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

City Chambers
DUNDEE
DD1 3BY

2nd December, 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 in Committee Room 2, 14 City Square, Dundee and also remotely on Wednesday, 10th December, 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 8th December, 2025.

Yours faithfully

DAVE BERRY
Chief Officer

A G E N D A

1 APOLOGIES

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING

(a) The minute of previous meeting of the Integration Joint Board held on 22nd October, 2025 is submitted for approval. **- Page 1**

(b) ACTION TRACKER

The Action Tracker (DIJB75-2025) for meetings of the Integration Joint Board is submitted for noting and updating accordingly. **- Page 7**

4 HOUSING WITH CARE (DIJB91-2025)

It is reported that the Integration Joint Board received report DIJB46-2025, 2025/26 Budget and Savings Delivery Progress Update (Article V of the minute of the meeting refers) at its meeting of the 20th August 2025. Within this report, a recommendation to progress recommissioning of Rockwell Housing with Care provision as part of the wider review of Housing with Care was approved. However, due to an administrative oversight, there was no IJB Direction attached to the report for approval. In order to progress the IJB decision, the IJB is asked to approve the direction noted below.

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB91-2025
2	Date Direction issued by Integration Joint Board	10 December 2025
3	Date from which direction takes effect	10 December 2025
4	Direction to:	Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Housing with Care Provision
7	Full text of direction	Dundee Integration Joint Board directs Dundee City Council to cease to directly provide Housing with Care Services at Rockwell Gardens in Dundee and reduce the number of social care officer posts at the service by 450 hours per week and enters into a contractual arrangement with an external care provider to provide up to 250 hours of social care per week to individuals residing in Rockwell Gardens. The IJB also directs Dundee City Council to redirect social care hours provided at Brington Place and Baluniefield housing with care to mainstream care at home services and cease to provide housing with care services at these properties, reducing social care provision at the service by 300 hours per week.
8	Budget allocated by Integration Joint Board to carry out direction	Rockwell Gardens – reduction in staffing budget and void costs of £528k and increase in commissioning budget of £298k in a full financial year Brington and Baluniefield housing with care –

		reduction in budget of £308k 2025/26 budget impact pro-rata to implementation date of changes
9	Performance monitoring arrangements	Financial Monitoring
10	Date direction will be reviewed	31 March 2026

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

(Report No DIJB92-2025 by the Chair of the Performance and Audit Committee, copy attached – for information and record purposes).

6 IJB MEMBERSHIP - SERVICE USER AND CARER REPRESENTATION - Page 13

(Report No DIJB78-2025 by the Chief Officer, copy attached – for a decision).

7 PROTECTING PEOPLE COMMITTEE ANNUAL REPORT 2024/25 - Page 25

(Report No DIJB76-2025 by the Chief Officer, copy attached – for noting).

8 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2024-25 - Page 59

(Report No DIJB77-2025 by the Chief Officer, copy attached – for noting).

9 ANNUAL REPORT ON LEAD PARTNER ARRANGEMENTS

(Report No DIJB84-2025 by the Chief Officer, TO FOLLOW).

10 DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK – ANNUAL UPDATE - Page 103

(Report No DIJB83-2025 by the Chief Officer, copy attached – for a decision).

11 WINTER PLAN NHS TAYSIDE AND PARTNER ORGANISATIONS - Page 161

(Report No DIJB82-2025 by the Chief Officer, copy attached – for noting).

12 NHS TAYSIDE GP OUT OF HOURS SERVICE STRATEGIC FRAMEWORK 2026-2036

(Report No DIJB88-2025 by the Chief Officer, TO FOLLOW).

13 TAYSIDE IJBs RISK MANAGEMENT STRATEGY - Page 221

(Report No DIJB89-2025 by the Chief Officer, copy attached – for a decision).

14 FINANCIAL MONITORING POSITION AS AT OCTOBER 2025 - Page 243

(Report No DIJB90-2025 by the Chief Finance Officer, copy attached – for noting).

15 2026/2027 BUDGET UPDATE (DIJB93-2025)

It is reported that a detailed Budget Outlook 2026/27 report was presented to IJB on 22nd October 2025 (DIJB72-2025, Article XIII of the minute of meeting refers), followed by an IJB budget development session on 29th October 2025. The IJB Budget timetable (Appendix 1 to the report) noted an update would be provided at the December IJB meeting.

It is requested that the IJB notes there are no material changes to the information previously presented at this time. HSCP Officers and Management continue to review options, opportunities and implications of proposals to allow the IJB to set a balanced budget for 2026/27 and further updates will be shared with IJB member as the budget development process progresses.

16 FINANCIAL REGULATIONS – 2025/26 - Page 259

(Report No DIJB80-2025 by the Chief Finance Officer, copy attached – for a decision).

17 SCHEME OF DELEGATION – 2025/26 - Page 277

(Report No DIJB81-2025 by the Chief Finance Officer, copy attached – for a decision).

18 MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES - Page 285

A copy of the attendance return (DIJB87-2025) for meetings of the Integration Joint Board held over 2025 is attached for information.

19 IJB DEVELOPMENT SESSION

The IJB is asked to note that the following Development Session for IJB members has been arranged:

17th December – Budget.

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.

20 PROGRAMME OF MEETINGS OF INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE 2026

(a) INTEGRATION JOINT BOARD

It is proposed that the programme of meetings for the Integration Joint Board over 2026 be as follows:-

Wednesday 18th February - 10.00am
Wednesday 25th March - 10.00am (Budget Meeting)
Wednesday 15th April - 10.00am
Wednesday 24th June -10.00am
Wednesday 19th August - 10.00am
Wednesday 21st October - 10.00am
Wednesday 16th December - 10.00am

(b) PERFORMANCE AND AUDIT COMMITTEE

It is proposed that the programme of meetings for the Performance and Audit Committee over 2026 be as follows:-

Wednesday 28th January - 10.00am
Wednesday 20th May - 10.00am
Wednesday 23rd September - 10.00am
Wednesday 18th November - 10.00am

21 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held on Wednesday 18th February, 2025 at 10.00am in Committee Room 2, 14 City Square and also remotely.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Bob Benson
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	David Cheape
Non Executive Member	Colleen Carlton
NON VOTING MEMBERS	
Chief Social Work Officer	Glyn Lloyd
Chief Officer	Dave Berry
Acting Chief Finance Officer (Proper Officer)	Christine Jones
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	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

Organisation	Recipient
NHS Tayside (Chief Executive)	Nicky Connor
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Paul Thomson
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Members' Support)	Lesley Blyth
Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright

Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Kathryn Sharp
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Fiona Owens
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 22nd October, 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
Dr Simon HILTON	Associate Director of Public Health
Christine JONES	Acting Chief Finance Officer
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative
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:-

Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS_ROBERTSON	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership

Bob Benson, Chairperson, in the Chair

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Member	**Role**
Glyn Lloyd	Chief Social Work Officer
Dr Sanjay Pillai	Registered Medical Practitioner (not providing primary medical services)
Dr David Shaw	Clinical Director

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Integration Joint Board held on 20th August, 2025 was submitted and approved.

(b) ACTION TRACKER

The Action Tracker (DIJB64-2025) for meetings of the Integration Joint Board was submitted and noted.

Following questions and answers the Integration Joint Board agreed:-

(i) that a role descriptor for the service user rep on the IJB was being developed and would be shared with IJB members when available and to note that feedback was being sought from a previous rep.

IV NHS MEMBERSHIP APPOINTMENT

It was reported that NHS Tayside had advised that Jayne Smith had 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 noted the appointment and expressed thanks to the previous rep, Suzie Brown, for her contribution to the IJB.

V DUNDEE CITY COUNCIL MEMBERSHIP APPOINTMENTS

(a) VOTING MEMBERS

It was 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 was 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
Bailie Helen Wright.

(c) CHAIRPERSON

It was 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 noted the above appointments.

VI JOINT INSPECTION UPDATE

It was 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 would jointly inspect health and social care services for adults living with a mental illness and their carers. The inspection would 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 had been put in place by Dundee Health and Social Care Partnership to support the inspection process. The outcome of the inspection would be reported to the IJB once published.

The Integration Joint Board noted the position.

VII REVISED TIMESCALES FOR STATUTORY UPDATING OF A CARING DUNDEE 2 AND SHORT BREAKS STATEMENT

It was 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 referred). Due to competing priorities, including preparation for the Joint Inspection of Adult Services, work to revise these documents had not been able to be completed within the timescale originally planned. Dundee Carers Partnership, alongside the Strategic Planning Advisory Group, would 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 noted the position.

VIII PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB67-2025 by Bob Benson, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

Following questions and answers the Integration Joint Board agreed:-

(i) that consideration would be given, by the Management Team, to the timing of a falls report being brought to the IJB or PAC and also whether a Development Session would be required.

IX PROPOSED REVISED PERFORMANCE AND AUDIT COMMITTEE TERMS OF REFERENCE

There was submitted Report No DIJB68-2025 by the Chief Finance Officer for reviewing and approval of the revised Terms of Reference for Dundee Integration Joint Board's Performance and Audit Committee.

The Integration Joint Board reviewed and approved the revised Terms of Reference for the IJB's Performance and Audit Committee as attached as Appendix 1 of the report.

X DUNDEE IJB PROPERTY STRATEGY UPDATE

There was submitted Report No DIJB69-2025 by the Chief Finance Officer providing an update on progress made against the Property Strategy, including current and future priority areas of work.

The Integration Joint Board agreed to note the progress made in implementing the Property Strategy.

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

There was submitted Report No DIJB70-2025 by the Chief Officer informing 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. The report also provided assurance about the information governance arrangements for the Health and Social Care Partnership.

The Integration Joint Board agreed to note the progress on the signed Information Sharing Agreement for Dundee Health and Social Care Partnership between Dundee City Council and NHS Tayside.

XII FINANCIAL MONITORING POSITION AS AT AUGUST 2025

There was submitted Report No DIJB71-2025 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 31st August 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 the Financial Recovery Plan to be presented separately to this IJB meeting (DIJB73-2025) (as detailed in section 4.5).

Following questions and answers the Integration Joint Board agreed:-

(iii) that consideration would be given to whether it was possible to identify if there was a direct correlation between the vacancy cap and the supplementary staff spend;

(iv) to note that there was a Development Session arranged to take place on Friday 24th October 2025 in relation to the GP Out of Hours Reform work and that a report would be brought to the next IJB meeting;

(v) that the Chief Officer would advise when the next Workforce Planning report was due to be submitted to the IJB and if this was not due within the next quarter, information would be provided to IJB members; and

(vi) that, at the the request of Councillor McHugh, consideration would be given to providing absence analysis in a comparable format for Dundee City Council and NHS Tayside, if possible.

XIII DUNDEE IJB 2026/27 BUDGET OUTLOOK

There was submitted Report No DIJB72-2025 by the Chief Officer providing an early overview of the IJB's delegated budget 2026/2027.

The Integration Joint Board agreed:-

(i) to note the content of the report including the range of estimated cost pressures impacting on the IJB's delegated budget 2026/2027 including anticipated funding levels from the partner bodies and resultant projected budget shortfall;

(ii) to note the budget development process and indicative timetable (attached as Appendix 1) for the agreement of the IJB's 2026/2027 Revenue Budget as outlined in section 4.8 of the report.

Following questions and answers the Integration Joint Board agreed:-

(iii) to note that teams had been asked to develop local service plans which would be reviewed internally and presented to the IJB as appropriate; and

(iv) to note that, where relevant, consultation on the local service plans would take place with third sector providers at an early stage.

XIV FINANCIAL RECOVERY PLAN 2025/26

There was submitted Report No DIJB73-2025 by the Chief Finance Officer providing an update of the financial recovery plan for delegated health and social care services for 2025/2026.

The Integration Joint Board agreed:-

(i) to note the scale of the ongoing financial challenges currently faced within the IJB's delegated budget;

(ii) to note and acknowledge 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;

(iii) to approve the financial recovery plan actions outlined in the report to address the projected financial overspend position for 2025/2026;

(iv) to approve the review of Reserves balances to decommit £500k from earmarked and ring-fenced balances and utilise this funding to support the 2025/2026 Financial Recovery Plan (as noted in section 4.3.5 of the report) except the £75k from the Drug and Alcohol balance. A fuller explanation in the context of the Drug and Alcohol investment would be presented to the December IJB meeting and potentially picked up at the budget Development Session next week;

(v) to approve the use of £500k Infrastructure Reserve as detailed in section 4.3.6 of the report to facilitate opportunities for further efficiencies and increased use of digital technologies to maximise capacity;

(vi) to instruct the Chief Officer and Chief Finance Officer to submit the financial recovery plan to the partner bodies as set out in the Integration Scheme; and

(vii) to instruct the Chief Finance Officer to provide an update on the financial position and recovery plan progress to the December IJB meeting.

XV MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB74-2025 for meetings of the Integration Joint Board held to date over 2025.

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

XVI IJB DEVELOPMENT SESSIONS

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

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

It was also noted that a joint Development Session on the Mental Health Model of Care and Tayside GP Out of Hours Service Reform would take place on Friday 24th October 2025 at 10am on Teams.

XVII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday 10th December, 2025 at 10.00am.

Bob Benson, Chairperson.

ITEM No …3(b)……..

DIJB75-2025

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 22ND OCTOBER, 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	Complete	Following discussion between the Committee Clerk, the Chair and Vice-Chair it has been agreed that IJB meetings will be held in a hybrid format from December 2025 onwards. Venues for meetings are currently being secured and will be confirmed to members as soon as possible. Remote joining via Teams will continue to be available for all meetings. PAC meetings will continue to be held as fully remote meetings via Teams.
2	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	Complete	Report submitted for 10 December 2025 IJB.
3	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
4	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 was still to be achieved.	Programme Manager	August 2026	Complete	Complete – report submitted to December meeting with primary care focus includes this content.
5	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
6	22/10/25	II(b)	ACTION TRACKER – SERVICE USER REP	That a role descriptor for the service user rep on the IJB was being developed and would be shared with IJB members when available and to note that feedback was being sought from a previous rep.	Acting Head of Service, Strategic Services	December 2025	Complete	Report submitted for 10 December 2025 IJB.
7	22/10/25	VIII	PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT	That consideration would be given, by the Management Team, to the timing of a falls report being brought to the IJB or PAC and also whether a Development Session would be required.	Management Team	December 2025	Complete	This has been added to the work plan for the IJB for 2026 (May PAC meeting). Development session schedule for 2026 is currently being considered and will be issued to members before the end of December.
8	22/10/25	XII	FINANCIAL MONITORING POSITION AS AT AUGUST 2025	That consideration could be given to whether it was possible to identify if there was a direct correlation between the vacancy cap and the supplementary staff spend.	Chief Finance Officer	February 2026	Ongoing	The Finance Team are in the process of further investigating this issue.
9	22/10/25	XII	FINANCIAL MONITORING POSITION AS AT AUGUST 2025	That the Chief Officer would advise when the next Workforce Planning report was due to be submitted to the IJB and if this was not due within the next quarter, information would be provided to IJB members	Chief Officer	December 2025	Ongoing	The Annual update regarding the workforce plan (as instructed via previous report recommendations) has been scheduled for June 2026. In the interim an information note will be issued to IJB members by the end of January 2026.
10	22/10/25	XII	FINANCIAL MONITORING POSITION AS AT AUGUST 2025	That consideration would given to providing absence analysis in a comparable format for Dundee City Council and NHS Tayside, if possible.	Chief Finance Officer	December 2025	Complete	It is not possible to provide this information within current resources. Information is provided by the two organisations in different formats and levels of detail which prevents collation and direct comparison. Although

								some elements could be recalculated to enable this there is not resource available to do so.
11	22/10/25	XIV	FINANCIAL RECOVERY PLAN 2025/26	That a fuller explanation in the context of the Drug and Alcohol investment would be presented to the December IJB meeting and potentially picked up at the budget Development Session next week.	Chief Finance Officer	December 2025	Complete	Updating comments incorporated into Financial Monitoring report to reflect Financial Recovery plans and use of Reserves

**Please note that in response to feedback from IJB members a workplan for both the IJB and PAC for 2026 has been developed. This will be circulated to IJB members alongside the meetings dates for 2026, once these have been confirmed.

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ITEM No …5……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10 DECEMBER 2025**

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

REPORT BY: **CHAIR, PERFORMANCE AND AUDIT COMMITTEE**

REPORT NO: **DIJB92-2025**

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 26th November 2025.

Overview of Committee Business:

- It was noted that the previous meeting scheduled for 19th November 2025 had been adjourned due to not having quorate membership in attendance. This additional meeting had been arranged to progress with urgent business that could not be deferred to a future meeting date.

- The Audited Annual Accounts 2024/25 were presented for approval, along with Annual Audit Report from Audit Scotland. Committee were pleased to note an unmodified audit opinion with no material changes to the Unaudited Accounts that were approved by IJB in June. Committee also noted the report contained 1 Recommendation in relation to financial sustainability risk and the need to progress transformation plans. The Accounts were approved and thanks were given to Audit Scotland team, finance team and wider HSCP staff for their support in completing the work.

- The 2025/26 Q1 Performance Report was presented and the ongoing varying performance against baseline years (2018/19 and 2020/21) were noted, highlighting the ongoing challenges being faced in the city and the impact on performance and against national indicators. Committee recognised the impact of demographics and deprivation, and that continued emphasis on Population Health strategies and collaborative working within community planning would be required to address the underlying performance issues.

- The latest Clinical, Care and Professional Governance Assurance report (to 30 September 2025) was presented for Reasonable assurance. The report recognised a sound system of governance and risk identification and reporting throughout Dundee HSCP. Ongoing risks relating to workforce and leadership challenges, including absence and vacancies, were highlighted, along with key service risks, adverse events management and significant adverse event reviews. A 700% increase in referrals to Nutrition and Dietetics from pre-covid levels was noted, with a variety of underlying reasons being the cause. And ongoing roof repairs at Kingsway Care Centre also highlighted, with Committee requesting a further update on this aspect at a future meeting.

- Quarterly Feedback for quarters 1 & 2 2025/26 was presented. Recent trends show a reasonably stable trend for health complaints but an increasing trend for social work complaints. Teams continue to respond to complaints within timescales as much as possible, but it was recognised that due to the complexity of some cases, this was not always possible. The wide range of outcomes was highlighted, indicating a thorough investigation process being undertaken. Service improvement plans were implemented where upheld complaints identified a cause that needed addressed. Care Opinion continues to be rolled out to HSCP services and compliments and positive feedback received through this route were highlighted.

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

26 November 2025

ITEM No …6……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10 DECEMBER 2025**

REPORT ON: **IJB MEMBERSHIP - SERVICE USER AND CARER REPRESENTATION**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB78-2025**

1.0 PURPOSE OF REPORT

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report, including the challenges experienced locally and nationally to recruit, retain and support carer and service user representation on IJBs.

2.2 Approve the draft role descriptors for the IJB carer representative and service user representative, attached as appendices 2 and 3.

