset Management Team.

- Scottish Government have confirmed they will take on a lease when it is due, but they reiterated that they do not wish for any GP Lease Assignations to be accelerated unless there are significantly compelling reasons to do so. We are in dialogue with one practice with a view to preparing the case to demonstrate that their current situation meets the criteria for their lease to be accelerated and we wish to seek an early adoption.
- GP Practice Capital Funding: The £400k annual funding allocation to general practice across Tayside is no longer available as part of the move to the Whole System Infrastructure. The lack of available funds has restricted the ability to complete or undertake any further capital work to improve premises. The funding available in the year to 31 March 2025 could not be utilised to complete the waiting area at Broughty Ferry Health Centre as NHST Property Services did not have capacity to undertake the work. This work remains outstanding as no alternative funding has been identified

4.6 There is an ongoing need for space to enable the delivery of services and supports, coupled to a need to use available property more effectively. One solution, adopted by other NHS Boards, is BookWise. This allows staff to see all available rooms (clinical and non-clinical) and be able to book it online. The viability of the use of BookWise across Partnership operated services is currently being explored as part of work via NHS Tayside's Planned Care Board.

4.7 Other key property developments supporting redesign of models of care and to provide improved access and quality, include:

- Changes at the Mackinnon Centre:
 - Locality Pharmacy Team is now established in Mackinnon from an office-based perspective, and 2 clinic rooms are in use consistently across weekdays.
 - Plans are progressing for Dundee Enhanced Care At Home Team to move into Mackinnon in the coming months.
 - Criteria are being developed to support the introduction of intermediate care beds within the Mackinnon Respite to allow advanced assessments to take place to determine level of care and type of accommodation required for patients.
- Midwifery Best Start has now moved to Invergowrie Health Centre;
- the Perinatal Mental Health Team has moved to Claverhouse, and,
- Speech and Language Therapy into Royal Victoria Hospital.

4.8 Requests for space are submitted to the Dundee Property Management Group. Currently there is a request from PALMS for space to operate a Hub & Spoke Model. The model is unable to progress without this appropriate space, and this is playing a part with the issues in delivering the service.

Greenfield Community Campus – The use of this space is being discussed however at this time no teams identified and agreed to utilise building space. The types of things discussed were vaccination/immunisation clinics i.e. anything that could be for families with children of all ages that live in the areas surround the campus. There were some initial thoughts about wider facilities in the campus for sports, recreation, community cafe that could be used, for example, by social prescribing, men's shed, healthy weight.

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 Officer, Heads of Service Health and Community Care, members of the Property Strategy Sub-Group 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: 22 September 2025

Julia Martineau
Programme Manager, Primary Care



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 22 OCTOBER 2025

REPORT ON: INFORMATION GOVERNANCE – INFORMATION SHARING AGREEMENT BETWEEN NHS TAYSIDE AND DUNDEE CITY COUNCIL FOR DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB70-2025

1.0 PURPOSE OF REPORT

- 1.1 To inform the Integration Joint Board of the progress on the completion of the signed Information Sharing Agreement between NHS Tayside and Dundee City Council for the sharing of information within Dundee Health and Social Care Partnership.
- 1.2 To note the assurance about the information governance arrangements for the Health and Social Care Partnership.

2.0 RECOMMENDATIONS

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

- 2.1 Note the progress on the signed Information Sharing Agreement for Dundee Health and Social Care Partnership between Dundee City Council and NHS Tayside.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 MAIN TEXT

- 4.1 A long standing Information Sharing Agreement has been used to share personal data between NHS Tayside and Dundee City Council for the purposes of the services and work carried out by Dundee Health and Social Care Partnership.
- 4.2 Dundee City Council and NHS Tayside are the Data Controllers for the personal data that they hold. Dundee Health and Social Care Partnership is not a data controller in its own right.
- 4.3 The Integration Joint Board is a data controller but only in relation to data about its members and the work it carries out. The IJB does not hold personal data about services users or patients.
- 4.4 The Information Governance Team in NHS Tayside has worked with information governance representatives in Dundee City Council and Dundee Health and Social Care Partnership to draft an updated Information Sharing Agreement.
- 4.5 This Information Sharing Agreement covers the sharing of personal data about patients and service users to ensure appropriate care. In addition, it also covers the sharing of data for research purposes and other reasons.

- 4.6 The Governance Action Plan directed us to submit the final signed copy of the Information Sharing Agreement to the IJB for noting. Reference to GAP
- 4.6 The Information Sharing Agreement was signed by the previous Chief Officer, Vicky Irons.
- 4.7 The NHS Information Governance Team are updating the Information Sharing Agreement with details of the current Chief Officer.
- 4.8 The Governance Action Plan to the Performance and Audit Committee in September 2025 requested assurance about information governance arrangements. An annual Information Governance Report will be completed at the end of 2025/26.
- 4.9 Representatives from Dundee Health and Social Care Partnership attend Information Governance forums in NHS Tayside and Dundee City Council. A main focus for both NHS Tayside and Dundee City Council has been the implementation of Office 365 and ensuring that it is compliant with information governance requirements. In addition new processes where information sharing is undertaken carry out Data Privacy Impact Assessments to ensure that data privacy is embedded in the process.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

No Risk Assessment was required due to it being for information only

7.0 CONSULTATIONS

- 7.1 The Chief Finance 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	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Chief Officer

DATE:

Clare Lewis-Robertson
Lead Officer

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
22 OCTOBER 2025

REPORT ON: FINANCIAL MONITORING POSITION AS AT AUGUST 2025

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB71-2025

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 31st August 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 the Financial Recovery plan to be presented separately to this IJB meeting (DIJB73-2025) (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 £5,996k 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 with an aim of returning 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 (DIJB14-2025 Article IV of the minute of the meeting of 26 March 2025 refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2025/26 financial year.

4.1.3 A further report was approved at the meeting of the IJB held on 18 June 2025 (Article IX of the minute of Dundee Integration Joint Board held on 18 June 2025 refers). This updated the 2025/26 plan following confirmation of the 2024/25 financial year-end and reserves position, and details of additional funding received via NHS Tayside at the end of financial year 2024/25.

4.1.4 An updated assessment of the status of the approved savings plan is set out in Appendix 4 of this report.

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 £6,281k for the financial year.