2.3 Approve the proposal, contained in section 4.2.3, to adopt a long-term approach to identifying, appointing and supporting service user and carer representatives that builds on existing community engagement mechanisms and focuses on succession planning.

2.4 Instruct the Chief Officer to support the Strategic Planning Advisory Group to develop the detailed plans and arrangements to implement this approach from 01 April 2026 onwards.

2.5 Note that the Chief Officer has requested support from the NHS Tayside Public Partner Network to identify a service user representative to fill the current vacancy on the IJB.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

4.1.1 The Public Bodies (Joint Working) (Membership and Procedures of Integration Joint Boards) (Scotland) Order 2014 sets out requirements about the membership of IJB. Minimum membership requirements are set out in the Order and include:

- A carer representative; and,
- A service user representative.

Supporting guidance (Roles, Responsibilities and Membership of the Integration Joint Board, 2015) acknowledges that the way in which members of the IJB are identified and appointed will differ and will be dependent on local circumstances. Whilst leaving flexibility in the process, the guidance also sets out principles that should be followed:

- Stakeholder members should reflect the views of the groups they represent on the IJB, and as such, must demonstrate the appropriate experience and skill to reflect the breadth and diversity of views and situations of the people / groups they represent.

- Stakeholder members should be provided with the resources and support required to fulfil their responsibilities as an IJB member. This should include specific training and support to contribute effectively to the IJB, including induction training.

These legislative requirements are reflected within the Dundee Integration Scheme and the Standing Orders of Dundee IJB.

4.1.2 The Standing Orders of the IJB also include further provisions regarding membership, including setting the terms of office for the carer and service user representative as a maximum period of three years, after which they will be eligible for re-appointment provided they remain eligible and are not otherwise disqualified from appointment. They also allow for the appointment of Proxy Members.

4.1.3 Mr Martyn Sloan has been appointed to the position of carer representative since May 2016. The position of service representative has been held by 3 different individuals since the establishment of the IJB, with the last appointee resigning from the position in October 2024. It has been the practice of the IJB to seek nominations to this position via the NHS Tayside Public Partner Network. This is a network of members of the public who have an interest in health and related issues who give their time on a voluntary basis to work in partnership with NHS Tayside to support and contribute to the improvement of services, participate in discussion forums, complete surveys, contribute to decision making and act as a sounding board for NHS Tayside by giving views of the development of strategy, policy and service redesign.

4.1.4 The Coalition of Carers in Scotland (COCIS) and the Health and Social Care Alliance Scotland (the ALLIANCE) provide support to networks of Carer and Lived Experience Representatives involved in IJBs across Scotland. Through their Carer Collaborative and Lived Experience Representatives Network they have gathered and published information outlining experience of involvement in IJBs, including recommendations for improvement and examples of good practice (More than Equal, April 2024). The report reflects the ongoing challenges experienced across many IJBs in Scotland in recruiting, appointing and supporting both carer and service user representatives. It makes recommendations for improvements in relation to recruitment and representation, capacity building, supporting equity of involvement, and evaluating impact (see Appendix 1 for a full summary).

4.2 Current position and Next Steps

4.2.1 Officers recognise that improvements are required to the way in which Dundee IJB identifies, appoints and supports both carer and service user representatives in the future. The Strategic Planning Advisory Group (SPAG) has considered the issue over recent months, including input from the IJB carer representative who is also a SPAG member. This has included understanding the challenges faced locally in the wider regional and national context (see section 4.1.4) and considering options for both the short and long-term in relation to the urgent need to identify, appoint and support a service user representative to the IJB, given that the position has been vacant for just over a year.

4.2.2 Angus IJB has recently developed an information pack for the service user representative, including a role descriptor, and work was undertaken during 2024 to produce an updated role descriptor for the IJB carer representative. These resources have been reviewed and aligned to form new draft role descriptors (attached as Appendices 2 and 3). It should be noted that the Scottish Government is currently exploring the option to bring forward regulations to extend voting rights to lived experience members of IJBs (service user, unpaid carer and third sector representatives). Should this proceed, further updates would be required to be made to the role descriptors.

4.2.3 Some IJBs, including Angus and Perth and Kinross, have decided to undertake a formal recruitment process to identify potential candidates for carer and service user representative roles. However, this process requires significant resource investment (by both the IJB and potential candidates) and has often not resulted in an appointment. For this reason, it is not recommended that this approach is implemented in Dundee. Instead, the SPAG has endorsed

an approach that builds on wider arrangements already in place within Dundee to support community and lived experience engagement and that will focus available resource on developing succession planning and effective representative support. In summary this would include:

- Identifying existing lived experience, community and representative groups operating across Dundee that could act as 'feeder' groups for IJB representation. This would include the NHS Tayside Public Partner Network but, recognising that further diversity of experience would be valuable, extend to groups such as the newly formed Dundee Carers Advisory Group, the Community Health Advisory Forum and other established groups.

- Creating opportunities within the SPAG for interested individuals from these existing engagement groups to become involved in the work of the IJB. The SPAG has greater flexibility than the IJB to adapt to meet the needs and preferences of representatives (including practical arrangements such as meetings times and venues, report formats etc) and provides a less formal environment for people to become involved, build skills and confidence and contribute their valuable knowledge and skills.

- Supporting people who wish to progress from involvement in the SPAG to become an IJB member to do so through a more structured and supported approach to succession planning.

This approach focuses on developing a more sustainable arrangement for Dundee and on enhancing the diversity of involvement and voice across the SPAG as well as the IJB. If the IJB approves the recommended approach the SPAG will lead further work to develop the detailed plans and arrangements required to implement this in practice from 01 April 2026 onwards.

4.2.4 It is recognised that the proposed approach will take a period of time to implement and fully embed. In the meantime, there is a need to seek an appointment to the vacant service user representative position on the IJB. Having considered all of the options that can reasonably be implemented in the short term, the Chief Officer has engaged with the NHS Tayside Public Partner Network to seek a nomination to the role.

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	Carer and Service user representation on the IJB is not adequately planned for and / or supported, resulting in discussion and decisions not being directly informed by the views of people with lived experience.
Risk Category	Governance risk
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	• Ongoing action by the Chief Officer to identify a service user representative to fill the immediate vacancy on the IJB. • Proposed longer-term approach will support effective succession planning for future years. • The proposed approach allows greater opportunity to support representatives on an ongoing basis. • The proposed approach will expand the diversity of experience available to the SPAG and IJB by linking to a wider range of community engagement and representative groups.

Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 1 x Impact 4 = Risk Scoring 4 (which is a Low Risk Level)
Assessment of Risk Level	Given the low level of planned risk, it is recommended that the risk should be accepted.

7.0 CONSULTATIONS

7.1 Members of the Strategic Planning Group, the Heads of Health and Community Care, 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

None.

DAVE BERRY
CHIEF OFFICER

DATE: 12 NOVEMBER 2025

Kathryn Sharp
Acting Head of Service, Strategic Services

Joyce Barclay
Senior Officer, Strategic Planning

Appendix 1
More than equal: valuing and supporting the expert contribution of people with lived experience – Summary of Recommendations

1. Strengthen recruitment and representation

Areas for development and action:

- Proactive and inclusive recruitment to Carer and Lived Experience Rep positions to ensure representation *and* representativeness.
- Ensure Reps have a clear and transparent role and remit.
- Ensure robust succession planning and supportive induction processes are in place.
- Involve Reps in key planning groups, particularly governance and decision-making structures.

2. Build capacity

Areas for development and action:

- Support and resource structures for wider community involvement and ensure Carer / Lived Experience Reps have support to link with these structures.
- Have a pool of carers/people with lived experience to populate strategic groups, share responsibility and enable peer support.
- Provide training on the importance, value and benefits of involvement for IJB members and wider strategic partners.
- Provide resources and training for Carer / Lived Experience Reps (and other IJB members) to support and enable them to undertake their role.
- Ensure engagement and involvement of Carers and Lived Experience Reps in national policy discussions and structures.

3. Support equity of involvement

Areas for development and action

- Ensure Reps are treated as equal partners and have voting rights.
- Ensure Reps are able to place items on the agenda and there is time for discussion.
- Ensure meetings are accessible e.g. papers sent on time; addressing barriers, etc.
- Ensure an expenses policy is in place and full remuneration of expenses, including replacement care.
- Consider a form of payment for Reps on IJBs.
- 'Carer / Lived Experience proof' policies and plans.
- Ensure ongoing support to enable Reps to undertake their role.

4. Evaluate impact

Areas for development and action

- Evaluate the involvement of carers and people with lived experience. Publish findings in Annual Performance Reports to demonstrate progress and impact.
- Monitor progress towards key national outcomes and indicators relating to carers and people with lived experience.
- Report transparently on IJB/HSCP financial spend to support carers and people with lived experience.
- Review processes and performance annually against these report recommendations.

Appendix 2

Dundee Integration Joint Board Member Role Description- Person using health and social care services in the area of Dundee City Council

Dundee Integration Joint Board (IJB) commissions health and social care services. These services are provided by Dundee Health and Social Care Partnership (HSCP) in line with 'The Plan for Excellence in Health and Social Care in Dundee', the IJB Strategic Commissioning Framework 2023-2033.

Dundee IJB is made up of Dundee City Councillors and NHS Tayside Non-executive Directors and professionals who provide support and advice. IJBs are expected - to involve 'a person who the integration authority considers to be representative of' people who use health and social care services' who is a non-voting member of the IJB. This person is appointed by the IJB Chairperson. The person will be recognised as an 'expert by experience' and is often referred to as the 'Service User Rep'. The person will be invited to attend all IJB meetings and in preparation for and during the IJB, be given the opportunity to raise suggestions, and potential concerns for service users, have these debated and minuted.

The service user on the IJB will be appointed for three years. At this stage, the arrangement will be formally reviewed. The person may be reappointed for another 3 years. The person will receive support from the IJB and HSCP who will provide:

- Support/training and any information you need, in a format that suits you. This includes induction training.
- Mentoring (minimum for first 12 months, to be reviewed and continued if agreed by person and mentor).
- Reasonable adjustments to support the person undertaking the role (in line with the Equality Act 2010).
- A named contact person who will give you support and guidance.
- Reasonable adjustments to support you to undertake the role (in line with the Equality Act 2010).
- Introduce you to other members of the IJB, with their jobs and roles explained to you.
- Treat you as an equal partner, with your views taken seriously.
- Meeting papers, in your preferred format, at least one week before the meeting.
- A laptop (to be returned at the end of your appointment) and email address.
- Expenses incurred in preparing for and attending meetings.
- Resources as agreed with the person needed to fulfil their role.
- Opportunities for the person to learn other service user' views, including views gathered through consultation and involvement of a wide range of service users in relevant matters.

There is no remuneration for this position.

Your involvement in Dundee IJB will not impact on your any health or care services you may receive, either now or in the future.

The Service User Representative will:

- Live in Dundee.
- Be an adult, aged over 18 years.
- Have first-hand experience of using health and/or adult social care services that fall under the responsibility of Dundee IJB.
- Have a knowledge and understanding of the issues affecting users of health and social care services.
- Have an active interest in health and social care and the decision-making process around the planning of these services.
- Be able to communicate a service user perspective effectively at meetings of Dundee IJB.
- Be able to commit time to preparing for and attending relevant meetings.

The service user on DIJB will contribute to good governance and to the best of their abilities represent service users in Dundee City. Expectations of the service user relating to good governance include:

- Contributing relevant items to the IJB meeting agenda, to be discussed and recorded.
- Raise relevant points and question content in meeting papers and accompanying evidence appropriately.

- Contributing to discussions and sharing information at IJB as an equal member, including providing advice and scrutiny from a service user perspective.
- Supporting processes that ensure Dundee Health and Social Care Partnership and IJB implement their statutory obligations.
- Abide by the standards of the Model Code of Conduct for Members of Devolved Public Bodies and/or other local and national guidance when identified e.g., Bribery Act 2010, Advice and Guidance Board Members Public Bodies-2015.
- Provide apologies if you are unable to attend any meetings.
- Agree to your name appearing on minutes of Dundee IJB meetings which are available to the public.
- Declare any interests, employment or otherwise, which may conflict with your involvement with Dundee IJB; this will not necessarily stop you joining the Board.
- Being politically independent.
- Participate in IJB Development activities

As service user representative you will be expected to:

- Use your experience to give the perspective of users of health and social care services.
- Be willing to suggest and influence changes to services or plans.
- Take an active role in groups or projects with our support.
- Attend the Dundee IJB meetings (usually six per year). Some meetings might be online or hybrid, and some in-person.
- Attend Dundee IJB Development Sessions (usually 6 – 8 per year). Some meetings might be online or hybrid, and some in-person.
- Read the papers circulated before each meeting and come to the meeting fully prepared to take part in the discussions from the perspective of people who use the health and social care services.
- Make contact with and engage with other service users and represent their views in a balanced and objective way.
- Follow rules of confidentiality and not to discuss personal or sensitive information outside meetings. We will ask you to sign a confidentiality agreement.
- Participate in the planning and monitoring of the Dundee IJB strategic plan, priorities and budgets.
- Consider contributing the IJB Lived Experience Representative Network
- All contact with the media (newspapers, television, radio) or through social networking will be handled by DHSCP with support from Dundee City Council and/or NHS Tayside.

Expectations on representing service users:

- Promote service user involvement as Equal and Expert partners at all levels and support ways to link in with other service users to optimise the ways service user views are collected and represented locally.
- Seek ways to learn and understand the views of the widest range of a range of service users in a range of circumstances.
- Seek information objectively, aiming to understand patterns of experience that are affecting carers, rather than giving prominence to individual or personal experience.
- Where appropriate and if available, join one or more sub committees/working groups (such as the Performance and Audit Committee).
- Take part in induction and relevant training.
- When available, play an active role in relevant IJB & HSCP service user events.

Skills and qualities you need:

- No formal qualifications are required.
- Good communication and interpersonal skills.
- Active interest in health and social care and an understanding of national and local issues.
- Compassion, patience, and perseverance.
- Commitment to equality and diversity.
- Confidence in speaking in a group setting, including in public.
- Ability to listen, take on board other people's points of view or experiences and reflect the views of other service users (even if they are different to your own).
- Ability to develop good working relationships with other experts, professionals, and stakeholders.

- Knowledge and understanding of service user involvement and opportunities to increase the voice of people who use services.
- Ability to read and interpret detailed reports that are sometimes complex and identify the implications for service users and articulate these succinctly at formal meetings.
- Ability to collate and filter information from IJB meetings to report back to service users, service user forums, including the outcome of any issues they raised.
- Confidence to raise relevant points and question reports.
- Understanding of reasons for integrating health and social care.
- Understanding of the health and social care systems in Dundee.

Appendix 3
Dundee Integration Joint Board Member Role Description- Person providing unpaid care in the area of Dundee City Council

Dundee Integration Joint Board (IJB) commissions health and social care services. These services are provided by Dundee Health and Social Care Partnership (HSCP) in line with 'The Plan for Excellence in Health and Social Care in Dundee', the IJB Strategic Commissioning Framework 2023-2033.

Dundee IJB is made up of Dundee City Councillors and NHS Tayside Non-executive Directors and professionals who provide support and advice. IJBs are expected - to involve 'a person who the integration authority considers to be representative of' carers' who is a non-voting member of the IJB1. This carer is appointed by the IJB Chairperson. The carer will be recognised as an 'expert by experience' and is often referred to as the 'Carers Rep'. The carer will be invited to attend all IJB meetings and in preparation for and during the IJB, be given the opportunity to raise suggestions, and potential concerns for carers, have these debated and minute.

The carer on the IJB will be appointed for three years. At this stage, the arrangement will be formally reviewed. The carer may be reappointed for another 3 years. The carer will receive support from the IJB, HSCP and Dundee Carers Centre who will provide:

- Support/training and any information you need, in a format that suits you. This includes induction training.
- Mentoring (minimum for first 12 months, to be reviewed and continued if agreed by person and mentor).
- Reasonable adjustments to support the person undertaking the role (in line with the Equality Act 2010).
- A named contact person who will give you support and guidance.
- Reasonable adjustments to support you to undertake the role (in line with the Equality Act 2010).
- Introduce you to other members of the IJB, with their jobs and roles explained to you.
- Treat you as an equal partner, with your views taken seriously.
- Meeting papers, in your preferred format, at least one week before the meeting.
- A laptop (to be returned at the end of your appointment) and email address.
- Expenses incurred in preparing for and attending meetings.
- Resources as agreed with the person needed to fulfil their role.
- Opportunities for carer to learn other carers' views, including views gathered through consultation and involvement of a wide range of carers in relevant matters.
- Access to information and support networks such as the Coalition of Carers in Scotland and the Scottish Health Council.

There is no remuneration for this position.

Your involvement in Dundee IJB will not impact on your any health or care services you or the person that you care for may receive, either now or in the future.

The Carer Representative will:

- Live in Dundee.
- Be an adult, aged over 18 years.
- Be someone who provides (or on appointment has provided in the last 3 years) unpaid support and care for an adult or child living in Dundee.
- Have a knowledge and understanding of the issues affecting users of health and social care services.
- Have an active interest in health and social care and the decision-making process around the planning of these services.
- Be able to communicate a carer perspective effectively at meetings of Dundee IJB.
- Be able to commit time to preparing for and attending relevant meetings.

The carer on DIJB will contribute to good governance and to the best of their abilities represent carers in Dundee City. Expectations of the carer relating to good governance include:

- Contributing to discussions and sharing information at IJB as an equal member, advice, and scrutiny from carer's perspective.
- Supporting processes that ensure Dundee Health and Social Care Partnership and IJB implement their statutory obligations.

- Participate in IJB Development activities.
- Contributing relevant items to the IJB meeting agenda, to be discussed and recorded.
- Raise relevant points and question content in meeting papers and accompanying evidence appropriately.
- Being politically independent.
- Abide by the standards of the Model Code of Conduct for Members of Devolved Public Bodies and/or other local and national guidance when identified e.g., Bribery Act 2010, Advice and Guidance Board Members Public Bodies-2015.
- Provide apologies if you are unable to attend any meetings.
- Agree to your name appearing on minutes of Dundee IJB meetings which are available to the public.
- Declare any interests, employment or otherwise, which may conflict with your involvement with Dundee IJB; this will not necessarily stop you joining the Board.
- Being politically independent.
- Participate in IJB Development activities

As carer representative you will be expected to:

- Use your experience to give the perspective of carers.
- Be willing to suggest and influence changes to services or plans.
- Take an active role in groups or projects with our support.
- Attend the Dundee IJB meetings (usually six per year). Some meetings might be online or hybrid, and some in-person.
- Attend Dundee IJB Development Sessions (usually 6 – 8 per year). Some meetings might be online or hybrid, and some in-person.
- Read the papers circulated before each meeting and come to the meeting fully prepared to take part in the discussions from the perspective of people who use the health and social care services.
- Make contact with and engage with other carers and represent their views in a balanced and objective way.
- Follow rules of confidentiality and not to discuss personal or sensitive information outside meetings. We will ask you to sign a confidentiality agreement.
- Participate in the planning and monitoring of the Dundee IJB strategic plan, priorities and budgets.
- Consider contributing the IJB Lived Experience Representative Network
- All contact with the media (newspapers, television, radio) or through social networking will be handled by DHSCP with support from Dundee City Council and/or NHS Tayside.