4.3.2 Older People Services contribute a significant portion of this, with a projected overspend of £1,933k.

- 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.
- Externally commissioned Care at Home hours reached c.24.5k hours per week in June 2025, at which time enhanced efforts were initiated to consolidate and reduce runs to drive further efficiencies but without reducing current care packages or causing significant impact on whole-system pathways of care. The work through June to August resulted in a reduction to c.23.5k hours per week (average 100 hours of expenditure per week). The previous report assumed this level of continued reduction throughout the remainder of the financial year, however the effects of the reduction to date are starting to show signs of impacting capacity and flow with a small decline in delayed discharge performance and increase in unmet need during this period. As a result, the latest projections have been revised to relax the trajectory of further weekly reduction in commissioned hours while the demand and system-wide capacity is re-assessed.
- Alternative opportunities to reduce the expenditure and demand continue to be explored, through reviewing how we pool inter-departmental budgets as per the Scottish Government guidelines to install level access showers in upper floor properties and earlier in the assessment where it is indicated this will be required within a 6-month period to reduce reliance on social care. Using Technology to enhance assessments reducing the risk of overstating packages required and risk of unnecessary admission to care homes and hospital by identifying deterioration earlier. Reviewing the tasks each service carries out to reduce duplication of effort and use more flexible approaches to service delivery such as the new MDT front door model and all social care staff carrying out medication administration to free up Community Nursing resources to support CTAC long term conditions monitoring.
- Older People Care Home spend incorporates both the 3 Council-run Care Homes and externally commissioned Care Home placements – the projected variance is principally a result of projected levels of supplementary spend during the remaining 7 months and 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 £740k 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 £2,163k 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 £894k, 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 £282k, predominantly linked to ongoing over-recruitment in Community Nursing Teams (£610k) 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 £360k and Psychological Therapies of £175k. Both are linked mainly to staffing costs. Specialist Palliative Care services continue to progress the operational and strategic review of the Tayside-wide service and shifts towards enhanced community provision. Tayside Psychological Therapies continues to face waiting time pressures across some specialties and as a result continues to be placed in Enhanced Support by Scottish Government. This is the result of not meeting the 18-week referral to treatment waiting times standard (where 90% of people given first appointments should have waited less than 18 weeks). An Improvement Plan has been documented and shared with Scottish Government colleagues and targeted recruitment is progressing to support this work. No additional resources have been provided as a result of Enhanced Support, with this being a cost pressure in the financial position.
- 4.3.8 Other Support and Centralised Management budgets is showing an overspend of £2,039k through vacancies plus the net impact of budget adjustment balances, unmet savings 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 £716k. 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 5 months of 2025/26 totals £2,319k. This includes £427k on additional part-time hours and overtime, £679k on agency, and £1,214k on bank nursing / sessional staffing. This is a significant improvement compared to the comparable period in 2024/25 where the spend was £3,551k for the first 5 months. Absence rates for NHS employed staff within HSCP have averaged at 6.81% during the 5 months of 25/26. The cumulative working days lost for DCC employed staff within the HSCP for 5 months to June 2025 was 9.33%. 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. Graphs detailing the monthly spend on supplementary staffing and monthly absence levels are included in appendix 5.
- 4.3.13 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 considerably better at £432k underspend. (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).
- 4.3.14 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%). Additional funding has been received from both Dundee City Council and NHS Tayside to offset these increased costs however these figures have been lower than the previously assumed levels.

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 £446k which mainly relates to a significantly higher spend within GP Out of Hours Service led by Angus IJB. As previously reported, the Out of Hours (OOH) Service continues to experience increased demand, resulting in a projected overspend of c£2.025m. This is largely due to workforce challenges and the need to deploy additional staff to meet service demand. A full-service review (OOH Reform), led by key stakeholders across NHS Tayside is underway to explore improvements and develop a sustainable and patient centred model. This review will consider workforce sustainability, service demand, patient experience and integration with wider urgent and unscheduled care pathways, with completion expected by December 2025. The overspend will largely be offset by local funding support through an earmarked reserve allocated to Dundee IJB by NHS Tayside, intended to address system-wide demand pressures and support sustainability.
- 4.4.2 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Currently, there is no budget 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 £6.0m, indicating that around 80% of savings and efficiencies are currently anticipated to be met (breakdown included in Appendix 4).
- 4.5.2 At this stage of the financial year, the projected position is based on known spend and activity during the first 5 months of the year only, with projections based on anticipated trends and spend patterns for the remaining 7 months. This continues to include 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 are detailed in the Financial Recovery Plan (DIJB73-2025).
- 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.
- 4.6.4 As part of the Financial Recovery Plan, a review of earmarked and committed reserves balances has been undertaken and the Plan proposes that some balances are decommitted and made available to support the current year overspend position.

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: 24/09/25

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		Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE		
PARTNERSHIP - FINANCE REPORT 2025/26		Aug-25
	Partnership Total	
	Net Budget £,000	Year End Overspend / (Underspend) £,000
Older Peoples Services	86,811	1,933
Mental Health	14,271	740
Learning Disability	38,299	2,163
Physical Disabilities	9,195	(894)
Drug and Alcohol Recovery Service	6,700	19
Community Nurse Services/AHP/Other Adult	19,901	99
Lead Partner Services	29,729	184
Other Dundee Services / Support / Mgmt	24,387	(279)
Centrally Managed Budgets	3,946	2,318
Total Health and Community Care Services	233,239	6,281
Prescribing & Other FHS Prescribing	35,884	(465)
General Medical Services	33,742	820
FHS - Cash Limited & Non Cash Limited	27,586	(71)
Large Hospital Set Aside	21,850	0
In-Patient Mental Health	0	0
Total	352,300	6,565
Net Effect of Lead Partner Services*	(5,732)	(569)
Grand Total	346,568	5,996
*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment		