Expectations on representing carers:

- Promote carers involvement as Equal and Expert partners at all levels and support ways to link in with other service users to optimise the ways carers views are collected and represented locally.
- Seek ways to learn and understand the views of the widest range of a range of carers in a range of circumstances.
- Where appropriate and if available, join one or more sub committees/working groups (such as the Performance and Audit Committee).
- Take part in induction and relevant training.
- When available, play an active role in relevant IJB & HSCP carers events.

Skills and qualities you need:

- No formal qualifications are required.
- Good communication and interpersonal skills.
- Active interest in health and social care and an understanding of national and local issues.
- Compassion, patience, and perseverance.
- Commitment to equality and diversity.
- Confidence in speaking in a group setting, including in public.
- Ability to listen, take on board other people's points of view or experiences and reflect the views of other carers (even if they are different to your own).

- Ability to develop good working relationships with other experts, professionals, and stakeholders.
- Knowledge and understanding of carer involvement and opportunities to increase the voice of carers.
- Ability to read and interpret detailed reports that are sometimes complex and identify the implications for carers and articulate these succinctly at formal meetings.
- Ability to collate and filter information from IJB meetings to report back to carers, carer forums, and strategic groups including the outcome of any issues they raised.
- Confidence to raise relevant points and question reports.
- Understanding of reasons for integrating health and social care.
- Understanding of the health and social care systems in Dundee.

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ITEM No …7……..

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10 DECEMBER 2025**
REPORT ON:	**PROTECTING PEOPLE COMMITTEE ANNUAL REPORT 2024/25**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB76-2025**

1.0 PURPOSE OF REPORT

To present to the Integration Joint Board the annual report published by the Protecting People Committees for the period 2024/25.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the annual report for the Dundee Protecting People Committees (attached as appendix 1).

2.2 Note the progress made in developing an effective partnership response to the needs of at-risk children and adults during 2024/25 (section 4.2).

2.3 Note the challenges and priority areas for action identified across the annual reports for focus during 2025/26 and beyond (section 4.3).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

4.1.1 All agencies, professional bodies and services that deliver child and / or adult services or otherwise work with members of the public have a responsibility to recognise and actively consider potential risks to the safety and wellbeing of the people they come into contact with. Dundee City Council therefore has a vital role to play in local arrangements, both at an operational and strategic level, in relation to child protection, adult support and protection, violence against women, alcohol and drugs, and suicide prevention.

4.1.2 During 2024/25 the Alcohol and Drug Partnership, Adults at Risk Committee and Children at Risk Committee had overall strategic responsibility for the continuous improvement of protecting people policy and practice in the local area. These partnerships consist of representatives from a range of backgrounds including the police, health services, local authority, health and social care, prison service, fire and rescue service, community planning and the third sector.

4.1.3 Requirements relating to the production and publication of annual reports vary, having been set out in legislation and national guidance for each specific group. Current arrangements can be summarised as follows:

- Dundee Alcohol and Drug Partnership (ADP) – no requirement to publish an annual report, although an annual return is made to the Scottish Government (on a template set by them), however the Partnership in consultation with Dundee Chief Officers Group agreed a public facing annual report should be published.

- Dundee Children at Risk Committee (CARC) – no requirement to publish an annual report, however most Committees across Scotland which incorporate responsibilities in relation to child protection do so, including Dundee.

- Dundee Adults at Risk Committee (AARC) – Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Adult Protection Committee (which is now incorporated within the overall AARC) and progress made in protecting adults at-risk of harm. Please note that 2024/25 is not a biennial reporting year.

National guidance also sets out the requirement for each MAPPA Strategic Oversight Group to publish an annual report by a specified deadline every year. However, given the Tayside wide remit of the MAPPA Strategic Oversight Group a separate report continues to be produced and published by them aligned to the deadline set nationally by the Scottish Government.

During 2024/25, the Community Justice Partnership also became part of the multi-agency protecting people governance arrangements overseen by the Dundee Chief Officer Group. For 20242/5 a separate report is also continuing to be produced for the Community Justice Partnership to meet their statutory reporting requirements but officers will explore how this can be incorporated within the integrated protecting people report in future years.

The reports for MAPPA and the Community Justice Partnership will be submitted to Committee early in 2026.

4.1.4 This is the third year that the ADP, CARC and AARC have published a single integrated report rather than individual committee reports. This integrated report focused on multi-agency activity led by the committees, further detail regarding developments in individual services will be included within their own annual performance reports (for example, the Chief Social Work Officer Annual Report and Dundee Integration Joint Board Annual Report). The production of a single report has supported the best use of available resources and has been well received by both partner agencies and the public. Taking onboard feedback from 2023/24, the structure of the report has been further updated this year to focus on a single, accessible summary report suitable for both organisational stakeholders and members of the public.

4.1.5 Following endorsement from the Chief Officers Group the Protecting People Annual Report 2024/2025 was published on 03 November 2025.

4.2 Areas of Progress

4.2.1 During 2024/25 noteworthy progress has been made in improving services and supports in a range of areas that are relevant across all the Protecting People Committees. This includes:

- Through a restructuring of the multi-agency committees, including the establishment of new Children at Risk and Adult at Risk Committees responsible for suicide prevention and violence against women alongside child and adult protection, joint working has improved, and stronger linkages are being made across the workforce, services and strategic and governance structures.

- Protecting People branding has been refreshed and a website, with landing page was re-launched at the beginning of 2025/26.

- The focus on suicide prevention activity has been significantly enhanced, including through the appointment of a full-time Suicide Prevention Co-ordinator and publication of a two-year delivery plan, Creating Hope Together in Dundee.

- The new Dundee and Angus Joint Learning Review Guidance, that takes a multi-agency systems approach to learning and improvement, was implemented resulting in an increase in reviews undertaken and subsequent improvement activity.

4.2.2 With individual committee remits there have also been some significant positive developments throughout the year, including:

Alcohol and Drug Partnership

- There has been continued progress with the implementation of the Medication Assisted Treatment (MAT) Standards. The most recent benchmarking report confirms that improvements to service provision in Dundee have been achieved, with Dundee scoring green for all standards (please note MAT 10 was not included in the most recent national benchmarking report).

- The Dundee Alcohol Pathway was reviewed with improvements made to ensure easier and quicker access to services and supports. Work is continuing to support the delivery of Alcohol Brief Interventions and related staff learning and development opportunities.

- An A&E pathway was developed to respond to near-fatal overdoses and increase the distribution of Naloxone. This has resulted in increased engagement with people who historically have not benefitted from specialist substance use services.

Adults at Risk Committee

- A multi-agency adult support and protection case file audit and staff survey evidenced improvements in the completion and quality of chronologies and risk assessments for adults at risk of harm.

- Considerable progress has been made in the redesign of pathways for responding to adults at risk of harm. Work has been led by operational staff to establish a multi-agency safeguarding hub and Team Around the Adult / Lead Professional model to

better meet the needs of vulnerable adults who do not meet thresholds for statutory intervention.

- The Adult Support and Protection Learning Framework has been launched, Tayside Multi-agency Protocol for Honour-based Abuse has been published, and an e-learning module on chronologies developed in partnership with Perth & Kinross has received national recognition.

Children at Risk Committee

- A multi-agency audit focused on the quality of assessments and risk management was completed, the findings of which were very positive. Services continue to to focus on the quality of assessments, chronologies and plans.

- The 16 Days of Action Against Gender-Based Violence included work to gather the views of primary school pupils on gender roles, norms and prevention of gender-based violence. This work is now informing the development of Dundee's Violence Against Women and Girls Prevention Framework.

- The Bairns Hoose Model Pathfinder celebrated their first year of work, including key successes in relation to improved co-ordination of forensic medical examination for children and the delivery of a wider range of multi-agency training.

4.3 Challenges and Future Priorities

4.3.1 All of the Protecting People Committees have experienced and responded to a challenging landscape over the last reporting year. There continues to be a need to carefully prioritise available resources against key priorities to accelerate continued improvements in services. This has been a particular challenge during 2024/25 as partners have supported significant changes to the strategic and governance structure whilst also continuing to progress improvement work.

A significant increase in the volume of referrals for learning reviews, associated with the implementation of revised national guidance that changed the threshold for referral, has also presented resource challenges across all partner agencies; work is ongoing to amend local guidance and arrangements to ensure a proportionate approach to reviews and that capacity is prioritised to support improvement activity.

Legislative and policy changes have also been a feature during 2024/25, with implications for workforce communication and learning and development. Achieving a communications strategy that reaches all parts of the workforce in an accessible way and supports their engagement with improvement activity continues to be a challenge due to the scale and diversity of workforce roles / needs. As part of the new committee structure a dedicated Communications Sub-group is proactively addressing these ongoing challenges.

4.3.2 Moving into 2024/25 the Protecting People Committees are now working to deliver priorities set out within a recently agreed Strategic Plan and supporting delivery plans for committee sub-groups and for the ADP. However, some shared areas of focus include:

- Developing a clear public communication strategy and engagement plan across all protecting people areas.

- Continuing to strengthen learning opportunities and communication across the protecting people workforce.
- Development of a single integrated protecting people dataset to minimise duplication and improves effectiveness of data and intelligence analysis.
- Finalising the protecting people quality assurance framework.
- Co-ordinating meaningful, trauma-informed and consistent engagement and participation across all protecting people areas.
- Continuing to implement the ADP Prevention Framework and develop the Violence Against Women and Girls Prevention Framework (supported by funding from the Scottish Government).

5.0 POLICY IMPLICATIONS

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

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 Members of the Chief Officers (Public Protection) Strategic Group, members of the Dundee Children at Risk Committee, members of the Dundee Adults at Risk Committee, Dundee City Council Leadership Team, the Chief Social Work Officer and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

DAVE BERRY
CHIEF OFFICER

DATE: 12 NOVEMBER 2025

Elaine Torrance
Independent Chair / Convenor Children at Risk Committee and Adults at Risk Committee

Pamela Dudek
Independent Chair, Alcohol and Drug Partnership

Ann Hamilton
Independent Advisor, Violence Against Women

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Development Officer, Protecting People

Naomi Cairns
Development Worker, Protecting People

Protecting People Annual Report
2024-2025

Protecting People in Dundee

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Foreword

As the Committee/Partnership Chairs and Independent Violence Against Women and Girls Advisor, we are pleased to share this year's Protecting People Annual Report, covering the period from April 2024 to March 2025. Building on the success of last year's summary report, we've continued with a single, integrated publication that brings together key updates, achievements, challenges, and future priorities from across our partnerships.

2024-25 marked a significant transition in how we work together to keep people safe. We introduced a new strategic governance model, moving away from the traditional 'care group' structure to a more integrated, cross-cutting approach. This led to the creation of two new Committees: The Adults at Risk Committee and The Children at Risk Committee. These Committees now bring together work previously carried out by the Adult Support and Protection Committee, Child Protection Committee, Violence Against Women Partnership, and Suicide Prevention portfolio, reflecting our commitment to addressing risk and vulnerability in a more joined-up way.

While the Community Justice Partnership and Alcohol and Drugs Partnership remain separate for now, plans are in place to integrate them into the new structure by 2026–27. This shift is already strengthening multi-agency collaboration and helping us respond more holistically to the needs of individuals and families. One example is the newly established Learning Review Group, which is beginning to explore whole-family dynamics through both adult and child learning reviews.

Alongside this structural change, a wide range of work has been delivered. A major milestone was the launch of the Dundee and Angus Joint Learning Review Guidance, which promotes a multi-agency approach to learning and improvement. We also strengthened our focus on suicide prevention with the appointment of a dedicated Suicide Prevention Co-ordinator and the publication of a two-year delivery plan. Work was also undertaken to improve transparency and accessibility by refreshing our branding and developing a new Protecting People website. The landing page will go live at the start of 2025–26, with the full site launching later in the year.

In addition to the cross-cutting work, each of the new Committees has made significant progress in their individual areas:

Adults at Risk Committee (AARC):

- Led a joint multi-agency audit and staff survey focused on Adult Support and Protection.
- Made strong progress in redesigning the system to support a new Adults at Risk Pathway, aimed at improving how we respond to concerns.
- Developed and launched a new Adult Support and Protection Learning Framework to support training and development across the multi-agency workforce.
- Introduced the Tayside Harmful Practice Protocol, providing clearer guidance for professionals working with adults at risk.

Children at Risk Committee (CARC):

- Delivered a multi-agency audit to strengthen child protection practices.
- Continued to develop the Young People's Intelligence Briefing, helping partners better understand emerging risks and trends.
- Created and agreed a new policy approach for supporting 16–17 year olds, ensuring a more streamlined and consistent response to concerns.
- Completed Year One of the Bairns Hoose Pathfinder Programme, which included coordinating forensic medicals for children and delivering a wide range of training for staff across agencies.

Alcohol and Drugs Partnership (ADP):

- Ongoing implementation of the Medication Assisted Treatment (MAT) Standards is helping ensure consistent, high-quality care across services.
- The Dundee Alcohol Pathway was reviewed and is currently undergoing a process of being updated to make it easier and quicker for people to access the help they need.
- Services have expanded to better support individuals affected by cocaine and other non-opioid drug use, improving access and outcomes.
- A Tayside Near-Fatal Overdose Review Group was created, which brings partners together to learn from serious incidents and improve prevention.
- The Multi-Agency Consultation Hub (MACH) continued to provide rapid joint assessments and referrals for people experiencing both substance use and mental health challenges.

While there have been many achievements this year, the Protecting People Committees recognise that challenges remain. The strategic transition to a new governance structure, while essential, made it difficult at times to maintain momentum in ongoing work. The introduction of the new Learning Review Guidance also led to a rise in multi-agency reviews, which placed pressure on meeting statutory timelines and delivering associated improvements.

Embedding lived experience meaningfully at a strategic level continues to be a challenge. The Committees are committed to ensuring that this work is trauma-informed, inclusive, and avoids tokenism. Limited public sector funding and workforce pressures often mean that resources are directed toward crisis response, this hinders the Committee's ability to focus on preventative work.

To address these challenges, the Committees will focus on several key areas in 2025–26:

- Listening to lived experience: Strengthening how we gather the voices of people we support, ensuring their insights shape strategic decisions, service delivery, and operational processes.

- Prevention-focused approaches: Increasing efforts to understand and prevent harm before it occurs, rather than responding only in times of crisis.

- Improved communication: Enhancing how information is shared across the workforce to support the success of the strategic transition and ensure all partners are informed and engaged.

- Driving improvement: Continuing to implement recommendations from the most recent Adult Support and Protection Inspection, Child Protection Inspection, and Learning Reviews, with a focus on better outcomes for children, young people, adults, and families in Dundee.

We would like to extend our sincere thanks to all members of the Protecting People Committees for their ongoing dedication, and to the many staff across agencies who work tirelessly every day to protect and support the people of Dundee.

Elaine Torrance
Chair of Adults at Risk Committee and Children at Risk Committee.

Pamela Dudek
Chair of Alcohol and Drugs Partnership.

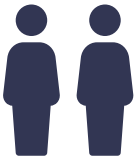
Ann Hamilton
Independent Violence Against Women and Girls Advisor.

1. Dundee Public Protection at a Glance

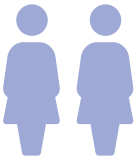
Dundee is Scotland's fourth largest city and has the second highest population density.

Dundee's population is estimated to be 153,000.

Dundee is the **fifth most deprived local authority in Scotland**, with 36.6% of its population living in the 20% most deprived areas.



There are 73,280 males in Dundee.
Life expectancy: 74.6 years.



There are 77,110 females in Dundee.
Life expectancy: 79.2 years.

Estimated that 43% of children aged 0-15 live within the **20% most deprived data zones**.

71% of those aged 16-64 years in Dundee City are **economically active**.

In the 2020-24 period, **Dundee had the second highest rate of suicide** of all Scottish Local Authority areas at 19.9 per 100,000.

528 sexual crimes recorded by Police Scotland. A rate of 35 per 100,000 population.

Dundee City has the largest number of domestic abuse incidents recorded by police per 10,000 population of all local authorities at 183 incidents compared to the Scotland average of 116 incidents.

92 child protection orders issued in 2024-25.

42 drug-related death notifications in 2024, a decrease of 2.3% from 2023.

35 alcohol-specific deaths in 2024, a decrease of 2.8% from 2023.

Dundee City has the highest imprisonment rate of local authorities in 2024 at 3.7 per 1,000 population.

2. Protecting People in Dundee

"Dundee's future lies with its people. They deserve the best this city can give them. We will provide the protection they need, when they need it, to keep them safe from harm."

2.1 What is Protecting People?

Protecting People (PP) is the term that we use in Dundee to describe the work undertaken to protect children, young people and adults from abuse, neglect and harm.

Our approach to PP includes:

- Child protection
- Adult support and protection
- Addressing violence against women and girls
- Addressing alcohol and drug use
- Suicide prevention
- The management of sexual and violent offenders (Multi-Agency Public Protection Arrangements)

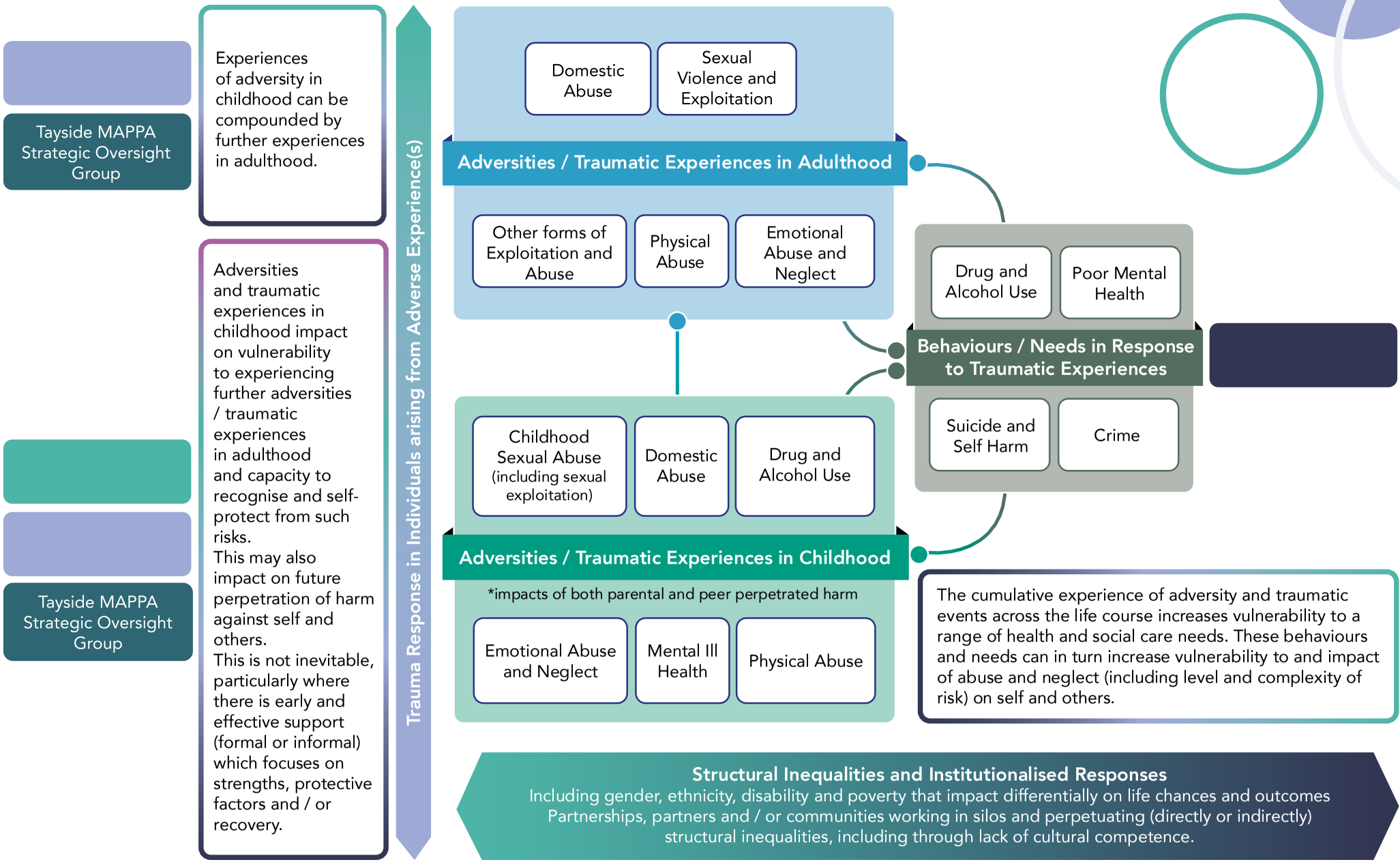
Protecting People is a shared responsibility. Across Dundee, agencies from the public sector (including Dundee City Council, NHS Tayside, Police Scotland, and the Scottish Fire and Rescue Service), the third sector (voluntary and community organisations), and the independent sector (social care providers) are working together to:

- Improve arrangements for identifying and supporting people who have been harmed or are at risk of harm. This includes involving people who have experiences harm and who have been supported through public protection services in helping to improve services and supports;
- Raise awareness of PP issues across communities, including signs that people might be at risk of harm and how to report this;
- Work together with communities to help prevent harm happening in the first place;
- Support the workforce who deliver PP service, including through learning and development activities; and
- Monitor data and other types of information about the impact services and supports have on vulnerable people so that services can learn from what is good and work together to change to things that need to be improved.

This collaborative approach extends beyond Dundee. Services also work together across Tayside and with national organisations to share learning, resources, and best practice, helping to build a stronger, more connected system of support for vulnerable people.

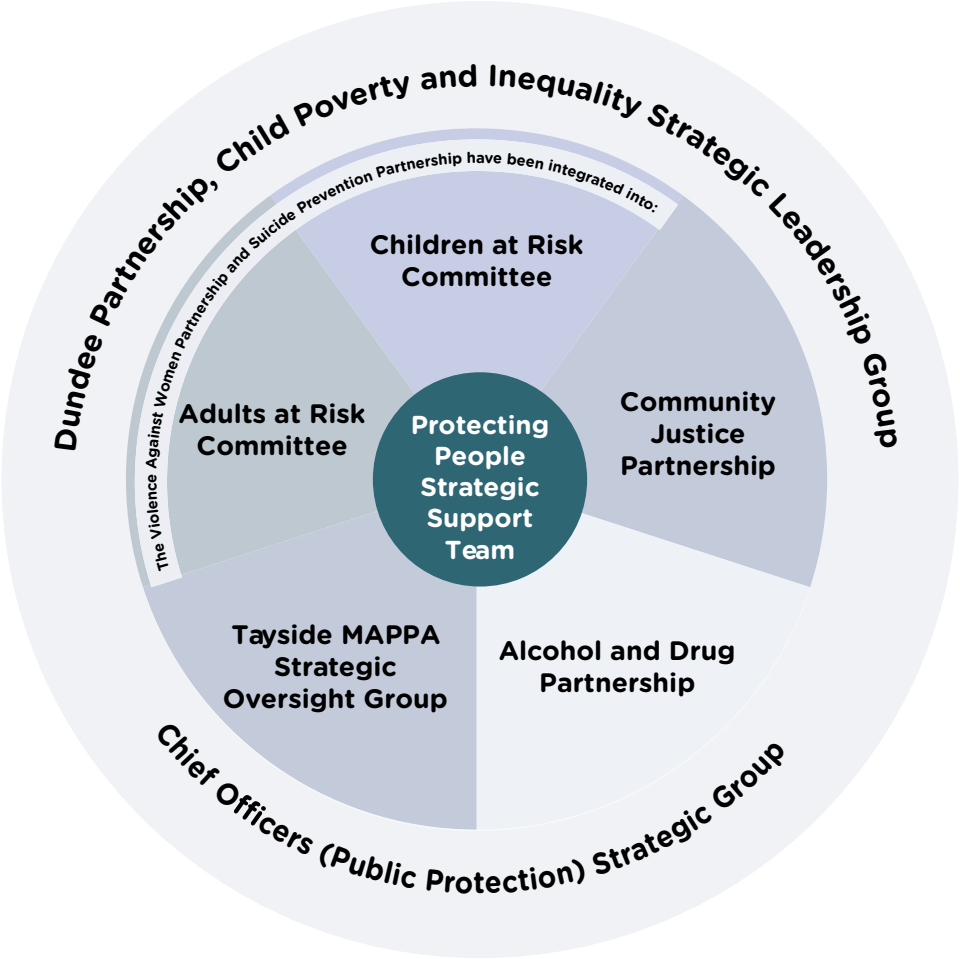
2.2 Why Have a Protecting People Approach?

In Dundee an integrated PP approach informs all our work to protect people at risk of harm. We know that many people in Dundee have multiple, complex and changing needs which typically arise from experiences of abuse, neglect and trauma through their lives. The graphic below describes the interconnected nature of PP work and how experiences of trauma can impact life experiences and outcomes.


Tayside MAPPA Strategic Oversight Group
Experiences of adversity in childhood can be compounded by further experiences in adulthood.
Tayside MAPPA Strategic Oversight Group
Adversities and traumatic experiences in childhood impact on vulnerability to experiencing further adversities / traumatic experiences in adulthood and capacity to recognise and self-protect from such risks.
This may also impact on future perpetration of harm against self and others.
This is not inevitable, particularly where there is early and effective support (formal or informal) which focuses on strengths, protective factors and / or recovery.
Trauma Response in Individuals arising from Adverse Experience(s)
Domestic Abuse
Sexual Violence and Exploitation
Adversities / Traumatic Experiences in Adulthood
Other forms of Exploitation and Abuse
Physical Abuse
Emotional Abuse and Neglect
Childhood Sexual Abuse (including sexual exploitation)
Domestic Abuse
Drug and Alcohol Use
Adversities / Traumatic Experiences in Childhood
*impacts of both parental and peer perpetrated harm
Emotional Abuse and Neglect
Mental Ill Health
Physical Abuse
Drug and Alcohol Use
Poor Mental Health
Behaviours / Needs in Response to Traumatic Experiences
Suicide and Self Harm
Crime
The cumulative experience of adversity and traumatic events across the life course increases vulnerability to a range of health and social care needs. These behaviours and needs can in turn increase vulnerability to and impact of abuse and neglect (including level and complexity of risk) on self and others.
Structural Inequalities and Institutionalised Responses
Including gender, ethnicity, disability and poverty that impact differentially on life chances and outcomes
Partnerships, partners and / or communities working in silos and perpetuating (directly or indirectly) structural inequalities, including through lack of cultural competence.

2.3 What are the Protecting People Committees?

The Protecting People Committees are where different organisations come together to lead, plan, and review how Dundee protects people from harm. These groups have a strategic focus, meaning they look at the bigger picture, identifying key themes, sharing good practice, and spotting gaps where improvements are needed. While the Committees work across agencies to strengthen collaboration, each individual service also has its own internal systems to make sure their responses to protecting people are effective and of high quality. Together, the Committees help ensure that Dundee's approach to protecting people is joined-up, informed by evidence, and focused on making a real difference in people's lives.



Each of the Committees is led by an Independent Chair. This is someone who does not work for local agencies and has significant knowledge, skills and experience in specific areas of PP, as well as experience of leading services, change and improvement. They have an important role in supporting and leading improvement work, as well as challenging local agencies where they think improvement is needed.

The wider membership of the Committees is made up of representatives from the public, third and independent sectors. As well as senior officers, some Committees have community representatives who have experience of harm and PP services (either themselves or as a family member). The Committees are supported by a number of sub-groups that cover all protection people areas of harm where staff who work in protection services contribute to developing good practice and planning and implementing improvements.

2.4 Protecting People Transition

In 2024–2025, Protecting People underwent a major transformation, adopting a new strategic governance structure. This shift moved away from the traditional 'care group' approach and introduced a more integrated structure designed to better reflect the complex and interconnected nature of risk and harm.

As part of this change, two new Committees were established:

- Adults at Risk Committee (AARC)
- Children at Risk Committee (CARC)

These Committees now bring together work previously carried out by the Adult Support and Protection Committee, Child Protection Committee, Violence Against Women Partnership (VAWP), and Suicide Prevention portfolio. By integrating these areas, the Committees are better positioned to respond to risk and vulnerability in a more joined-up and holistic way.

The Community Justice Partnership has also come under the Protecting People Chief Officers Group (COG) governance structure. While both the Community Justice and Alcohol and Drugs Partnerships remain separate for now, plans are in place to integrate them into the new committee structure by 2026–27.

To ensure that Violence Against Women and Girls (VAWG) remains a key focus, the former Independent Chair of the VAWP now acts as an Independent VAWG Advisor to both AARC and CARC. This role helps ensure that VAWG issues are fully embedded within the work of both Committees and remain central to strategic planning and improvement.

Care Group Approach:

- The Alcohol and Drugs Partnership (ADP)
- The Child Protection Committee (CPC)
- The Adult Support and Protection Committee (ASPC)
- The Violence Against Women Partnership (VAWP)
- Tayside Multi-Agency Public Protection Arrangements (MAPPA)

New Integrated Structure:

- The Alcohol and Drugs Partnership (ADP)
- Children at Risk Committee (CARC)
- Adults at Risk Committee (AARC)
- Tayside Multi-Agency Public Protection Arrangements (MAPPA)
- Community Justice Partnership (CJP)

Key reasons for adopting this new structure were to:

Reduce duplication: with one set of cross-cutting sub-groups being created, this allows the same conversation to happen once and in a collective manner, ultimately increasing capacity of those attending meetings.

Reduce siloed working: by adopting even more of a cross-cutting approach, this allows a more holistic approach to addressing the needs of vulnerable people and families.

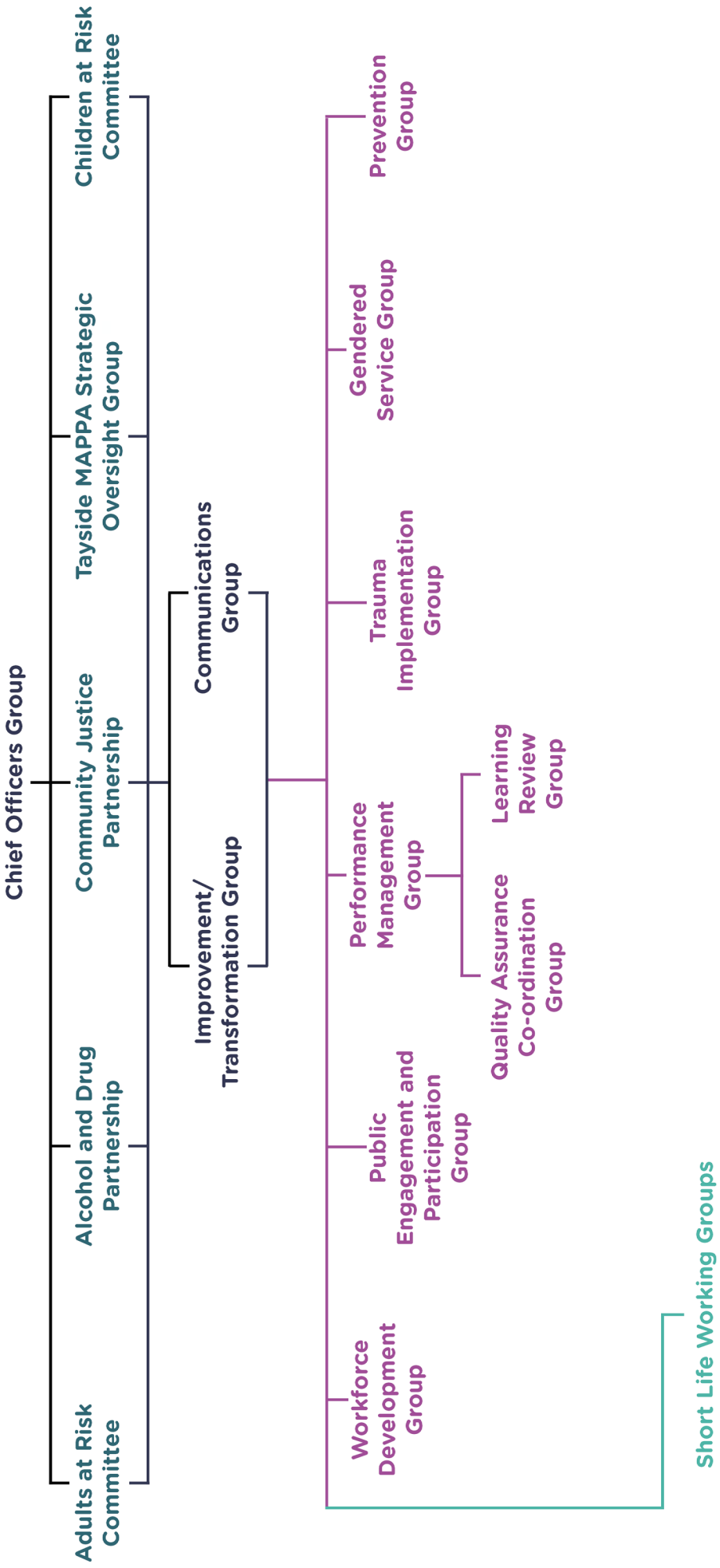
Adopt learning from the pandemic: during COVID-19, partners worked closely to understand cross-cutting risks and became more effective at recognising that people we are striving to support did not fit into one category and their complex lives and needs were the focus of more than one public protection area/Committee. By adopting this learning, we want to continue to develop working in a more holistic, whole family, trauma-informed way within the new structure.

Effectively use resources: The public protection workforce are operating in pressurised times in terms of the resources available and the Protecting People structure needs to be as effective and efficient as possible to meet local demands. Having a large complex structure meant many members of the workforce were attending multiple meetings, adding pressure and straining capacity, ultimately impacting partners ability to participate fully. Through the transition the aim is for the new structure to be more effective.

Beneath the Committee Structure is a set of sub-groups, each sub-group will cover child protection, adult protection, violence against women and girls, community justice, suicide prevention and alcohol and drugs. The sub-groups are as follows:

- Improvement and Transformation
- Workforce Development
- Public Engagement and Participation
- Performance Management (data and information)
- Quality Assurance Co-Ordination
- Learning Reviews
- Trauma Informed Practice Implementation
- Gendered Services
- Prevention
- Communications

There will also be an option to establish short-life working groups as necessary for specific, time-limited pieces of work.


Chief Officers Group
Adults at Risk Committee
Alcohol and Drug Partnership
Community Justice Partnership
Children at Risk Committee
Tayside MAPPA Strategic Oversight Group
Improvement/ Transformation Group
Communications Group
Workforce Development Group
Public Engagement and Participation Group
Performance Management Group
Quality Assurance Co-ordination Group
Learning Review Group
Trauma Implementation Group
Gendered Service Group
Prevention Group
Short Life Working Groups

3. Key Achievements in 2024-25

3.1 Cross-Cutting

Through the Transition, joint working was improved and stronger linkages between the workforce, services and Committees have been made.

Work was undertaken to refresh the Protecting People branding and website, with the landing page to be launched at the beginning of 2025-26.

Enhanced focus on suicide prevention through recruitment of a full-time Suicide Prevention Co-ordinator and publication of a two-year delivery plan, **Creating Hope Together in Dundee**.

The new Dundee and Angus Joint Learning Review Guidance that takes a multi-agency systems approach to learning and improvement was implemented, resulting in an increase in referrals and learning and improvement activity.

3.2 Adults at Risk Committee (AARC)

A Joint Multi-Agency Adult Support and Protection Audit and staff survey was carried out, highlighting the improvement of quality and quantity of chronologies and risk assessments.

Significant progress has been made on the ongoing system redesign for the development and implementation of a new Adults at Risk Pathway. The work is establishing a Multi-Agency Safeguarding Hub, Team Around the Adult/Lead Professional Model, and redesign of the **Health & Social Care Partnership Front Door Model**. This is to ensure the needs of vulnerable adults, who do not meet statutory intervention thresholds, are addressed.

The new **Adult Support and Protection Code of Practice** was integrated into the Health and Social Care Partnership Adult Support and Protection Procedures, Council Officer Training, and second worker training, drawing attention to the impact of trauma.

Developed and launched a new Adult Support and Protection Learning Framework for the multi-agency workforce.

Launched the new **Tayside Multi-Agency Protocol for Honour-Based Abuse**.

Developed and launched an e-learning on chronologies in partnership with Perth and Kinross to support practice improvement, which is now available nationally due to recognition of its quality.

Developed a new Adult Support and Protection dataset that encompass the new national minimum dataset developed in the previous year.

Large Scale Investigation procedures were updated to align with national guidance and launched.

3.3 Children at Risk Committee (CARC)

The CARC carried out a multi-agency audit in October 2024, which focussed on investigating whether appropriate assessments were being carried out and if risks are managed effectively. Findings were generally positive with areas for improvement being identified and shared with the workforce.

There has been ongoing development of the Young People's Intelligence Briefing that is informed work to address the online harms faced by young people.

During **16 Days of Action Against Gender-Based Violence** the views of primary school pupils were gathered regarding gender roles, norms and views on how to address GBV. This work highlighted the importance of primary prevention and will link to future work of the development of the Dundee VAWG Prevention Framework in 2025-26.

The CARC produced and agreed a new policy approach to 16/17-year-olds in order to ensure a streamlined response to concerns for this age group.