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DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2025/26		Appendix 2	
		Aug-25	
		Partnership Total	
		Annual Budget £,000	Projected Year End Overspend / (Underspend) £,000
1			
	Psych Of Old Age (In Pat)	5,218	500
	Older People Serv. - Ecs	312	-45
	Integrated Discharge Team	1,113	-70
	Ijb Medicine for Elderly	5,925	285
	Stoke Neuro Rehab Unit (ward 4)	1,457	0
	Medical (P.O.A)	964	100
	Psy Of Old Age - Community	3,025	-65
	Medical (MFE)	2,797	-178
	Care at Home	35,678	1,309
	Care Homes	31,407	813
	Day Services	1,379	-434
	Respite	594	-542
	Accommodation with Support	1,087	18
	Other	-4,146	240
	Older Peoples Services	86,811	1,933
2			
	Community Mental Health Team	4,837	85
	Tayside Adult Autism Consultancy Team	406	100
	Care at Home	933	11
	Care Homes	691	705
	Day Services	65	-3
	Respite	-3	67
	Accommodation with Support	6,048	209
	Other	1,295	-434
	Mental Health	14,271	740
3			
	Learning Disability (Dundee)	1,804	-50
	Care at Home	302	600
	Care Homes	3,540	226
	Day Services	10,546	875
	Respite	812	-157
	Accommodation with Support	24,810	722
	Other	-3,516	-54
	Learning Disability	38,299	2,163
4			
	Care at Home	1,100	240
	Care Homes	2,437	-807
	Day Services	1,375	-18
	Respite	48	-59
	Accommodation with Support	652	156
	Other	3,583	-406
	Physical Disabilities	9,195	-894
5			
	Dundee Drug Alcohol Recovery	5,104	35
	Care at Home	0	0
	Care Homes	321	117
	Day Services	70	-27
	Respite	0	0
	Accommodation with Support	364	-136
	Other	839	30
	Drug and Alcohol Recovery Service	6,700	19

		Partnership Total	
		Annual Budget £,000	Projected Year End Overspend / (Underspend) £,000
6			
	A.H.P.S Admin	547	-23
	Physio + Occupational Therapy	8,432	-400
	Nursing Services (Adult)	10,025	610
	Community Supplies - Adult	343	73
	Anticoagulation	531	-53
	Other Adult Services	23	-109
	Community Nurse Services / AHP / Other Adult Services	19,901	99
7			
	Palliative Care - Dundee	3,880	250
	Palliative Care - Medical	1,962	85
	Palliative Care - Angus	493	10
	Palliative Care - Perth	2,336	15
	Stroke Neuro Rehab Unit (ward 5)	2,245	-10
	Dietetics (Tayside)	4,761	230
	Sexual & Reproductive Health	2,898	50
	Medical Advisory Service	88	-8
	Homeopathy	45	-10
	Tayside Health Arts Trust	88	0
	Psychological Therapies	7,721	175
	Psychotherapy (Tayside)	1,362	-70
	Perinatal Infant Mental Health	370	0
	Learning Disability (Tay Ahp)	987	-160
	Lead Partner Centrally Managed	493	-374
	Lead Partner Services	29,729	184
8			
	Working Health Services	0	45
	The Corner	746	-10
	Ijb Management	912	-65
	Partnership Funding	25,032	0
	Urgent Care	1,995	-75
	Community Health Team	213	-34
	Health Inclusion	1,443	-180
	Primary Care	897	-15
	Support Services / Management Costs	-6,851	55
	Other Dundee Services / Support / Mgmt	24,387	-279
	Centrally Managed Budget	3,946	2,318
	Total Health and Community Care Services	233,239	6,281
	Other Contractors		
	FHS Drugs Prescribing	36,025	-432
	Other FHS Prescribing	-142	-33
	General Medical Services	33,272	535
	Dundee 2c (gms) Services	470	285
	FHS - Cash Limited & Non Cash Limited	27,586	-71
	Large Hospital Set Aside	21,850	0
	In-Patient Mental Health	0	0
	Grand H&SCP	352,300	6,565
	Lead Partner Services Recharges Out	-18,016	-111
	Lead Partner Services Recharges In	12,184	430
	Hosted Recharge Cost Pressure Investment	100	-888
	Hosted Services - Net Impact of Risk Sharing Adjustment	-5,732	-569
	Grand Total	346,568	5,996

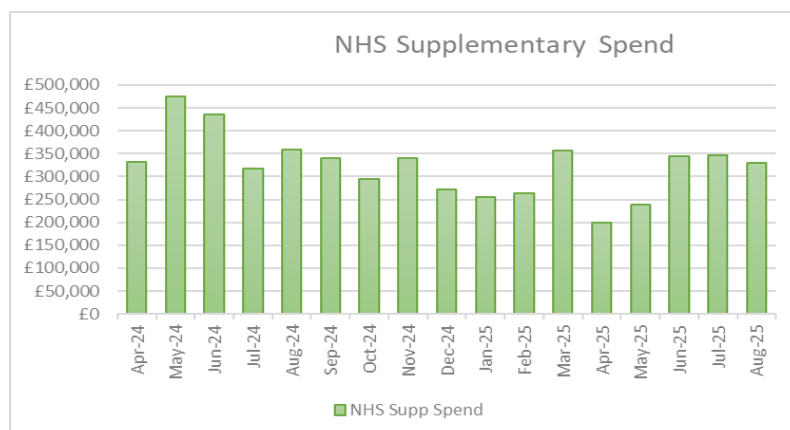
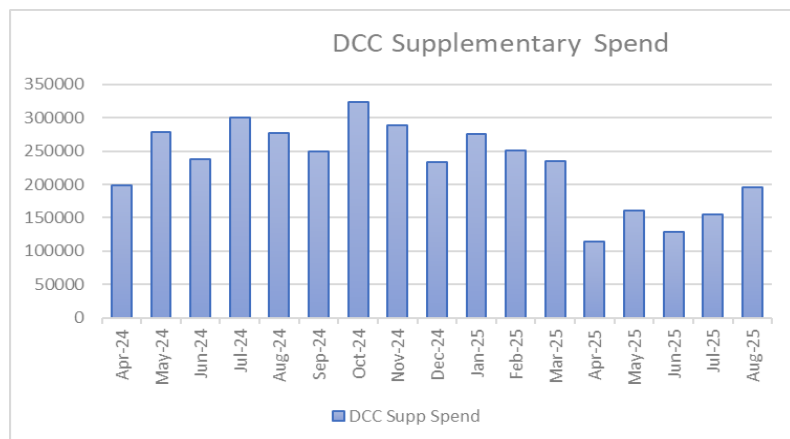
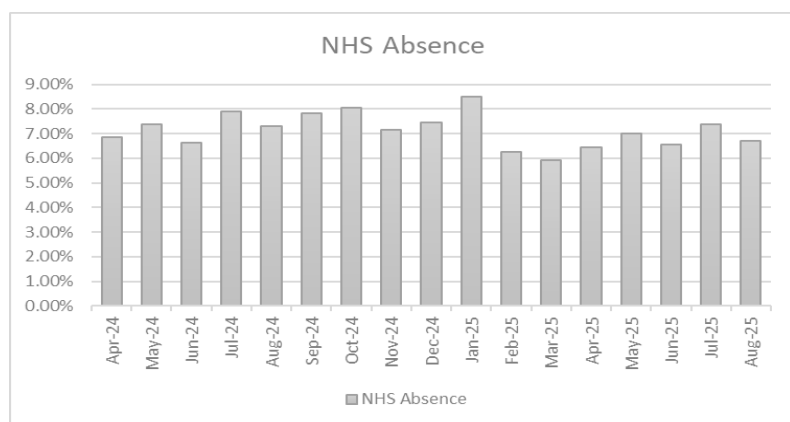
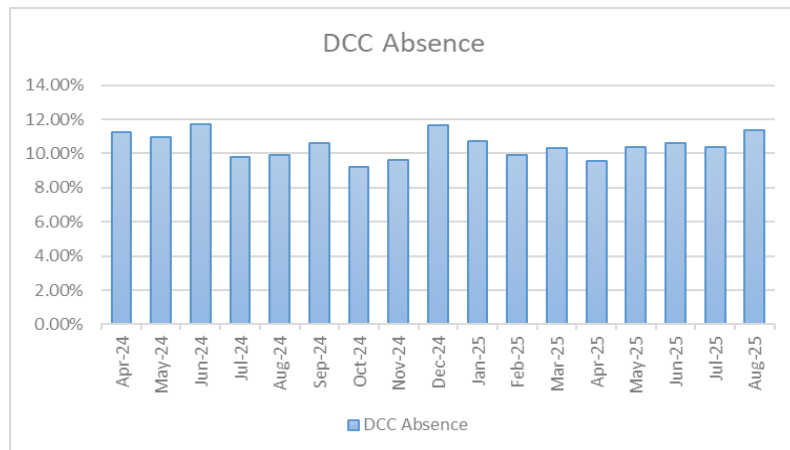
NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - Aug 25			
	Annual Budget £000s	Projected End Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,376	22	9
Out of Hours	10,391	2,025	798
Tayside Continence Service	1,627	432	170
Locality Pharmacy	2,705	0	0
Speech Therapy (Tayside)	1,702	13	5
Sub-total	17,801	2,492	982
Apprenticeship Levy & Balance of Savings Target	18	50	20
Total Lead Partner Services - Angus	17,819	2,542	1,002
Lead Partner Services - Perth & Kinross			
Prison Health Services	5,718	(546)	(215)
Public Dental Service	3,224	(538)	(212)
Podiatry (Tayside)	4,121	(365)	(144)
Sub-total	13,063	(1,449)	(571)
Apprenticeship Levy & Balance of Savings Target	41	(1)	(0)
Total Lead Partner Services - Perth&Kinross	13,104	(1,450)	(571)
Total Lead Partner Services from Angus and P&K	12,184		430