Following the successful regional multi-agency joint bid in 2023 to Scottish Government to become a Tayside Pathfinder site for the **Bairns Hoose Model** of Child Protection, 2024-25 marked Year one of the three-year pathfinder programme. Key successes including coordination of forensic medicals for children by the Child Protection team and a range of training for multi-agency staff.

A review of partnership services for young people in Dundee has been ongoing including work to develop a co-located multi-disciplinary team. It is anticipated that work will be completed, and teams will occupy the intended premise from autumn 2025. The model will also involve collaboration with The Corner for sexual health services and Employability colleagues to promote positive destinations for vulnerable young people on leaving school.

3.4 Alcohol and Drug Partnership (ADP)

The implementation of the **Medication Assisted Treatment (MAT) Standards** continued to be a key aspect of work undertaken by the Dundee ADP, with **significant improvements** to all Standards being made.

The Dundee Alcohol Pathway was reviewed with improvements introduced to ensure easier and quicker access to services. There will be a continued focus on the provision of **Alcohol Brief Interventions** and upskilling a range of frontline staff to deliver these interventions to the general public.

Acknowledging the increase in non-opioid substance use, cocaine brief interventions were introduced to support faster identification of individual needs.

At a Tayside level, a Tayside Near-Fatal Overdose Review Group was established, which brings partners together to learn from serious incidents and improve prevention.

An A&E pathway was developed to respond to near-fatal overdoses and increase provision of naloxone. This resulted in engagement with individuals who historically did not benefit from the specialist substance use services.

The Multi-Agency Consolation Hub (MACH) continued to provide quick joint assessment and referral for those affected by substance use and mental health. MACH also benefits from multi-agency co-ordination, led by the Dundee Drug and Alcohol Recovery Service (DDARS) Psychology Service.

The provision of Independent Advocators has been increased to support individuals navigate and access services, specifically those accessing MAT. Independent Advocators also support people in their recovery journey and participation in lived experience work.

The Dundee Recovery Network continued to develop, with more individuals with lived and living experience inputting to local community recovery projects. This included input from family members and carers.

Work with Scottish Families has continued to implement the Whole Family Approach in Dundee. Frontline staff received training to ensure they are skilled at supporting family members and to provide them opportunities to remain engaged in their loved ones recovery journeys.

The ADP has extended its focus on prevention work by supporting the Planet Youth project, the Hot Chocolate Trust's action learning research and funding the employment of a Graduate Trainee to assist with the implementation of the **Dundee Alcohol and Drug Prevention Framework**.

Collaborated with partners through the Year of Kindness role to build kindness, compassion and hope and address stigma experienced by people who use substances. The Year officially began in January 2025 and will involve community events and shifting a focus towards improving staff wellbeing within the sector.

4. Key Priorities for 2025-26

4.1 Cross-Cutting Priorities

Embed Protecting People principles and values throughout all work conducted and across the multi-agency workforce.

Develop a clear public communication strategy and engagement plan across all Protecting People areas.

Continue to strengthen learning opportunities and communication across the Protecting People workforce.

Development of one collective Protecting People dataset to minimise duplication and improve effectiveness of data and intelligence to identify key priorities.

Finalise the development of a new Protecting People Quality Assurance Framework.

Fully implement the Dundee and Angus Learning Review Protocol including the tools and templates for the process.

Co-ordinate meaningful, trauma-informed and ongoing engagement and participation across all Protecting People areas.

Continue work on leadership and culture including targeted leadership sessions, and launch the Trauma Informed Leadership Pledge.

Continue to implement the Dundee Alcohol and Drug Prevention Framework and support the development of the Violence Against Women and Girls Evidenced-based Prevention Framework.

Development of the new interim Protecting People Integrated Strategy and Delivery Plan and continued development of the new strategic structure.

4.2 Adults at Risk Committee (AARC)

Finalise the development and implementation of the new multi-agency pathway for adults at risk of harm including co-location for screening.

Apply the gendered lens to understand and address the barriers men experience in accessing support in relation to their mental health.

Continue to develop sustainable and collaborative approach to VAW funding locally and nationally.

Whilst significant progress has been made, the Committee will continue to implement the recommendations and subsequent action plan from the Ms. L Significant Case Review and the Joint ASP Multi-agency Inspection.

4.3 Children at Risk Committee (CARC)

Finalise new arrangements for a co-located multi-disciplinary team, Care and Risk Management (CARM) procedure and implementation of Contextual Safeguarding.

Increase local work focussing on young people's experiences of gender-based violence (GBV) within their own intimate relationships and the online harm associated with these issues.

Improved support to children and young people with mental health or emotional wellbeing issues.

Preliminary Learning Review activity highlights that neglect will be a key focus.

4.4 Alcohol and Drug Partnership (ADP)

Complete and implement recommendations from the Female Drug Death Deep Dive, and the Workforce Wellbeing Survey.

Continue the progress that has been made with the implementation of all Medication Assisted Treatment (MAT) Standards with a specific focus on implementing the **Human Rights Approach**, and expand the MAT Standards include alcohol and all drugs.

Following the launch of the Charter of Rights in 2024, work to progress this locally will be a key feature for 2025/26.

The ADP will undertake a review of all its funding allocation, initially to develop a better view of the current gaps, areas of duplication and highlight opportunities for more partnership working.

Embed the residential and community rehabilitation pathway within mainstream service provision.

Complete the Safer Consumption Facility feasibility study (with Dundee University) and identify an approach for Dundee.

5. Key Challenges in 2024-25

5.1 Key Challenges for the Adults and Children at Risk Committees

Keeping essential work progressing across the Protecting People Committees whilst facilitating the strategic transition, which will continue into 2025-26, has stretched both operational and strategic multi-agency workforce.

Volume of Learning Reviews. Since the launch of the new Dundee and Angus Learning Review Guidance in April 2024, there has been a notable increase in the volume of referrals for Multi-Agency Public Protection Learning Reviews. This surge reflects a positive shift in the culture of learning and continuous improvement across services. However, it has also presented challenges in meeting statutory timescales and progressing associated improvement work. Recognising the importance of maintaining both quality and timeliness, consideration will be given in 2025-26 to increasing capacity and resources to support the delivery of the learning review process. This will help ensure that learning is translated into meaningful action while meeting statutory expectations.

Improving communication and engagement. One size does not fit all, different audiences have different needs and preferences. Within the resources available it can be challenging to meet everyone's need and there often must be a process of prioritisation. Committees will continue to be proactive in their approach to communications and work collaboratively to maintain enhanced communication and design capacity required.

Continue embedding lived experience. The commitment to embedding lived experience within the Protecting People Committees remains a priority. It is important that we continue to embed and expand this work but ensure that all lived experience work is trauma-informed, meaningful, and not tokenistic. Looking ahead, the establishment of the Engagement and Participation Group under the new strategic structure offers a renewed opportunity to further embed lived experience meaningfully.

Increasing focus on prevention and early intervention. This continues to be a challenge, impacted by the restrained public sector financial landscape that strains capacity within frontline and strategic teams. It does not always allow for a prevention focus to be at the forefront, with resources being assigned to crisis-driven responses.

The public sector continues to face very challenging financial landscape. This has impacted a range of Protecting People services and supports, particularly those delivered in the third sector. Protecting People Committees have focused on taking positive action to mitigate risks associated with financial challenges where possible. This includes the continued work of the ADP Commissioning Group and the VAWP Funding Group.

Changing landscape in legislation across the children and adult sector. Examples of this are the Children (Scotland) Care and Justice (Act) 2024, The UNCRC being enshrined in Scottish legislation, and the updated Code of Practice within the Adult Support and Protection Act (2007).

5.2 Alcohol and Drug Partnership (ADP)

The uncertain financial future remains a key challenge for the ADP. All the funding linked to the delivery of the National Mission is guaranteed only until end March 2026. With the 2026 Scottish Elections, it is also unclear what will be the key national priorities going forward and what funding will be provided to support priorities. The Dundee ADP also have several key provisions that are only supported by short-term funding.

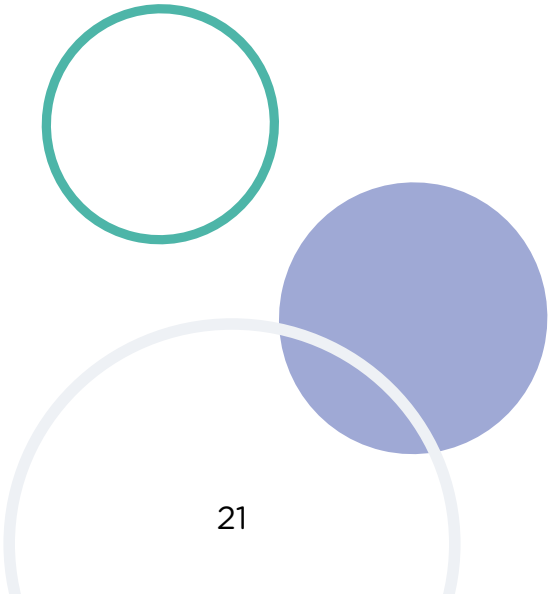
The prevalence and changing nature of drug use, and new substances being used, require frontline services to change and adjust on a regular basis. Staff require support, training, and upskilling to help them provide effective treatment and care.

Maintaining the delivery of all ten MAT Standards for the longer term will remain a challenge. This includes the future requirement to extend the implementation of the MAT Standards to all drugs and alcohol.

Implementation of the Human Rights Approach will continue to be a key priority and the challenge will be to ensure frontline staff receive training and support to implement this approach.

There is more progress to be made on the implementation of the Family Focused Approach, both in terms of providing support to families affected, and including them in their loved ones recovery journeys. This will require additional planning and resources.

Shifting resources to prevention and early intervention is a challenge for the ADP, as the impact of substance use and the need for quick effective interventions to support individuals remains high.



6. Data

6.1 Adults at Risk Committee (AARC)

4,480 ASP referrals in the year 2024-25 (an increase of 7% on the previous year) of which 90% were screened out before any inquiry or investigation.

There were 68 ASP investigations (33% decrease) and 58 Initial Case Conferences were held (35% decrease).

The reasons why ASP referrals are screened out are:

41% Existing Support Services have been Informed of the Concern and Will Manage Appropriately

22% Other Outcomes/Decisions

8% Adult Support and Protection Procedures Already in Place

The highest type of harm recorded for inquiries (with and without investigation) was Welfare Concerns for adults under 65 years of age (32%) and Financial Harm (12%).

The highest types of harm recorded for ASP investigations are:

34% Welfare Concerns

9% Financial Harm

9% Psychological/ Emotional Harm

66% of harm occurs in the adult's own home.

Age groups most at risk

40-64 years is split roughly equally for men and women.

25-39 has four times as many women as men (72% to 27%).

62% women

37% men

There are twice as many women than men (62% to 37%) that have an inquiry (with or without investigation).

6.2 Children at Risk Committee (CARC)

107 Children and Young People subjected to **Initial and Pre-birth Child Protection meetings**.

92 Children and young people **added** to Child Protection Register in 2024-25.

2,729 Police CP Concern reports.

478 Initial Referral Discussions

106 Children **removed** from the Child Protection Register in 2024-25.

At the end of 2024-25, there were **50 children and young on the Child Protection Register**.

Age of children and young people at registration:

- 60% aged 0-5 (Includes unborn babies)
- 27% aged 6-11
- 12% aged 12-17

Most frequently recorded concerns:

- Domestic Abuse (26%)
- Parental Mental Health (23%)
- Parental Drug Use (26%)

6.3 Alcohol and Drug Partnership (ADP)

Dundee had **42 drug-related deaths** in 2024 reported by the National Records of Scotland. Decrease of 9% from previous year.

Dundee had the **second highest drug death rate** of all council areas at 35.6 per 100,000. (Scotland 22.5 per 100,000)

The **highest age group for drug deaths was that of ages 45 to 54**, and the majority of deaths were that of men (64%).

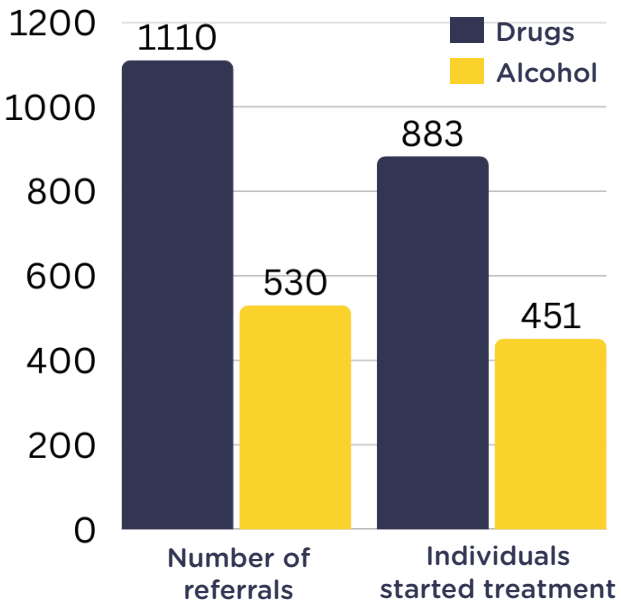
Drugs implicated in cause of death:

- 83% Opioids
- 83% Benzodiazepine
- 52% Gabapentin
- 38% Cocaine

There were **36 alcohol specific deaths in 2023**, this is the fourth highest figure in Scotland when adjusted for age.

There were **251 Non-fatal overdoses** (NFODs) in 2024.

1,430 Naloxone kits were distributed.



There were **576 drug-related hospital stays for 405 patients in 2023-24** and early data suggest this is likely to be similar in 2024/25.

There were **1,062 alcohol-related hospital stays for 669 patients in 2023-24** and early data suggests this is likely to increase for 2024/25.

6.4 Violence Against Women and Girls (VAWG)

2,658

Referrals to VAWG specialist services (9% increase from 2023/24).

Ages of those referred to VAWG Specialist Services:

Referrals were **predominantly made** to services **by Police**.

528 Sexual crimes recorded by Police Scotland.
A rate of 35 per 100k population.

2,766 domestic abuse incidents recorded by Police.
Increase of 6% on last year.

68% of children added to the **Child Protection Register** in 2024-25 **had domestic abuse recorded** as one of the contributing factors.

115 refuge requests to Dundee Women's Aid.

331 MARAC referrals.

All services consistently reported **high levels of complexity within the cases referred,** particularly in relation to **mental health, housing issues, substance use and financial difficulties**.

6.5 Suicide Prevention

Based on the most recent National Records of Scotland report, in 2024:

25 people died by probable suicide in Dundee (a **decrease of five** from 2023). Of these deaths, **76% were male**.

The rate of probable suicide mortality was over twice as common in the **most deprived SIMD** quintile **compared to the least deprived**.

The **most common age groups of death by probable suicide** were **25-44** and **45-64 years**.

Protecting People in Dundee

ITEM No …8……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10 DECEMBER 2025**

REPORT ON: **CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2024-25**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB77-2025**

1.0 PURPOSE OF REPORT

This report brings forward for information the Chief Social Work Officer's Annual Report for 2024-25, attached as Appendix 1.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and the Chief Social Work Officer's Annual Report for 2024-25 attached as appendix 1.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 The requirement that every local authority has a professionally qualified Chief Social Work Officer (CSWO) is set out in Section 5 (i) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. Associated regulations state that the CSWO should be a qualified Social Worker and registered with the Scottish Social Services Council (SSSC).

4.2 The CSWO provides a strategic and professional leadership role in the delivery of Social Work and Social Care services, in addition to certain functions conferred by legislation directly on the officer. The overall objective of the role is to ensure the provision of effective, professional advice and guidance to Elected Members and officers in the provision of Social Work and Social Care services.

4.3 The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain Social Work functions to an integration authority but the CSWO's responsibilities in relation to local authority Social Work functions continue to apply to services which are being delivered by other bodies. Responsibility for appointing a CSWO cannot be delegated, and the officer also has a role in providing professional advice and to the Integration Joint Board (IJB).

4.4 National guidance requires that the CSWO presents and publishes an annual summary report for local authorities and IJBs and that the approved report is forwarded to the Scottish Government to contribute towards a national overview of Social Work services. The information in this report complements other more detailed service specific reports on Social Work and Social Care services which have been reported in other ways.

4.5 As can be seen in this year's report, Social Work and Social Care services have continued to deliver quality support which improves lives and protects vulnerable people, whilst contributing towards and responding to a range of national, regional and local developments. There are several highlights in the report alongside a description of ongoing challenges and priorities ahead. Some specific developments over the last 12 months have included:

- Response to the Care Inspectorate National Thematic Review of Social Work Governance and Assurance published in November 2024.
- Implementation of a new local CSWO Governance Framework including a cross-cutting dataset to enhance oversight of levels of volume, demand, capacity and performance.
- The first annual Strength in Practice event to help promote leadership visibility across the workforce and ensure clarity of governance, performance and support arrangements.
- Implementation of Magic Notes in Children's and Justice Social Work to reduce administrative tasks and enable enhanced direct support to service users.
- Continued implementation of a Newly Qualified Social Worker (NQSW) scheme and development of a new Supervision and Support Framework.
- Co-location of the Adult Support and Protection First Contact Team with Child Protection services at Seymour House to promote an integrated Protecting People approach.
- Progress with the implementation of a new ASP Pathway with key priorities of a shared vision, assessment tool and multi-agency meetings for the most vulnerable people.
- Collaborative review of Children's Social Work working hours designed to maximise support to families at times of greatest need, including evenings and weekends.
- Coordination of the Early Release Scheme for Short-Term prisoners in response to concerns about population levels in prisons.

4.6 The 2024-25 annual report is also forward looking and identifies the key challenges and opportunities for the coming year. Further policy and/or legislative change specific to Social Work and Social Care are anticipated, alongside continued budgetary constraints and requirements to maintain support to vulnerable groups in all services. Some key priorities include:

- Inform and respond to developments within the new National Social Work Agency which is currently operating in its shadow year.
- Implement a new Supervision and Support Framework across all 3 services areas and explore the expansion of Magic Notes or similar Health and Social Care.
- Advise on quality assurance arrangements on assessments, plans and support and support arrangements for formal learning reviews and associated improvement activity.
- Work with all partners to explore opportunities to develop a cross-cutting prevention plan for vulnerable people including through the development of place-based approaches.
- Implement an Improvement Plan on defensible community-based alternatives to custodial remands and custodial sentences in the Community Justice Service
- Respond to the findings and recommendations of the pending Care Inspectorate inspection on mental health services in Adult Services
- Coordinate enhanced support for care experienced children and young people subject to Compulsory Supervision Orders at home and in Kinship Care in Children's Services

4.7 Over the next 12 months, there will continue to be a focus on the capacity, confidence and competence of the Social Work and Social Care workforce. This will include recruitment, oversight of the Newly Qualified Social Worker scheme, supervision and support, training and development, caseload management, absence management, team development, involvement in improvement activity and wider welfare supports.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 A risk assessment has not been provided as this report is being provided to the Integration Joint Board for information only.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service - Health and Community Care, Dundee City Council Leadership Team 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

None.