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Dundee IJB - Budget Savings List 2025-26			Appendix 4			
Agreed Savings Programme						
	Efficiency / Management Action	2025/26 Value £000	Risk of non-delivery	Anticipated 25/26 Delivery £000	%age	Unfunded cost pressure £000
	Recurring Actions					
1)	Dundee City Council Review of Charges – Additional Income	374	Low	374	100%	
2)	Additional Community Alarm Charge to DCC Housing	34	Low	34	100%	
3)	Removal of long-term vacant posts (staff slippage / vacancy factor)	1,300	Low	1,200	92%	
4)	Joint commissioning of POA beds with neighbouring IJB	971	Medium	486	50%	
5)	Review and reduction of High-Cost care packages and additional 1:1 support spend	200	Medium	100	50%	
6)	Maximising opportunities through alternative funding	200	Low	300	150%	
7)	Reduction in supplementary staffing spend (3% target)	225	Low	200	89%	
8)	Review and reduction of Senior Management Structure	500	Low	400	80%	
9)	Admin efficiency review	100	Medium	50	50%	
10)	Benefits from Pharmacy transformation workstream within NHST	500	Medium	250	50%	
11)	Care at Home Efficiencies (to address existing overspend)	0	High			-3,500
	Total Recurring Operational Efficiency Initiatives	4,404				
	Non-Recurring Proposals					
12)	Further 0.25% operational efficiency target	507	Medium	254	50%	
13)	Management of natural staff turnover / vacancy management	200	Low	200	100%	
14)	Restructuring of funding to ADP	500	Low	500	100%	
	Total Non Recurring Initiatives	1,207				
	Total Operational Efficiencies and Non-Recurring Initiatives	5,610		4,348	77%	
	Savings	2025/26 Value £000	Risk of non-delivery	Anticipated 25/26 Delivery £000	%age	Unfunded cost pressure £000
	Recurring Proposals					
1)	Remove Demographic growth investment	2,046	Low	2,046	100%	
2)	Reduction in uplift funding provision to external providers	1,492	Low	1,492	100%	
3)	Reduction of Commissioned Care Home beds	500	Medium	200	40%	
4)	Third Party Commissioned Service	1,000	Medium	692	69%	
5)	Housing with Care review	300	Low	300	100%	
6)	Community Meals Service review	100	Low	100	100%	
7)	Palliative Care and MfE service review	200	Medium	100	50%	
8)	Digital Transformation and Agile Working opportunities	1,000	High	0	0%	
9)	Charging policy review	200	High	0	0%	
10)	Whole system charging process, eligibility criteria and income maximisation	500	High	0	0%	
	Total Recurring Savings Proposals	7,338				
11)	Utilisation of IJB Reserves	550	Low	550	100%	
12)	Reduction of Transformation Reserve	1,500	Low	1,500	100%	
13)	Further utilisation of IJB Reserves	379	Low	379	100%	
14)	Whole-system cost pressure funding	2,171	Low	2,171	100%	
	Total Non-Recurring Proposals	4,600				
	Total Savings Proposals	11,938		9,530	80%	
	Total	17,548		13,878	79%	
	Unmet savings - Non-Recurring			-1,262		
	Unmet savings - Recurring			-2,408		
				-3,670		

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Supplementary Staffing Spend and Absence Data Monitoring



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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
22 OCTOBER 2025

REPORT ON: DUNDEE IJB 2026/27 BUDGET OUTLOOK

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB72-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this paper is to provide the Integration Joint Board (IJB) with an early overview of the IJB's delegated budget 2026/27.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

- 2.1 Notes the content of this report including the range of estimated cost pressures impacting on the IJB's delegated budget 2026/27 including anticipated funding levels from the partner bodies and resultant projected budget shortfall.
- 2.2 Notes the budget development process and indicative timetable (Appendix 1) for the agreement of the IJB's 2026/27 Revenue Budget as outlined in section 4.8 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The range of anticipated additional cost pressures likely to impact on the IJB's delegated budget for 2026/27 as well as the potential implications of new responsibilities and assumed associated Scottish Government funding is set out in sections 4.2 to 4.7 of this report and continue to be assessed and refined by IJB officers. Furthermore, the actual levels of funding to be received from the partner bodies and the detail of the additional Scottish Government funding for IJB's are subject to ongoing discussion and review. Once these are concluded, the Chief Finance Officer will be in a position to present a proposed budget to the IJB at its meeting in March 2026 for consideration. At this early stage, the additional cost pressures are anticipated to be around £14.7m.

4.0 MAIN TEXT

- 4.1.1 Dundee Integration Joint Board was presented with a 5-year Financial Outlook at the meeting on 20 August 2025 (DIJB47-2025, Article VI of the minute of meeting refers). That report set out the range of potential financial gaps within the IJB's delegated budget over the coming years. Based on a range of assumptions at that time, it was reported that this could potentially result in savings totalling approximately £52m being required over the next five financial years (2025/26 to 2029/30), including a provisional £13.6m gap in 2026/27.
- 4.1.2 The initial financial planning for 2026/27 has involved bringing these assumptions up to date with information that is now known as well as revised assumptions on other elements. These include the impact of agreed 2025/26 pay awards for both NHS and Council employed staff and relevant additional funding, emerging cost pressures experienced in 2025/26 and any ongoing impact, assumptions regarding national policy developments such as the potential for Adult Social Care workforce uplift to minimal hourly pay rate, agreed pay awards for 2026/27, prescribing cost pressures (activity volumes and pricing), and any other new commitments. At

this stage, the financial gap assumes that savings agreed in previous years have been delivered in full.

- 4.1.3 Planning assumptions for 2026/27 currently include a 'flat cash' settlement on funding from Dundee City Council, and a 3% uplift on baseline budget from NHS Tayside. An additional allowance is assumed of 0.5% to support Council employed staff costs in 2026/27 reflecting the outcome of the recent local government pay negotiation (where 3.5% pay award has been agreed for 2026/27), and an additional allowance of 0.75% to support NHS employed Agenda for Change staff costs (where 3.75% pay award has been agreed).
- 4.1.4 As part of the 2025/26 IJB Budget, the IJB agreed to a number of non-recurring savings in addition to the use of reserves to support the financial position. Given the non-recurring nature of these interventions, there is a need to reflect these from the 2026/27 budget setting process thereby creating a further in-year pressure of £5.8m.
- 4.1.5 Further details will be forthcoming following the UK Government's Autumn Budget Statement which is planned to be delivered on 26th November 2025 and the subsequent Scottish Government's Budget Statement, which is anticipated early January 2026. Any further funding announcements as a result of the statement will be incorporated into the development of the 2026/27 Financial Plan and will be subject to discussion at IJB Budget Development Sessions and update reports. It should be noted that the national budget announcements this year are around 1 month later than the previously assumed timetable, which will result in a tighter timetable for IJB's budget setting process.
- 4.1.6 A summary of the current pressures and assumed funding is noted in the table below

Table 1

	Assumed value £m
Pay and Inflationary Uplifts	8.0
Demand and Demographic Growth	6.7
Additional Cost Pressures	14.7
Non-recurring 2025/26	5.8
Total Cost Pressures	20.5
Anticipated additional funding	6.9
Funding Gap	13.6

4.2 Financial Outlook

- 4.2.1 The combined impact of the revision of the assumptions and adjustments for known pressures for 2026/27 results in estimated additional cost pressures of £20.5m, which is expected to reduce once funding uplifts and any additional funding for new policies are applied. While this is still an estimated position at this stage, the IJB will need to consider a range of options to ensure it sets a balanced budget by the end of March 2026. The overall position also reflects current year's financial pressures which may not be able to be contained due to the demand lead nature of the expenditure.
- 4.2.2 The current year cost pressures (particularly in relation to care at home demand) will need reviewed, with the option to recognise these pressures as strategic shifts and prioritise investment to sustain current (or increased) levels of demand and activity. The current projected cost pressures includes the ongoing impact of £3.5m care at home demand pressure.
- 4.2.3 Any planned savings from 2025/26 Budget Plan that are looking unlikely to be achieved may also need to be reconsidered with the possibility that alternative savings proposals should now be pursued. At present, it has been assumed that all existing savings plans will be achieved in full before the start of 2026/27.

4.3 Pay Costs

- 4.3.1 The financial outlook makes the same assumptions as the partner bodies in relation to agreed pay uplifts for 2026/27, with Dundee City Council noting a 3.5% pay award and a 3.75% pay award applied for financial planning purposes for NHS services. As previously noted, additional

funding is assumed for pay cost pressures above 3.0% in each area. The reported cost pressure from 2026/27 pay awards is £4.4m.

4.3.2 NHS Scotland Agenda for Change Pay Reform continues to be progressed nationally. One of the final stages of the agreement is a reduction in standard weekly working hours from 37 to 36 with effect from 1st April 2026. While this is positive change for staff to support work/life balance and wellbeing, there is a potential impact on operational service delivery and clinical / patient-facing time. Teams continue to review local options and potential transformation opportunities to mitigate the impact of the reduced working week – however this change alongside the financial environment and requests for savings opportunities exacerbates the challenge and further impacts to deliver current levels of performance within an increasingly reduced resource.

4.3.3 Following the uplift to employers National Insurance Contributions rates in 2025/26, it was previously highlighted that insufficient funding was provided to Scottish Government to pass on to public sector organisations to fully fund this cost pressure. The funding passed to Dundee IJB reflected the funding received by partner bodies (55% from Dundee City Council and 60% from NHS Tayside, with additional one-off funding from NHS Tayside to support the 25/26 shortfall). As a result the impact of this recurring shortfall is incorporated into the 2026/27 gap.

4.4 External Care Provider Costs

4.4.1 The IJB commissions a significant amount of services from the independent and third sector. A number of cost pressures are anticipated to impact on the budget required to sustain these services over 2026/27. A main driving factor will be the Scottish Government's continued implementation of Fair Work in adult social care, however we await any announcement regarding an increase in the minimum adult social care rate from current £12.60 per hour. Again, this is expected to be funded by the Scottish Government. As present, a provisional uplift has been incorporated into the plan, along with comparable assumed funding uplift.