DAVE BERRY
CHIEF OFFICER

DATE: 12 NOVEMBER 2025

Glyn Lloyd
Chief Social Work Officer

Alison Penman
Senior Service Manager, Children and Families, Dundee City Council

Kathryn Sharp
Acting Head of Service, Strategic Services

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APPENDIX 1

Chief Social Work Officer Annual Report

Dundee City Council

2024-25

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Introduction from the Chief Social Work Officer

I'm extremely proud to present the Chief Social Work Officer Annual Report 2024-2025. In my first full year in the role, services have continued to navigate challenges in the implementation of multiple new national policies or legislation whilst working within current and anticipated budgetary constraints, responding to levels of demand, managing risks, supporting teams, improving practice and meeting the varying needs of vulnerable groups from pre-birth to older people across our city.

Over the period, I've been struck by the level of commitment, flexibility and innovation across Children's, Community Justice and Adult services. Progress has been made with priorities identified last year in strengthening both CSWO and wider Protecting People governance arrangements; all services are improving foundational practice in assessments, plans and support; inspection grades have improved significantly in most areas; and performance is exceeding national averages in several respects.

In my view, services are continuing to apply Social Work and Social Care values and practice to make major contributions to Council and Health and Social Care Partnership priorities, particularly in respect of addressing inequalities, promoting social inclusion and protecting people from harm. There have been some outstanding achievements, including services graded as Excellent or described as sector leading by the Care Inspectorate and others short-listed for both UK-wide and Scottish awards.

The report shows how services are also increasingly focused on enhancing prevention and building community capacity to accelerate a shift in focus away from institutional care such as children's homes, hospitals or prisons. In doing so, they are working with partners and service users to jointly develop multi-disciplinary place-based approaches in our areas of greatest need. It involves a focus on enhancing the flexibility and accessibility of services, including enhanced support during evenings/weekends.

We know there are continued challenges on the horizon for all services, including new legislation in the Care and Justice (Scotland) Act 2024, the Promise (Scotland) Bill, the Domestic Homicide (Scotland) Bill and the Assisted Dying (Scotland) Bill. We also know that services will continue to experience financial constraints and that levels of demand are projected to continue to increase. It is imperative that teams build relationship-based practice and provide meaningful support to the people we serve.

Over the next 12 months, priorities therefore include continued support to the workforce; a focus on prevention; enhanced targeted support to more vulnerable families including children and young people in Kinship Care; finalising a new Adult Support and Protection Pathway; responding to a pending Care Inspectorate inspection of mental health services to adults; and contributing towards reducing the growing prison population through defensible community-based alternatives.

Some Key Achievements in 2024-25
The Children and Families Service was a finalist in the UK-wide Local Government Chronicle (LGC) Awards 2024 for Our Promise
The White Top Centre received grades of 6 (Excellent) for wellbeing and leadership in their most recent service inspection.
Over 98% of patients were discharged from hospital without any delay and lost bed days reduced from 9,861 to 7,917
The balance of family-based versus residential care for children increased from 87.2% to 90.5%, now above the national average
The proportion of Diversion from Prosecution schemes completed successfully increased from 75% to 95%
99% of participants attending Save a Life suicide prevention training reported greater confidence in how they would approach concerns
99% of unpaid carers supported by the Carers Centre reported feeling their health and wellbeing increased after receiving support.
Children's Services case file audits showed further improvements with 94% graded as Good or better
Forrester Children's House received Very Good grades from the Care Inspectorate which described their approach as 'sector leading'.
The What Matters to You initiative shortlisted for a COSLA Award on Community Engagement

Governance, Accountability and Statutory Functions

The Head of Service for Children's and Community Justice Social Work became the Chief Social Work Officer (CSWO) on 1st March 2024. They continue to have direct access to Elected Members, report to the Chief Executive and Executive Director of the Children and Families Service and hold regular meetings with the Chief Officer of the Integration Joint Board. They also meet other Social Work leaders, managers and front-line practitioners. They contribute towards strategic partnership meetings as follows:

- **Chair of the Our Promise Partnership**
- **Chair of the Community Justice Partnership**
- **Chair of the What Matters to You Advisory Board**
- **Member of the Integration Joint Board**
- **Member of the IJB Performance and Audit Committee**
- **Member of Child Poverty, Inequalities and Attainment Leadership Group**
- **Member of Chief Officer Group for Protecting People**
- **Member of the Children at Risk Committee**
- **Member of the Adults at Risk Committee**
- **Member of the Tayside MAPPA Strategic Oversight Group**
- **Member of the Tayside Regional Improvement Collaborative.**

The CSWO is a member of the national Social Work Scotland CSWO Forum and over the last 12 months, Chaired the Social Work Scotland Justice Standing Committee. As such, they are also a member of associated partnerships such as the national Criminal Justice Board and have opportunities to contribute towards national developments and cascade them locally. In doing so, they are supported by a Governance Group which brings together senior Social Work leaders across the city with a focus on:

- **Practice governance and continuous improvement**
- **Professional advice including where services are commissioned**
- **Workforce planning, learning, recruitment and support**
- **Making decisions relating to the curtailment of individual freedom**
- **Assessment and management of certain offenders who present a risk of harm**
- **Assessing, reporting and advising on mitigations for serious or immediate risks**
- **Assisting partners to understand the complexities of Social Work practice**

Governance Challenges, Opportunities and Next Steps

Going forward, the CSWO Group will maintain a focus on priorities in this report in the context of wider developments, including social care reform; the development of the new National Social Work Agency and Scottish Social Work Partnership; national and local Protecting People Committees and workstreams; and legislative and policy change. To avoid duplication, enable integration and maximise partnership effectiveness in the delivery of services, there will be a continued focus on streamlining governance and planning arrangements as far as possible.

In November 2024, the Care Inspectorate published the findings of a National Thematic Review of Social Work Governance and Assurance. It involved a focus on how well governance and assurance arrangements support leaders to ensure statutory duties are carried out safely and effectively; enable Social Work staff to be supported and accountable; and assist Social Work staff to uphold Social Work professional values. The methodology included consideration of literature, structured interviews with key leaders such as Chief Executives and CSWOs and a workforce survey.

Nationally, some key findings included services sometimes finding it difficult to match supply with demand exacerbated by increased levels of complexity; concerns that traditional relationship-based practice was being replaced by transactional or episodic engagement with service users; and a new approach to tackle recruitment and retention, which has been especially problematic in rural areas. These findings will inform the priorities of the new National Social Work Agency which will developed in collaboration partners such as Scottish Government, Local Authorities and CSWOs.

Locally, some key findings included staff having confidence in supervision and raising practice concerns, good understanding of line management arrangements, confidence in helping people to access community-based services and up to date training in Adult Protection, Child Protection, Trauma Informed Practice and Risk Assessments. As there was less certainty about wider governance structures, mixed views about support for Social Work values and some uncertainty about the effectiveness of their work, the CSWO is now convening a minimum of annual Staying Connected events.

The first such event is scheduled to be delivered in partnership with the Care Inspectorate to Children's, Community Justice and Adult Services in November 2025. It will involve a shared focus on national and local developments, practice, priorities, wellbeing and support. The outcomes from the event will be used by the CSWO Governance Group to clarify and communicate both national and local governance arrangements and promote transparent and accessible performance reporting within and between service areas.


CONTINUOUS
IMPROVEMENT
MANAGER
PROGRESS
IMPROVED
CUSTOMER-VALUED
EFFECTIVENESS
CIP
MOTIVATION
KAIZEN
GOOD
CUSTOMER
TIME
SERVICES
BUSINESS
EFFICIENCY
BREAKTHROUGH
FLEXIBILITY
PROJECT
INCREMENTAL
OUTPUT
PROGRAM
CHANGE
SYSTEM
GOALS
IDEAS
FEEDBACK
MANAGEME
TEAMWORK
QUALITY

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Service Quality and Performance

Children's Services

In Children's Social Work, over the last 12 months the Multi Agency Screening Hub (MASH) responded to an increased number of Child Protection referrals. In 2022-23, a total of 7,769 referrals, or around 148 referrals a week, were made to the hub by partners and members of the public. In 2023-24, this increased very slightly to 7,750, or 149 a week. In 2024-25, it increased again to 8,505, or 163 a week. This increase is partially attributable to a policy change stipulating that all 16–17-year-olds should be treated as children with concerns responded to under Child Protection Arrangements.

There was a slight reduction in the number of reported concerns for vulnerable pregnant woman from 187 to 174 but support to this cohort continues to be a key priority. In addition to existing support, this continues to inform the development of new initiatives both within Children's Social Work and with key partners for both infants and adolescents. The aim is to provide effective support to families before difficulties escalate and continue to reduce the number requiring alternative care, which has declined by 14% over the last 2 years. Developments include:

- **Revision of a Getting it Right for Every Child (GIRFEC) Delivery Plan to promote consistency in the organisation of Team Around the Child Meetings and Named Person roles**
- **Allocation of Whole Family Wellbeing Funding (WFWF) to the Tayside Council on Alcohol Birch Programme and Alternative Counselling services to support identified vulnerable pregnant women and other women at risk**
- **Work with NHS Tayside and Dundee University on the development of an Infant Pledge resource entitled 'Hello in There Wee One', promoting active listening and positive attachments between mothers and babies**
- **Allocation of WFWF funding to develop a co-located multi-disciplinary hub focused on enhanced information sharing and support to vulnerable young people in Child Protection or Youth Justice processes**

Following referral to the MASH, there was a small reduction in the number of families requiring more in-depth assessment by a Social Work team. Of those, the number proceeding to multi-agency Child Protection Planning Meetings decreased from a peak of 159 in 2023-24 to 99 in 2024-25. The number of new Child Protection Registrations also reduced from 136 in 2023-24 to 92 in 2024-25. As there were also 102 de-registrations over the same period, with decisions to remove a child from the Child Protection Register because risks had been addressed, this support is interpreted as being effective.

Bairns Hoose

To further enhance immediate responses to risks and prevent difficulties escalating, the service also continued to collaborate with partners in Angus Council, Perth and Kinross Council, NHS Tayside and Police Scotland to sustain a regional approach towards delivery of Bairns Hoose through extended Scottish Government funding. It involves enhancing support across the 4 Bairns Hoose 'rooms' of Protection, Health, Justice and Recovery. A full update is being prepared for the Children at Risk Committee in early 2026 and key developments over the last 12 months have included:

1. **Protection** – further upgrading the layout and facilities at the MASH at Seymour House to make it a more child-friendly environment and developing work with Speech and Language Therapists and Talking Mats to assist communication.

2. **Health** – additional capacity to carry out general GIRFEC assessments and specific Forensic Medical Examinations, along with training to NHST staff not accustomed to attending Initial Referral Discussions.

3. **Justice** – introduction of a new Scottish Child Interviewing Model (SCIM) to Police and Social Work teams to replace Joint Investigative Interviewing (JII) and improved links with the Procurator Fiscal and Court via a video link.

4. **Recovery** – commissioning longer-term flexible family support to assist children, young people and their parents/carers, which includes a focus on families being the key decision-makers in support received.

Bairns' Hoose

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Children and Young People Requiring Temporary or Permanent Alternative Care

Over the period, there was a marked reduction in the overall number of children and young people requiring temporary or permanent alternative care alongside continued positive changes in the balance of family-based versus residential care. It mirrors the development of targeted support to vulnerable families and efforts to return some children and young people from external residential care to their local community, school and family ties. By June 2025, the balance of care had returned to a high of 91%, above the national average. Some details are provided in the table below:

Types of Care	**31.03.2024**	**31.03.2025**	**% Variation**
Secure Care	0	1	100%
External Residential	17	17	0%
Internal Residential	20	24	20%
External Foster Care	83	73	12%
Internal Foster Care	83	76	-16%
Kinship Care	111	91	-18%
Prospective Adopters	21	27	29%
At Home	50	78	56%
Flat/supported Accom	4	11	150%
Grand total	**389**	**398**	2%
Balance of Family-Based	**90.5%**	**89.5%**	-1%
% Externally Placed	**31.4%**	**31.5%**	**0.5%**

However, a reduction in the number of Foster Carers from 109 in 2022 to 74 in 2025 has continued to mirror national trends and both a national recruitment campaign and local 'Ideas to Action Programme' have had little impact. The service is therefore currently considering the findings of a recent Scottish Government consultation on Foster Care and finalising a review of fees/allowances in the context of budgetary constraints and affordability. A review of commissioned services is also including support to Foster Carers as a key priority.

Adolescents

In relation to vulnerable young people and young adults, Children's Social Work services now lead a partnership Young People's Strategic Group. The current key priority of the group mirrors the findings of the Joint Inspection of Child Protection Services published in January 2022 and Significant Case Reviews into support to adolescents. It involves implementation of a new co-located city centre multi-agency service due to be opened in early 2026 alongside the development of a new operating model and practice pathways. A wider framework of support also includes:

- 2 new Supported Accommodation facilities at Reid Square and Fairbairn Street
- All 16–17-year-olds responded to as children within CP arrangements
- Delivery of Functional Family Therapy to families with teenagers at risk

Continuing Care and Aftercare

In Continuing Care, a young person can remain in the same care arrangement if they choose to until they are aged 21 years as part of a supported transition to adulthood. Over the last 12 months, the total number of young people wanting to remain in their care placement increased having previously reduced from 40 to 31 in 2023-24 back to 41 in 2024-25. This may partially be due to the service revising a protocol in response to last year's decrease, which now involves the Aftercare Team explaining options to young people sooner.

However, the number of young people receiving compulsory Aftercare up to the age of 21 years and discretionary aftercare up to the age of 26 years reduced. The former decreased slightly from 52 to 44 and the latter from 119 to 107, with a total decrease in young people receiving Aftercare support from 171 to 151. Typically, young adults might not wish to avail themselves of support, but the service is reviewing the extent to which the team remains sufficiently pro-active in identifying, tracking and offering appropriate support to care leavers.

Positive destinations for care experienced young people showed a small improvement from 70% in 2023-24 to 73% in 2023/24 but data for the 2024-25 period is not yet available. Whilst each year this figure is based on around 20 care experienced school leavers, it is still significant that they lag their peers and can struggle to maintain progress longer-term. It reinforces the importance of the Aftercare Team ensuring that they are sufficiently pro-active in their approach towards care leavers and the review will be informative.

Children and Young People with a Disability

Following a review in the last 12 months, the service has retained a specialist Children with Disabilities Team to maintain and develop specialist knowledge and skills. This requires effective partnership with adult services, schools and NHS Tayside colleagues, including in relation to their transition to adulthood. The team continues to support families based on assessed and identified need which includes the assessment for and coordination of Self-Directed Support (SDS). Currently, 140 families are in receipt of various forms of SDS and a new assessment tool is designed to ensure equity.

This forms part of an action plan in response to a national Care Inspectorate Thematic Review of Approaches Towards Children with a Disability, which the team contributed towards. The review identified a range of good practice within Dundee whilst noting a need for greater clarity and consistency of available support both nationally and locally. This has resulted in a national social work group being formed with a specific focus on children with disabilities. The service is represented at the group, which affords opportunities for sharing of best practice.

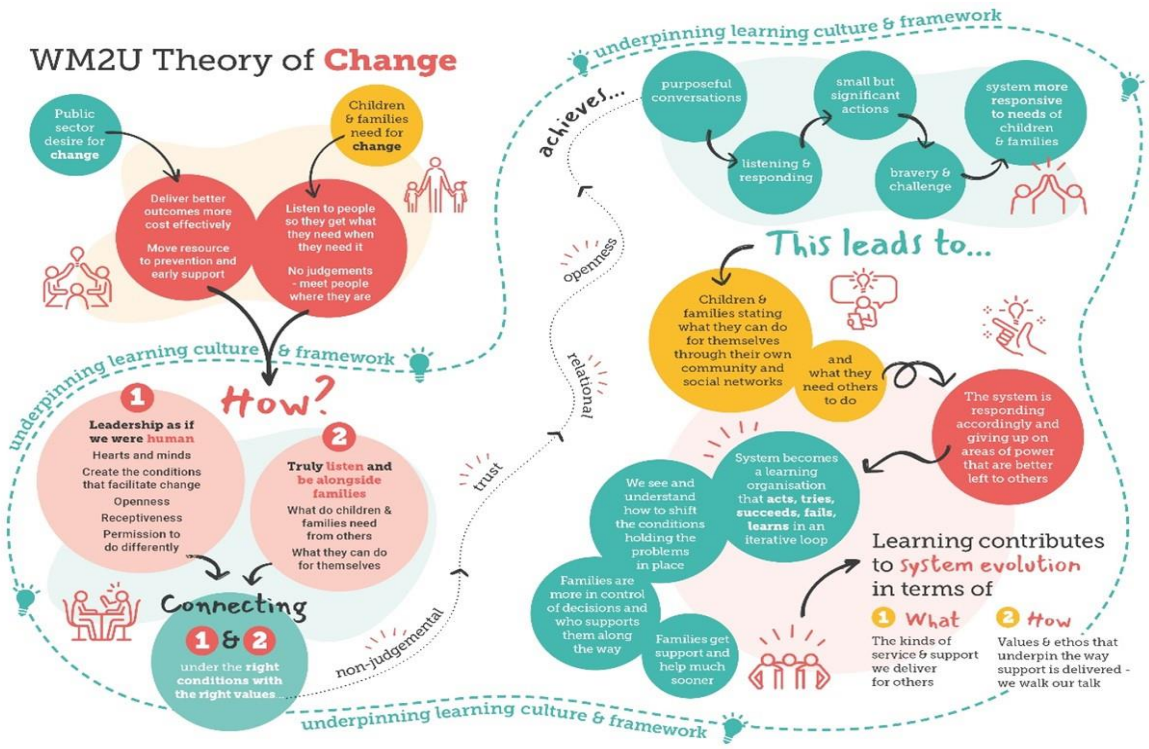
Unaccompanied Asylum-Seeking Children (UASC)

In 2024-25, 19 young people newly arrived in the city via the National Transfer Scheme to be accommodated under S.25 of the Children (Scotland) Act 1995. As such, these young people were legally defined as care experienced and the service supported them within our Children's Homes and Supported Accommodation depending on their age and identified needs. The service also carried out age assessments on a further 25 asylum seekers who had been moved to the city after having initially been assessed by the Home Office as adults and 10 were confirmed as under 18.

What Matters to You

The Children's Service also closely involved in the development of What Matters to You in partnership with the Hunter Foundation, BBC Children in Need, Columba 1400 wider Council and other partners. This initiative places the voice, needs, aspirations and capacity of communities and families at the centre of engagement and support. It has been piloted in Lochee, Strathmartine and Whitfield, where engagement and support has occurred via Columba 1400 Values Based Leadership Experiences, Community Cafes, family sessions and other activities.