4.4.2 Any increase in Adult Social Care pay rate will also drive an increase in the costs of the National Care Home Contract weekly fee rate, which will also consider other inflationary pressures facing the care home sector. This new rate has not been agreed yet for 2026/27, but a high-level assumption has been included in the cost pressure calculation.

4.4.3 A significant demand-led cost pressure emerged during 2025/26 within Care at Home activity with an element of this continuing through 2025/26, principally due to whole-system working to support Unscheduled Care pathways and minimise Delayed Discharge and unnecessary hospital admissions. The resulting cost pressure of around £3.5m has been included in the reported position.

4.4.4 It is acknowledged that the increase to employer National Insurance contributions in 2025/26 has had an impact on External Providers. No additional national funding was provided to allow the IJB to support external providers with this increased cost, and therefore any associated cost pressure has had to be managed by Providers.

4.5 Prescribing

4.5.1 Primary care prescribing costs have continued to increase during 2025/26 across Scotland and this is expected to continue over 2026/27 with price and volume increases a major factor in this rise. Further work is to be undertaken with Tayside colleagues to evaluate local implications and opportunities, however at present, a provisional cost increase has been incorporated into the plan.

4.6 Demographic Pressures

4.6.1 Making provision for demographic growth pressures across older people and adult services has been a feature of the IJB's budget for a number of years given the age profile and needs the city's population faces. Funding for demographic pressures is not provided by either of the partner bodies therefore the IJB has to find funding for these within its delegated budget. A provision of over £2.2m has been made to fund such pressures for 2026/27.

4.7 Financial Recovery 2025/26

- 4.7.1 As a result of the significant increase in projected spend during 2025/26 in the challenging financial environment, and resulting unplanned overspend, the IJB has entered into Financial Recovery which will aim to contain spend and return the position to within the agreed financial plan.
- 4.7.2 Despite the strong performance towards delivering the 2025/26 savings, it remains exceedingly likely that the IJB's remaining General Reserves will need to be utilised during 2025/26 to fund the gap. This will mean the IJB can no longer rely on planned utilisation of the remaining Reserves to support the budget planning process for 2026/27.

4.8 IJB's Budget Development Process and Timetable 2026/27

- 4.8.1 Given the scale of the financial challenge faced by the IJB for 2026/27, a significant amount of work is required over the coming months to enable the IJB to set a balanced budget by the end of March 2026.
- 4.8.2 Five IJB development sessions have been arranged through November to March to explore the implications of the Scottish Government's Budget, the proposed funding settlements from the partner bodies and the range of interventions the IJB will need to take to achieve financial balance. Furthermore, an updated budget report will be presented to the IJB meeting in December and in February for consideration. It is anticipated that the IJB will meet on or around the 25 March 2026 to agree its 2026/27 revenue budget.
- 4.8.3 An indicative timetable detailing the key meetings and tasks that will be required to deliver the budget process, including stages of formal or direct IJB involvement along with other pieces of work from Officers, budget managers and supporting groups to identify areas of strategic prioritisation and savings opportunities. This timetable is included in Appendix 1.

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 Program be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = 25 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable Transformation Program Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2026.

7.0 CONSULTATION

- 7.1 The Chief Officer, Director of Finance of NHS Tayside, Executive Director (Corporate Services) of Dundee City Council and the Clerk have been consulted on the content of this paper.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 24/09/25

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Indicative IJB Budget Timetable for 2026/27

Date	Detail	Description
2025		
w/c 29-Sep	Strategic Plan – Consultation	Launch of consultation period regarding statutory review of strategic commissioning framework (6-week period, ending 7 November)
23-Sep	HSCP Budget Delivery Group	Review of 25/26 recovery plan and forward plan for 26/27 budget
w/c 29-Sep	HSCP Savings Proposals	HSCP Budget managers to submit potential savings proposals options – templates to be issued
10-Oct	HSCP Savings Proposals	Templates to be returned
22-Oct	Dundee IJB Meeting	Finance Reports - Financial Monitoring - Financial Recovery 26/27 Budget Update
28-Oct	HSCP Budget Delivery Group	Review of 25/26 recovery plan and forward plan for 26/27 budget
29-Oct	IJB Development Session	First IJB development session to support 2026/27 budget
07-Nov	Strategic Plan - consultation	End of consultation period
11-Nov	Strategic Plan – Strategic Planning Advisory Group meeting	Consideration of consultation feedback and analysis
25-Nov	Budget Delivery Group	Review of 25/26 recovery plan and forward plan for 26/27 budget
26-Nov	UK Budget Announcement	UK Budget plans announcement expected
09-Dec	Strategic Plan – SPAG Meeting	Agreement of recommendation to IJB regarding outcomes of statutory review
10-Dec	Dundee IJB Meeting	Financial reports: - Financial Monitoring - Financial Recovery Update 2025/26 Savings proposals – progress update 2026/27 Budget Update
w/c 15-Dec	Budget Consultation	Draft budget consultation materials available and shared with partners for review
17-Dec	IJB Development Session	Second IJB development session to support 2026/27 budget
23-Dec	HSCP Budget Delivery Group	Review of 25/26 recovery plan and forward plan for 26/27 budget
2026		
13-Jan	Scottish Budget	Confirmed date of Scottish Budget announcement
Early Jan	Local Government and NHS Scotland Finance Settlement	Provisional date Local Government Finance Settlement 2026/27 and NHS Scotland indicative funding
w/b 05-Jan	Budget Consultation	Budget consultation materials finalised and agreed with partner bodies (NHST, DCC and other IJBs)
??-Jan	IJB Development Session	Third IJB development session to support 2026/27 budget
??-Jan	Budget Consultation	Start of consultation period
??-Feb	IJB Meeting	Financial reports: - Financial Monitoring - Financial Recovery – progress update 2026/27 Budget Update Report detailing findings of statutory review of the strategic commissioning framework
??-Feb	IJB Development Session	Fourth IJB development session to support 2026/27 budget
27-Feb	Budget Consultation	Budget consultation closes
??-Mar	Budget Consultation	Budget consultation findings report available in draft
??-Mar	IJB Budget Meeting Preparation	Draft budget report due
??-Mar	IJB Development Session	Fifth IJB development session to support 2026/27 budget
??-Mar	IJB Budget Meeting Preparation	Final budget report due
??-Mar	IJB Budget Meeting Preparation	Budget reports issued to IJB members
??- Mar	Dundee IJB Budget Meeting	2026/27 budget set by DIJB. Report will also include feedback from the outcome of the budget consultation.