Families have reported a positive difference to their lives involving a greater sense of belonging, growing self-efficacy, heightened trust, improved emotional health and hope. The initiative has made further progress this year and Local Community Planning Partnerships will be instrumental in scaling and sustaining the approach. As the Hunter Foundation and BBC Children in Need will withdraw in June 2026, the Advisory Board is currently developing a plan to scale and sustain the initiative, and it is likely that it will form a key part of the development of local place-based approaches.



For our overall approach to The Promise, which involves a range of actions under the 5 foundations of People, Family, Care, Voice and Scaffolding, the service was shortlisted as a finalist in the UK Local Government Chronicle Awards 2024 in the category of Children's Services. There have been demonstrable improvements in support and outcomes. An Expert Panel consisting of UK-wide senior leaders commented on a **'strategic approach to improving outcomes engaging a variety of partners evidencing good progress in a challenging context'.**

Community Justice Services

In Community Justice, the service continued to deliver and develop a range of interventions across the criminal justice system to ensure that timely, proportionate and effective responses are available to people who commit different types of crime. For the first time in 4 years, levels of demand across most areas exceeded pre-pandemic levels, especially in relation to Diversion from Prosecution referrals. When all areas of demand are combined, the total in 2019-20 was 3,918 and in 2024-25 4,066. Comparisons with last year were:

- **Diversion from Prosecution** – referrals from the Crown Office Procurator Fiscal Service (COPFS) increased from 77 to 92
- **Court Reports** – increased from 1,165 to 1,368 reports to inform sentencing decisions
- **Structured Deferred Sentences** – increased from 44 to 87 to provide people with an opportunity to engage with support prior to final sentencing
- **Community Payback Orders (CPO)** – increased from 447 to 553 Orders newly imposed by the High Court and Sheriff Court
- **Unpaid Work** – increased from 43,616 hours imposed to 49,765, with work carried out at various locations across the city
- **Supervised Release Orders** – increased from 16 to 29 people receiving a custodial sentence of less than 4 years with specific conditions on release
- **Long-term prisoners** – increased from 153 to 165 people serving prison sentences of 4 years or more.

This increase is consistent with national trends and was associated with Police Scotland, the Crown Office Procurator Fiscal Service and Scottish Court Service continuing to address the pandemic backlog, alongside increased arrest and conviction rates for new offences. It was manageable within the available capacity. The exception to the increase was Bail Supervision, which was reduced to only 6 people and informed a self-evaluation exercise and improvement plan carried and developed in collaboration with the Care Inspectorate.
In terms of engagement, the successful completion rate of Diversion from Prosecution schemes increased markedly from 67% to 95% whereas the proportion of people successfully completing a CPO reduced from 70% to 65%. It has fluctuated over the last 3 years as teams aim to balance attempts to engage with people whilst carrying out enforcement procedures where they do not comply. Unpaid Work projects received 100% positive feedback from recipients and included painting buildings at Clatto Park, refurbishing benches at cemeteries and repainting railings (see below).

In March 2025, there were 443 Registered Sex Offenders across Tayside and 185 in Dundee. The service continued to jointly assess, supervise and support these RSOs and 2 high risk of harm Violent Offenders under Multi Agency Public Protection Arrangements (MAPPA). This includes regular information sharing, reviews and joint interventions with Police Scotland, NHS Tayside and Neighbourhood Services regarding Environmental Risk Assessments. The framework provides partners with structured opportunities to ensure risks are appropriately understood and mitigated.

Over the period, the service also worked with the Scottish Prison Service and other national and local partners to coordinate the release of short-term prisoners subject to the Early Release Scheme triggered by Scottish Government in response to a growing prison population. Locally, this involved the early release of 20 people with less than 180 days remaining of their sentence, not convicted of either sexual or domestic abuse offences and subject to a Governor veto where there were any concerns about other risks of harm.

Adult Services

In Adult Services, all teams continued to respond to increased demand driven by demographic pressures involving increased scale and complexity of need. Integration across the whole system of health and social care services and supports has continued to underpin a strong focus on shifting the balance of care from hospital and residential to community settings, particularly the delivery of care and support in people's own homes. This shift will need to continue with an emphasis on ensuring that all people receive the type and quality of care they need.

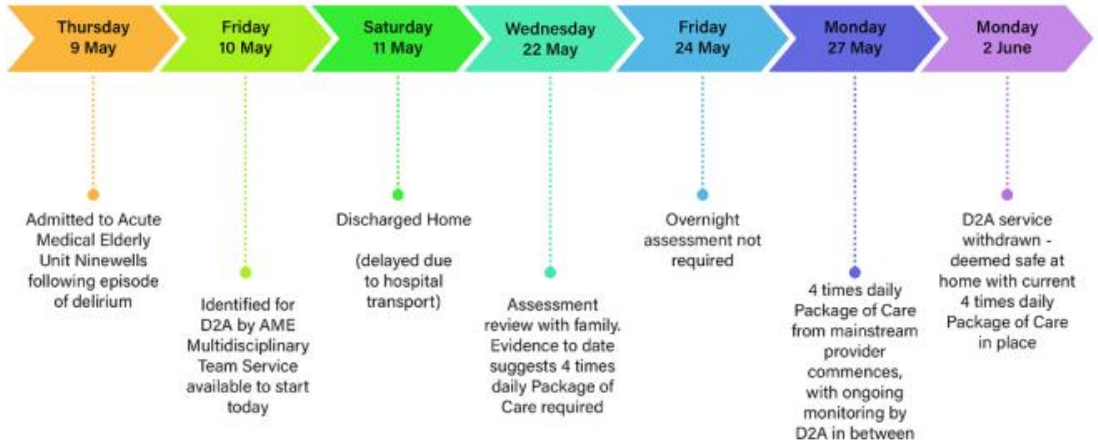
Hospital Admission and Discharge

The rate of admissions to hospital for people aged 18+ continued to increase from 12,456 in 2019-20 to 15,124 in 2024*. Conversely, emergency bed days for people aged 18+continued to reduce, from 113,813 in 2019-20 to 103,847 in 2024*. Moreover, 98% of people were discharged from hospital without delay and the number of bed days lost for people aged 18+ reduced from 9,861 in 2019-20 to 7,917 in 2024-25. Please note that Scottish Government has published calendar year 2024 data and are yet to publish financial year 2024-25 data.

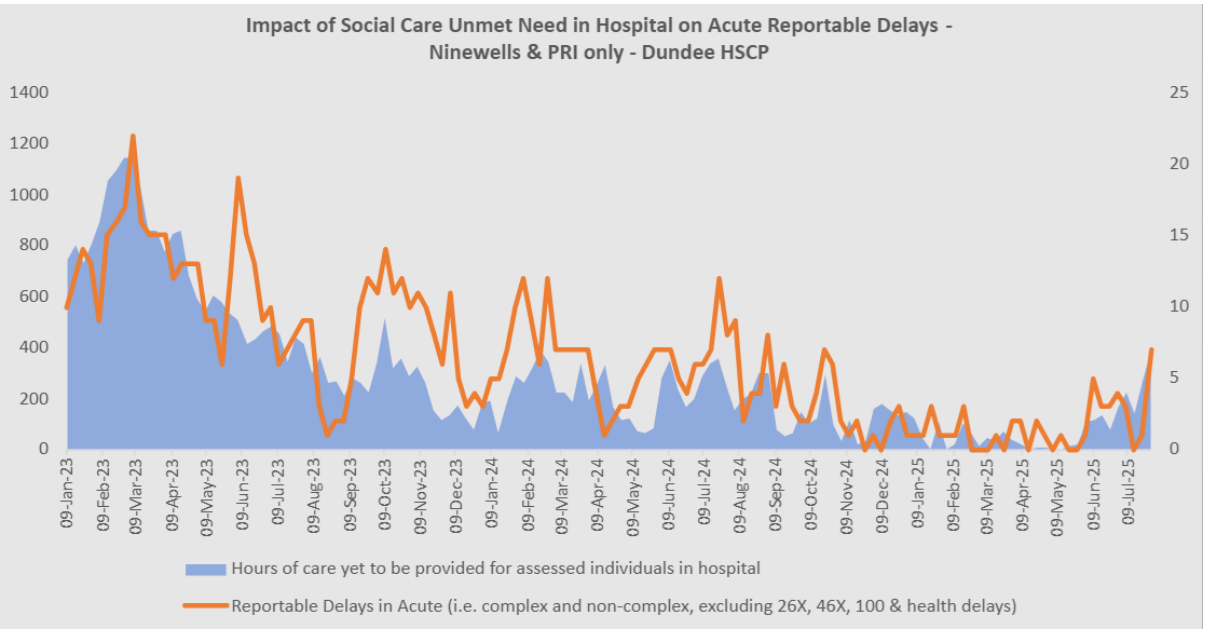
The Discharge Without Delay: No Place Like Home Programme has ensured that frail older people spend as little time on hospital as possible, maintaining greater independence and preventing additional demand on social care services. Over the last year the Discharge to Assess Red Cross Service has been mainstreamed and from May 2024 focused its resources on supporting the timely discharge of patients from the Acute Medical Elderly unit within Ninewells Hospital. This has included at-home assessments and bridging the care gap for patients awaiting long-term care.

Discharge to Assess (D2A) Patient Pathway Example 1.

Presentation	• Delirious/confused in the last few days and wandering. • Son was struggling to manage at home. • Diagnosed with a lower respiratory tract infection and commenced on oral antibiotics for this. • Mobilising independent. • Ongoing issues with confusion likely to be caused by infection and environmental changes. • Awaiting Psychiatry of Old Age (POA) review in the community.
Length of time on Service	24 days
Outcome of Assessment	Remain home with Package of Care.



This focused work is an example of targeted prioritisation of support to key groups and has resulted in the partnership being recognised as one of the top-performing in Scotland, where it has evidenced a sustained reduction in bed days lost due to unnecessary hospital stays. As a result of the ongoing improvement work with the Partnership's Care at Home services, bed days lost to delay have gradually reduced over the year. In April 2023, 604 acute bed days were lost to reportable delays, compared to 12 in April 2025.



This work will need to remain a key priority for the IJB and partners, as in addition to growing admission rates the city has a high rate of readmissions for people aged 18+ where the patient had been discharged within the last 28 days. In 2019-20, the rate was 128 readmissions per 1,000 population and 139 readmissions in 2024. It will need to include a concerted focus on slips, trips and falls, as the city also continues to have a high rate of falls related admissions to hospital for people aged 65+. The rate increased from 31.1 admissions per 1,000 in 2019-20 to 34.0 admissions per 1,000 in 2024*.

Carers

In 2024-25, the Carers Partnership finalised their Involvement Framework, which has been developed to actively promote engagement and participation of carers regardless of their age, background or characteristics of the person they are caring for. The partnership has undertaken activities such a targeted engagement with young carers and parent carers, a survey of the workforce and service providers and focus groups held in localities. This has informed a statutory review of the Carers Strategy, which is now being revised to reflect the changing context and priorities for carers in the city.

Mental Health

Over the last year, Hope Point has continued to provide accessible 24/7 support for people experiencing distress. During 2024-25, 1,078 new individuals were supported with 6,015 instances of support being provided. Feedback from people accessing the service reflects the impact on their lives:

> **"I am leaving much more uplifted than when I arrived. I am extremely grateful for your help. Hope Point is an amazing service, all the staff here do such a great job and you should be proud of yourselves in what you do."**
>
> **"It was good to speak to someone who has been through the same experiences, more personal instead of medical."**
>
> **"Exactly what I needed at the time, not someone trying to fix me, just being there, understanding and caring"**

The **Working Better Together, Substance Use and Mental Health project** (funded by CORRA), commenced in 2022 with the aim of improving collaboration between substance use and mental health services. There has been a focus on listening to and learning from the experiences of individuals and families. A Multi-agency Collaboration Hub (MASCH) has been established to provide quick joint assessments to access services and an information sharing system has been developed to support this approach.

Since the implementation of MASCH to December 2024, 85% of the referred individuals received support from or are engaging with at least one other services for their identified co-occurring condition. Individuals supported report they can access a wider range of services, reducing risks of suicide and psychological harms.

"I am now getting specific support for my substance abuse with Thrive thanks to …. and this meeting and I'm on the waiting list for community mental health for more support".

The Mental Health and Learning Disability Whole System Change Programme in Tayside has continued to make positive progress over the last year. One of the programme aims is to co-produce a model of care ensuring equitable, effective, treatment, care and support for people living in the community with complex and severe mental illness. A comprehensive and co-produced engagement plan has been developed to ensure all stakeholders are involved in shaping and ownership of the final model, and service design workshops have taken place.

Following the publication of the new national strategy in 2022, local arrangements to support suicide prevention were also revised. Suicide prevention has now been fully integrated as part of the remit for the new Children at Risk and Adults at Risk Committees within the multi-agency protecting people structure.

During 2424-25 a key priority for suicide prevention has been enhancing the availability of multi-agency training. A new training alliance called Every Life Matters has been established (funded by NHS Charitable Foundation) and 652 people have completed training at informed (210 people), skilled (396 people) and enhanced (46 people) levels. Having completed training:

- **94% of participants reported increased knowledge of suicide risks and protective factors.**
- **99% of participants reported feeling confident in having sensitive and compassionate conversations about suicide.**
- **94% of participants reported feeling more confident to support someone at risk of suicide to develop a safety plan.**

Mental Health Officer Service

The Mental Health Officer (MHO) Service continues to experience a high demand in both areas of Mental Health and Adults with Incapacity (AWI). In respect of mental health, there has been a slight decrease in the number of all Orders compared to the previous year. There continues to be difficulties in the number of practicing MHOs but the service continues to try and maintain capacity. One new MHO has commenced in role, whilst 3 experienced MHO's have left the service over the same period. One of these is hopefully temporary. A further 2 will now start this year's MHO course.

In relation to Adults with Incapacity, requests for new Guardianship applications have increased slightly this year. The trend of increasing numbers of requests for reports related to renewals of Welfare Guardianship Orders has continued with this now a significant demand on resources. However, the overall capacity of mental health services continues to be a key priority, as well as work in relation to supervising private Welfare Guardianships. A training program by the MHO Service for AWIA has been rolled out to all Health and Social Care Teams and some in Children Services.

It is intended that all operational teams in Dundee will receive this training and that it will form a part of a rolling program going forward. The MHO Service in collaboration with our Learning and Workforce colleagues are developing a separate AWIA program for all Newly Qualified Workers as part of their supported year. Further developments will be informed by the findings of the current Care Inspectorate inspection of mental health services for adults, due to be published towards the end of 2025. It is anticipated that the inspection will confirm self-evaluated strengths and areas for improvement.

Older People

Work to support older people was encompassed within approaches towards hospital admission and discharge; carers; and mental health. This this was augmented by specific initiatives focused on care homes, designed to enhance the experience of residents and their families. One such initiative was the **Dundee Activity Network (DAN),** which aims to improve the quality of life and physical and mental health and wellbeing of care home residents by offering person-centred meaningful activity focused on the needs, interests and hobbies of residents.

Some benefits of being involved in the network include sharing good practice, activity ideas and resources; networking and support; training opportunities for care home staff; and collaborative working opportunities and inter-home activities. In September 2024, working in conjunction with Leisure and Culture Dundee and DVVA, the Network relaunched Going for Gold. The theme was the Dundee Olympics and care home, and daycare services took part in a variety of creative and physical activities. It was very well received by residents.

Drug and Alcohol Services

In 2024-25, 159 people were supported following a near-fatal overdose, with 75% of those people receiving contact from support services within 24 hours. In 2024, there were 46 drug-related deaths in Dundee, an increase of 8 deaths from the previous year and 36 alcohol specific deaths, an increase of 1 death from the previous year. These trends are concerning, involve a disproportionate number of women and often occur when people are at home alone. It is informing further improvement activity, including gender informed preventative support to women and naloxone training.

More positively, where people are accessing treatment and support the implementation of the national Medication Assisted Treatment (MAT) Standards was a key aspect of the work of the Alcohol and Drug Partnership in 2024-25. The national benchmarking report on MAT implementation was published on 17 June 2025 (see MAT Benchmarking 2024 for full report) and demonstrated considerable progress:

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 (& 10)	MAT 7	MAT 8	MAT 9	MAT 10
2022						N/A	N/A	N/A	N/A	N/A	N/A
2023							N/A				
2024						N/A					N/A
2025						N/A					N/A

Red	
Provisional Amber	
Amber	
Provisional Green	
Green	

2022	MAT 6 to MAT 10 were not assessed
2023	MAT 6 and MAT 10 were assessed separately
2024	MAT 6 and MAT 10 were assessed jointly

In terms of what this means in practice for local people with a substance use concern:

- ✓ **The number of days between people's first engagement with services to assessment has reduced to 0.**
- ✓ **All individuals who would benefit from it are offered Harm Reduction support at the point of MAT delivery.**
- ✓ **Services retained and continued to support 91.3% of people in treatment for six months or more.**
- ✓ **All MAT delivery is psychologically and trauma informed; 89% of staff have completed appropriate tier one training.**
- ✓ **People can access MAT via Primary Care (including GPs and Community Pharmacies), with 27 people now prescribed OST through these arrangements.**
- ✓ **There is good access to Independent Advocacy and support in relation to housing, welfare and income.**

In addition to progress around the MAT Standards, other key developments led by the Alcohol and Drug Partnership include the development and implementation of a training programme on Cocaine Brief Interventions. Dundee has also continued to develop their whole family approach through a joint project with Scottish Families and the decentralised fund was allocated for a third year to support Local Community Planning Partnerships to work with local services to tackle stigma. This work will continue in 2025-26 and will form part of planned place-based approaches.

Out-of-hours Service

The Social Work Out of Hours Service (OOHS) continued to coordinate responses to vulnerable families and adults in crisis, in partnership with key professionals from Health, Police, Private and Third Sector Agencies. The service still covers both Angus and Dundee and in the last year provided the following services to local people:

- Responded to 4,621 calls and undertook 9,063 visits concerning children and young people across the Dundee area.
- Out of hours staff also OOHS responded to 3,966 calls and undertook 104 visits to adult service users in the Dundee area.

Resources

Given growing levels of demand and/or complexity in several key areas, alongside reductions to funding and intermittent recruitment challenges, most services have reported that resources were stretched at times and outline concerns about sustainability. This was mirrored in the findings of the Care Inspectorate thematic review of governance and it is recognised that there will continue to be financial constraints which require services to innovate and adapt. In 2024-25, the total Social Work budget was £144.775m:

Service Area	**2023/24 Budget**
Children's Services	£38.312m
Community Justice Services	£5.305m
Adult Social Care Services*	£112,278k
Total	**£144.775m**

***** Delegated to Dundee Integration Joint Board – net of funding transfer from NHST

Children's Services

Over the period, Children's Social Work continued to respond to financial pressures by adapting support to families where there is a risk of a child or young person escalating into external residential care; returning young people from external residential care to Children's Houses and Kinship Care; providing enhanced leadership and practice support to the Children's Houses; enhancing Kinship Care supports; developing internal provision of Supported Accommodation; and strengthening care planning arrangements for all children and young people.