2026 IJB Meeting dates and Development session dates have not yet been finalised

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
22 OCTOBER 2025

REPORT ON: FINANCIAL RECOVERY PLAN 2025/26

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB73-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update of the financial recovery plan 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 scale of the ongoing financial challenges currently faced within the IJB's delegated budget
- 2.2 Notes and acknowledges that measures needed to deliver financial recovery and financial sustainability may conflict with the objectives and desired 'scale and pace' of the IJB's Strategic Plan
- 2.3 Approves the financial recovery plan actions outlined in this report to address the projected financial overspend position for 2025/26
- 2.4 Approves the review of Reserves balances to decommit £500k from earmarked and ring-fenced balances and utilise this funding to support the 2025/26 Financial Recovery Plan (as noted in section 4.3.5)
- 2.5 Approves the use of £500k Infrastructure Reserve as detailed in section 4.3.6 to facilitate opportunities for further efficiencies and increased use of digital technologies to maximise capacity.
- 2.6 Instructs the Chief Officer and Chief Finance Officer to submit this financial recovery plan to the partner bodies as set out in the Integration Scheme.
- 2.7 Instructs the Chief Finance Officer to provide an update on the financial position and recovery plan progress to the next December IJB meeting.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The latest financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2026 shows a projected operational overspend of £5,996k based on expenditure to 31 August 2025 (as detailed in report DIJB71-2025).
- 3.2 This overspend exceeds the parameters of the IJB's approved 2025/26 financial plan (DIJB14-2025 Article IV of minute of meeting 26 March 2025 refers). The content of this report highlights key reasons for the projected variance and ongoing actions by Officers and Senior Management to address these and improve the position.

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 final 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 2025 refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2025/26 financial year.
- 4.1.3 The principal reasons for the projected financial variance are detailed in the latest Financial Monitoring Report (DIJB71-2025)
- 4.1.4 The challenges faced by Dundee IJB remain similar to those of other IJBs across Scotland, and comparable to demand and demographic pressures highlighted in previous finance reports through 2024/25 and into 2025/26. As a result of these existing and ongoing pressures, the IJB faced an unplanned overspend in 2024/25 where a Financial Recovery Plan was presented to the IJB in October 2024 (DIJB54-2024, Article X of the meeting of 23 October 2024 refers).
- 4.1.5 Under the IJB Scheme of Integration (DIJB88-2022, Article VI of the minute of meeting of 14 December 2022 refers), the Financial Recovery plan process is as follows -
- Where an unplanned year end overspend is projected, the Chief Officer and Chief Finance Officer to present a Recovery Plan to IJB and Partner Bodies to address the in-year overspend
 - In the event the recovery plan is unsuccessful and an overspend is evident at year end, uncommitted reserves must firstly be used to address this
 - If after the application of Reserves an overspend is still evident, a revised Strategic Plan must be developed to enable the overspend to be managed in subsequent years.
 - Where an in-year overspend remains, this will be shared in proportion to the spending Direction for each Partner body for that financial year – these additional payments may be recoverable from the IJB over future years.

4.2 Actions to resolve Projected Financial Gap

- 4.2.1 With a projected unplanned overspend of £5,996k in 2025/26, the IJB's remaining General Reserves funding is insufficient to fully cover this.
- 4.2.2 The actions and options introduced as part of the 2024/25 Financial Recovery Plan continue to be implemented and enhanced. These actions include –
- Continued close scrutiny of all recruitment requests to ensure only posts that are deemed critical are progressed
 - 'Discretionary' spend (on areas such as supplies and travel etc) to be kept to absolute minimum
 - Supplementary staffing to be used only where absolutely necessary for safe-staffing reasons - and where additional staff are required, the most cost-effective option should be used (ie bank / sessional or additional part-time hours or backfill at a lower grade / band where possible - agency should only be used as a last resort)
 - Efforts to address underlying need for supplementary staffing should continue to be addressed (ie filling essential vacancies or supporting staff return to work)
 - Absence levels should continue to be reduced, with Partner Body HR support, to promote return to work and staff wellbeing
 - Increased efforts to deliver planned savings and transformation projects to maximise the benefit in the current financial year. It is currently estimated that around £13.9m savings and efficiencies from 2025/26 Financial Budget will be delivered this year (against £17.5m target) leaving an estimated £3.7m not delivered (as detailed in DIJB70-2025 Financial Monitoring Position as at August 2025 report, appendix 4).
 - Maximise opportunities for income from chargeable services, including ensuring all chargeable elements of care (and activity) are timeously communicated to service users and families
 - Ongoing progress to deliver efficiencies and spend reduction in Care at Home services (both internal teams and commissioned services) to manage and prioritise demand while balancing ongoing pressures around delayed discharge performance and frailty pathways to avoid destabilising whole-system working)
 - Continued efforts by those areas that are currently overspending to return positions to within the delegated budget

- 4.2.3 Systems to support analysis and monitoring of spend and associated activity and performance have been enhanced, with further improvements to information being progressed where possible to help provide budget holders and senior management with timely information to allow for better decision making and gain assurance that services are operating as efficiently and effectively as possible.
- 4.2.4 Additional actions are now proposed to address the 2025/26 gap:
- Further recruitment prioritisation with a move to a tiered approach for all current red status vacancies where 'tier 1 - must fill' (ie approval of posts where safe staffing levels for in-patient / residential care would be impacted or services 'in distress' or there will be an unavoidable additional cost of not filling posts such as bank, agency or additional hours) and 'tier 2 - short pause' (defer to slow down other areas and manage risk accordingly)
 - Collaborative working with other HSCPs to manage pressures across Tayside-wide Lead Partner Services, General Medical Services / 2C GP Practices and Primary Care Prescribing spend
 - Collaborative working with colleagues in NHST and DCC to review further opportunities for whole-system transformation and efficiencies
 - Consider further potential opportunities for shared services and collaborative working across Tayside
 - Individual service areas to consider further opportunities to reduce spend through prioritisation, efficiencies and minimisation of waste
 - Increased use of digital technologies to further drive efficiencies (any investment requests to purchase equipment / systems will be considered will need to demonstrate financial benefits from the proposal) (see 4.3.6)
 - Review of earmarked Reserves and other non-recurring funding to maximise the benefit to 25/26 position. An officer review identifies the potential to release a further c.£500k without impacting on planned activity or Scottish Government requirements, in addition to an uncommitted reserves balance of £644k giving over £1.1m to offset the overspend (see 4.3.5).
- 4.2.5 Progress against these actions, along with any further evolving opportunities will be monitored and reported at future IJB meetings. A summary of the estimated financial impact of these actions is detailed in Appendix 1.
- 4.2.6 Officers from the HSCP will continue to explore further opportunities to reduce the residual financial deficit over the coming months with the aim to deliver a balanced budget by the year end. This needs to continue to be balanced however with unintended consequences of actions impacting on other parts of the health and social care system such as the NHS Acute sector and impact on the health and wellbeing of the community.

4.3 Reserves Position

- 4.3.1 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 current reserves position is noted in Table 2 below:

Table 2

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

*already committed to support the 2025/26 budget

- 4.3.2 Scottish Government funding in relation to 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.
- 4.3.3 The IJB's Reserves Policy seeks to retain Reserves of 2% of budget (approximately £6.5m) however it is recognised that this is particularly challenging to maintain within the current financial climate with many IJB's across the country having no reserves or below their respective reserves policies.
- 4.3.4 As part of the Financial Recovery Plan, a review of earmarked and committed reserves balances has been undertaken and the Plan proposes that some balances are decommitted and made available to support the current year overspend position.
- 4.3.5 It is proposed that c.£500k is decommitted from the current ring-fenced and ear-marked balances and redirected to be utilised to support the current year unplanned overspend following an officer review of the purpose for which these reserves were held for. This review includes an assessment of whether there is an essential need for the reserve and if this should now be de-prioritised given the current financial climate. These balances generally include year-end carry forwards as accounting entries and have not been subject to decisions made by the IJB. This funding, alongside the existing general reserves balance of £644k will contribute just over £1.1m towards the current position, leaving a projected recovery plan gap of c.£4.85m to be addressed through the remainder of the recovery plan. This redirection of funding will reduce balances as follows-

Primary Care balance by £375k
Drug & Alcohol balance by £75k
Other Staffing by £50k

The remaining balances held within reserves have either fully committed by the IJB or aligned to Scottish Government specific allocations, but all balances continue to be under review and any further opportunities will be considered and reported to IJB.

- 4.3.6 It has also been recognised that the IJB earmarked £500k within its reserves for future Infrastructure Support improvements at the end of the 2022/23 financial year. To date this funding has not been utilised, however work has recently been undertaken to consider proposals to use this funding to support current year savings, deliver longer-term benefits and create opportunities for further efficiencies and transformation. It is recommended that the IJB approves in principle to release of this funding to invest in the following developments:
- Purchase of mobile devices to support agile working for community-based workers (including Community Nursing teams, and consideration of need within Social Care teams) and support a shift to digital enabled services
 - Purchase of case management (Mosaic) licences to further support agile working
 - Purchase of enhanced Co-Pilot and Power BI licences to allow a small number of staff to fully utilise the capacity of these and generate administrative and support services
 - Recruitment of a 12-month project business manager post to support the wider income generation and income maximisation work and help achieve existing savings proposals.

Specific details of the costs of each aspect are still being quantified, however the IJB is asked to approve the release of this funding in principle to allow Officers to progress the investments and provide an updating report at a future IJB.

- 4.3.7 A summary of the projected year-end Reserves balances incorporating the impact of the proposals along with anticipated planned spend in 2025/26 is detailed in Appendix 2.

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, Heads of Service Health and Community Care, 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: 24/09/25

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Financial Recovery actions - estimated additional impact	
	£k
Projected 25/26 Shortfall (as at 31/8/25)	5,996
Use of General Reserves	-644
Decommitment of earmarked and ring-fenced reserves	-500
	4,852
Continued close scrutiny of recruitment requests*	nil
Discretionary Spend controls	-100
Supplementary Staffing spend	-300
Absence levels reduction	-100
Delivery of savings balance, including income maximisation	-1,500
Further reduction in Care at Home spend	-500
Overspending service areas to be brought back within budgets	tbc
Enhanced vacancy management criteria	-208
Collaborative working to address Tayside-wide pressures and explore opportunities	tbc
Opportunities within individual service areas	tbc
Digital opportunities to further drive efficiencies	tbc
Ongoing review of earmarked reserves	tbc
Estimated Residual Financial Deficit	2,144
* Financial impact already incorporated into projections	

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Reserve Purpose	Closing Reserves @ 31/3/25		Decommitment proposal	Anticipated 25/26 Utilisation		Anticipated Closing Reserves @ 31/3/26
	£k		£k	£k		£k
Mental Health	240			-240		0
Primary Care	1933		-375	-820		738
Drug & Alcohol	926		-75	-652		199
Strategic Developments	1998			-940		1058
Revenue Budget Support	2,429			-2,429		0
Service Specific	449			-449		0
NHST- System pressures funding	2,959			-2,959		0
Other Staffing	155		-50	-50		55
Total committed	11,091		-500	-8,539		2,052
General	644			-644		0
TOTAL RESERVES	11,734		-500	-9,183		2,052

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2025 TO DECEMBER 2025

Organisation	Member	Meeting Dates January 2025 to December 2025						
		19/02	26/03	16/04	18/06	20/08	22/10	20/12
Dundee City Council (Elected Member) (Chair)	Cllr Ken Lynn	✓	✓	✓	✓	✓		
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓	✓	✓	✓	✓		
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓	✓	A	✓	✓		
NHS Tayside (Non Executive Member (Vice Chair)	Bob Benson	✓	✓	✓	✓	✓		
NHS Tayside (Non Executive Member)	Colleen Carlton	✓	✓	✓	✓	✓		
NHS Tayside (Non Executive Member)	David Cheape	✓	✓	✓	✓	✓		
Chief Officer	Dave Berry	✓	✓	✓	✓	✓		
NHS Tayside (Registered Nurse)	Suzie Brown	✓	✓	✓				
Voluntary Sector	Christina Cooper	✓	✓	A	A	✓		
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	A	A				
Acting Chief Finance Officer	Christine Jones	✓	✓	✓	✓	✓		
Dundee City Council (Chief Social Work Officer)	Glyn Lloyd	✓	✓	✓	✓	A		
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