The integration of management arrangements of Locality Teams and Children's Houses has resulted in a reduction in the number of young people being accommodated in external residential provision or Secure Care. The service invested in a leadership programme for Children's House Managers and this has led to the shared development of an overarching Improvement Plan designed to continue to build the capacity, competence and confidence of teams. One house also participated in a Winning Scotland Growth Mindset Programme which concluded:

- **'. . . staff who took part in the programme began approaching challenges differently. They focused on setting meaningful goals. Staying consistent and viewing setbacks as opportunities to learn rather than signs of failure. Staff described improvements in resilience, emotional regulation, communication and confidence'.**

The service also completed a review of Self-Directed Support (SDS) assessment processes, to ensure support is equitable and mirrors types/levels of need. It will enable this part of the service to operate within budget or use evidence from assessments to demonstrate and respond to any identified unmet need. A key part of this process entails the team confirming existing assets and supports available to families to provide a baseline on which any additional support needs to be coordinated or provided.

Community Justice

In Community Justice, there were no financial pressures in 2024-25 and the service continued to meet requirements via its ringfenced budget. However, following a Scottish Government led review of the Justice Social Work core funding formula and changes to the formula for the allocation of funding for the Caledonian Programme, challenges are expected in 2025-26. The service is therefore currently exploring contingency options to mitigate the impact of any reduction and ensure requirements can continue to be met.

Adult Social Care Services

In the context of a challenging overall financial settlement, the IJB continued to deal with increasing levels of demand associated with the requirements of people with disabilities, mental health and substance use issues, alongside the legacy impact from the pandemic and cost of living crisis. It reported a year end overspend of £7,216k, including £5,825k in social care budgets. Some key factors contributing towards these challenges include:

- Teams continue to experience vacancies because of recruitment and retention challenges, which has resulted in use of agency, overtime and sessional staff where necessary with a total of £3,150k spent over 2024-25.
- Increasing demand for community services for older people has resulted in increased hours for services such as Care at Home, which has also seen an overspend of £6,056k in 2024-25.

However, it should be recognised that the increased Care at Home activity has had a beneficial impact for in-patient services through significant and sustained reductions in Delayed Discharge, as well as reducing unmet need for service users in the community awaiting packages of care and minimizing unnecessary hospital admission.

Long-term financial sustainability and making best use of resources is critical to delivering the IJBs Strategic Commissioning Framework priorities at an appropriate pace and scale that matches the population needs but there are clear challenges. Continuous service redesign through transformation, collaborative working and further integration of services is critical.

Given the financial challenges during 2024-25 and anticipated demands and constraints going forwards, the IJB agreed a programme of savings and transformation activity to support the 2025-26 budget. The successful implementation of this activity across Social Work and Social Care services will be key to developing a sustainable service model which meets strategic priorities within existing resources, including financial, workforce and property.

Workforce

Recruitment and Support

The Social Work and Social Care workforce provides support to vulnerable groups in sometimes challenging situations. Teams frequently support people who have been traumatised and who, in various ways, may present a risk of harm to themselves, to others or from others. They are required to engage with service users and empower them whilst sometimes informing statutory decisions made by the Children's Hearing, Sheriff Court or Parole Board which may restrict their liberty, including in relation to Secure Care, mental health detention and enforcement of community sentences.

The workforce is therefore highly valued and currently consists of 1,325 people employed within the Children and Families Service (387) and the Health and Social Care Partnership (938). As an overview of their employment status, age, ethnic identity, recruitment, retention and absences in 2024-25:

- Over 99% are employed on a permanent basis
- Just over 12% of the workforce are aged 30 years or under
- Almost 45% are aged 51 years or older
- At 81% most of the workforce are women
- Over 5% identify as having a disability
- Just under 5% identify as being of black or minority ethnic origin
- Workforce leavers in children's and community justice services was 8.53%.

- Workforce leavers in adult services were 9.17%
- Just over 38% of new starts were aged 30 years or under
- Over 15% of new starts were 51 years or older.
- Days lost to absence was 22.67 days lost per FTE
- This is higher than the overall Council figure of 15.32 days lost per FTE
- There was an increase in working days lost across Children's and Justice Services
- There was a decrease in working days lost across Adult Services.
- There were less long-term absences at 81% compared to the Council at 85%%
- The most common reason for lost days was mental health at 45.64%

It is therefore apparent that the workforce is under-represented across many of the protected equality characteristics and that absences from work continue to present a challenge. All services have been involved in broader developments to enhance welfare support to people in the workplace, encourage early responses to any emotional or mental health concerns, support teams to manage workloads through prioritisation and use of such tools as Magic Notes, ensure tasks are equitable and manageable and appropriately apply absence management procedures but this remains a priority.

The recruitment pattern also provides some indication that some progress is being made in addressing challenges related to an ageing workforce and a desire to increase the young workforce but this will also need to continue to be a priority, whilst building on a range of measures introduced to enhance support and retention:

- ✓ Collaboration with Dundee University to increase student placements
- ✓ Delivery of mandatory qualifications to meet SSSC registration requirements.
- ✓ Fair Work First Commitments, such as payment of the Living Wage.
- ✓ Introduction of the national Newly Qualified Social Worker (NQSW) Supported Year and Continuous Professional Learning Mandatory Learning activities
- ✓ Support with manageable caseloads informed by a Setting the Bar report
- ✓ Using Artificial Intelligence to record and transcribe assessments and support
- ✓ Ongoing Navigating Individual and Organisational Resilience workshops
- ✓ Ongoing Reflection and Resilience work with teams
- ✓ The Employee Health & Wellbeing Service SharePoint site wellbeing information
- ✓ The Scottish Government's National Wellbeing Hub
- ✓ An increase in the past year from 6 to 130 wellbeing ambassadors
- ✓ 21 of which are from across the HSCP and Children and Families Service.
- ✓ Trauma informed response to potentially traumatic events in the workplace
- ✓ Absence Review Learning
- ✓ Targeted focus group work where data indicates there are wellbeing concerns
- ✓ Able Futures Access to Work Mental Health Support Service
- ✓ A focus on race discrimination towards both the workforce and service users

Over the past year, services have continued to prioritise employee wellbeing through the dedicated work of the Employee Wellness Advisor. The service has offered confidential 1:1 support, team wellbeing interventions, and manager consultations. This has included bespoke sessions on burnout, stress and vicarious trauma with teams from across the social work and social care workforce. We have also held wellbeing roadshows and monthly themed events which have been aligned with national wellbeing and equality calendars – examples of events have included:

- Menopause Cafe
- Self-Care Week Yoga & Meditation sessions
- Grief Cafe
- Brew Monday: Wellbeing Workshop Virtual Brew Morning

- Time to Talk: Wellness Walk & Talk
- Heart Awareness Month: Cardiovascular Health Checks
- Celebrating Neurodiversity Week: Neurodiversity Workshop
- Endometriosis Awareness Month: Endometriosis Session

Services have also developed a comprehensive suite of resources which have included the Employee Health and Wellbeing SharePoint Site, referral pathways and training packs which have enhanced access to self-help tools and guidance. Feedback indicates improved awareness, confidence and wellbeing outcomes following interventions, with employees reporting increased satisfaction and a stronger sense of support in the workplace.

Training and Development

Protecting People Multi Agency Framework

In addition to general support, training is key to build the confidence and competence of teams and a comprehensive multi-agency framework was launched in February 2024 providing a basis of protection learning for all workers across the city. There is also now a greater emphasis on learning opportunities associated to equality and anti-discriminatory practice, including highlighting a new cultural humility module produced by colleagues at NES Scotland. In addition, we now have an equality section within the framework and as we review the framework, we are working towards making this section more visible to the workforce.

Going forwards, in addition to this generic training a training needs analysis will also be explored with Learning and Organisational Development. Teams across Children's and Community Justice Social Work and the Health and Social Care Partnership will implement Quality Conversations.

Additional Protecting People Learning Opportunities

Children and Families Risk Assessment Training

- A two-part workshop for practitioners from social work and education was launched to explore risk assessment and analysis. The workshops were developed and currently co-facilitated by the Learning and Organisational Development Service, Social Work Senior Management and Educational Psychologists.

Child Protection e-Learning Modules and Online Resources

- A range of new online e-learning resources and guidance relating to Child Protection has been introduced which has included 'Working with Resistance in Child Protection', 'Supporting Young People who Self-Harm: A Guide for School Staff & those Working with Young People', and a 'New Approach for Protecting 16/17 Year Olds in Dundee'.

Action Learning Sets

- A recent trial of Action Learning Sets focused on the issue of non-engagement in protection work. Participants reported the sessions provided them with a safe space to intensively reflect and be professionally curious in a supportive environment. The sets not only provided professional development but provided action plans for workers to test in practice in relation to the difficult topic of non-engagement and protection

IRISS Chronology Tool Pilot

- **I**RISS and the National Implementation Group have developed a chronologies tool designed to support reflective practice among leaders. The tool aims to foster critical reflection within leadership and across teams, with the goal of influencing practice and culture around the use of chronologies. The pilot phase in Dundee includes participation from both adult and children's services, and the work is set to continue through to the end of 2025.

Mental Health Legislation Learning

- A new SharePoint page has been launched to support practitioners in understanding and implementing mental health legislation. In addition to targeted face-to-face learning sessions on topics such as 'Crossing the Acts', our Mental Health Officer Team has created a series of short, recorded sessions covering specific aspects of the legislation.

Further programmes

- Council Officer Programme and Refresher Sessions
- Multi-agency Second Worker and Suicide Prevention full-day learning sessions
- Defensible Decision-Making learning Programme
- Adult Support and Protection, and Child Protection Awareness s

Adult Support and Protection Week

In 2025, the partnership again coordinated a calendar of events for Adult Support and Protection (ASP) Week. This included learning facilitated by the Learning and Organisational Development Service and multi-agency partners, covering key topics such as self-harm, independent advocacy, trauma-informed practice and the role of the Office of the Public Guardian.

Newly Qualified Social Worker Supported Year

In response to the national implementation of the Newly Qualified Social Worker Supported Year, we have continued to introduce and update the support and resources available to our Newly Qualified Social Workers (NQSWs). The introduction of the mandatory learning activities prompted us to review our monthly continuous professional learning (CPL) sessions and embed some of the learning activities into these sessions, encouraging opportunities for NQSWs to reflect and learn together.

A further development in 2024/2025 has been the launch of our NQSW Mentoring Programme which involves NQSWs being matched with more experienced social workers, who are provided training and regular supervision to support NQSWs using a coaching approach.

Practice Learning

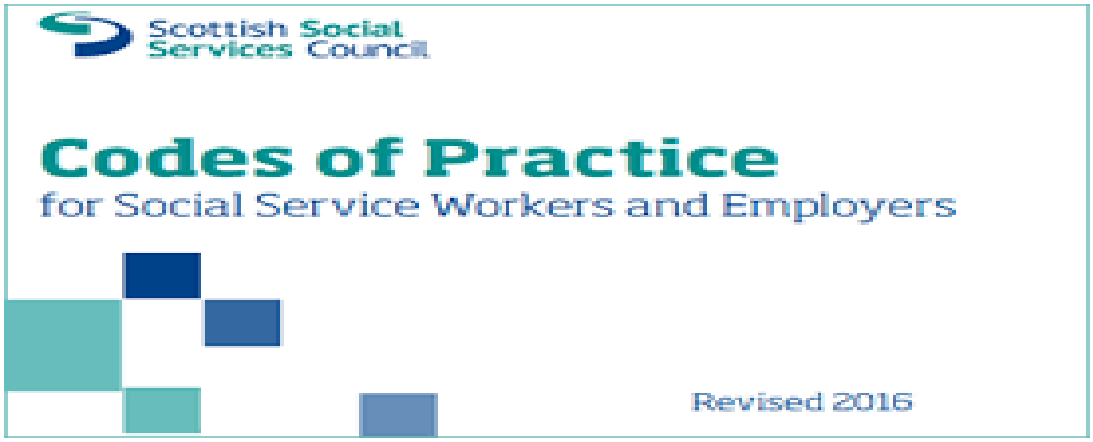
In 2024-25, services continued to work in partnership with Dundee University to increase our offer of statutory placements. We moved into the second phase of a test of change which involved a social work student being placed within one of our secondary schools, with additional learning opportunities from a social work team. Whilst we continue to test out this model, initial feedback and learning has highlighted benefits including the direct work with young people and families, the opportunity to build relationships and the importance of understanding roles in different settings.

Practitioner Forums

Our Practitioner Forums have continued to develop and provide opportunities for our workforce to learn together and be involved in service development and improvement activity. For example, the Adult Support and Protection (ASP) Forum has played a key role in shaping guidance and procedures to ensure they are reflective of current practice, fit for purpose and user-friendly for practitioners. Recent discussions around templates, policies, and guidance have led to the creation of a dedicated SharePoint page for Adult Services, providing practitioners with a centralised resource hub.

Scottish Social Service Council requirements

The Learning and Organisational Development Team have coordinated the delivery of vocational qualifications which enable employees to demonstrate that they can work to national occupational standards, along with academic credits to meet management registration requirements. In addition to professional Social Work training, this training ensures that the values, knowledge and skills of the workforce are maintained. It contributes to both the Council as an employer and the workforce meeting the SSSC Codes of Practice, which clearly outline joint expectations.



Inspection Findings and Improvement Actions
Children's Services

Inspection of Children's Houses focus on Key Question 7 of the Care Inspectorate's Quality Framework for care homes for children and young people. It is comprised of a single key question with two quality indicators. The key question is 'How well do we support children and young people's rights and wellbeing?'. The quality indicators are children and young people are safe, feel loved and get the most out of life; and leaders and staff have the capacity and resources to meet needs and rights. Three of the houses were inspected last year and current grades and dates of all inspections are:

- **Craigie Cottage (May 2025) -** Very Good
- **Foresters House (March 2025) -** Very Good

- **Gilburn House (December 2024) -** Good
- **Drummond (April 2023) -** Good
- **Millview Cottage (October 2022) -** Good
- **The Junction (January 2025) -** Adequate
- **Fairbairn House –** not yet inspected

Adult Services

In total, 53 inspections were undertaken during 2024-25 across 44 registered adult services. This included 24 inspections carried out across 17 care homes and 29 inspections carried out across 27 other adult services. Four care homes operated by the HSCP were inspected during the reporting year.

Table 2 illustrates:

Table 1: Grade Received by Service	Care Homes		Other Adult Services	
Year	2024-25	2023-24	2024-25	2023-24
Number of Services Inspected	17	24	27	22

6 'excellent' in one or more key questions	2	12%	2	8%	0	0	0	0
5 'very good' in one or more key questions	8	47%	5	21%	15	56%	11	50%
4 'good' in one or more key questions	11	65%	17	71%	20	74%	17	77%
3 'adequate' in one or more key questions	7	41%	15	63%	8	30%	7	32%
2 'weak' in one or more key questions	2	12%	4	17%	0	0	0	0%
1 'unsatisfactory' in one or more key questions	1	6%	-	-	0	0	-	-

4 'very good' and above in all grades (initial annual inspection)	10	59%	9	38%	18	67%	17	77%
3 'adequate' or below in all grades (initial annual inspection)	7	41%	8	33%	9	33%	0	0%

The grading data evidence an improvement in grades between 2023-24 to 2024-25 for care homes. Particularly of note are the grades 5 'very good' and 6 'excellent'. Other adult services grades remained similar even although there was a 20% increase in the number of services inspected. Whilst other adult services did not receive an 'excellent' in any Key Question they also did not receive a grade of 'poor' or 'weak'. One inspected care home received a grade 1 (unsatisfactory) and the service has provided direction and support to ensure the home addresses requirements and areas for improvement.

Joint Inspection of Services for Children and Young People at Risk of Harm

This was published in January 2022 and services were graded as Good overall with 4 areas for improvement, which mirrored a local partnership self-evaluation. Progress over the last 12 months has included:

1. **Approaches to recognising and responding to concerns about risk of harm and providing support to young people were not as effective as those for younger children -** funding has

been secured for a co-located Hub in the city centre to support young people and respond to complex needs through a joined up partnership approach and will ne open early 2026.

Developments in multi-agency approaches to this age group are overseen by Dundee's Young People's Strategic Group which consists of senior managers from across the council and partnership, including Third Sector. Learning and Organisational Development have supported those involved in the new initiative through development sessions and training in risk assessments.

The model will also involve collaboration with The Corner for sexual health services and with Employability colleagues to promote positive destinations for vulnerable young people on leaving school. A new infrastructure has also been put in place to support implementation of the Care and Risk Management protocol; leadership and management of Young People's Houses have been revised; Supported Accommodation facilities for Care Leavers have been extended; and a Transitions Protocol is being revised.

2. **Children and young people at risk of harm and their parents or carers were not consistently being supported to participate in protective processes** – a Child Protection Charter which mirrors the principles of Trauma Informed Practice was developed by young people and widely circulated across the multi-agency workforce. This involved several briefing sessions and agency leads being identified to embed the principles of the charter Further work in relation to the charter is now integrated into the protecting people engagement and participation subgroup.

The service has introduced a Mind of My Own app, which enables children and young people to comment on the support they receive in their own time. The Champions Board now operates in all 8 Secondary Schools and young people have participated in Columba 1400 Values Based Leadership Academies.

''I'm not the greatest with technology but I explained what Mind Of My Own is to a 15-year-old and he downloaded the app onto his phone - he enjoys having a way to communicate with me and working through some of the questions in his own time that he normally would avoid answering.''

The service also continued to commission an independent advocacy provider in 'Who Cares? Scotland', who have a strong presence in the Young People's Houses. Feedback from young people indicates they value the support they provide in enabling them to present their views to inform professional decisions.

3. **The partnership did not yet have in place arrangements for the joint and systematic review of outcomes data to evidence the difference it was making to the lives of children at risk of harm and their families –** this has been a key focus and developments over the last year have included:

The Child Protection Committee Data Scrutiny Group has now been integrated into the Protecting People Performance Management (PMG) subgroup, however, quarterly reporting of the minimum dataset continues to the Children at Risk Committee. The PMG are in the process of developing an integrated protecting people dataset which will link all the protection datasets in a more effective way.

The Dundee and Angus Learning Review Project has taken place with a successful transition to the new approach to Learning Reviews. A Learning Review group is in place and now incorporates all learning reviews, adult, child and violence against women.

An integrated Quality Assurance subgroup has also been established within the Protecting People structure with responsibility for both single and multi-agency quality assurance activities. An overarching, integrated Quality Assurance framework is in development which will outline the approach to triangulation of information from data, quality assurance and learning reviews and will include a focus on measuring outcomes and impact.

Joint Inspection of Adult Support and Protection

The Joint Inspection of Adult Support and Protection was published in November 2023. The inspection focused on two key quality indicators in the ASP Quality Indicator framework of key ASP Processes and Strategic Leadership. It graded both as Effective with clear strengths which collectively outweighed areas for improvement. Progress over the last 12 months has included:

1. **Improve the consistent application and quality of investigation, chronology and risk assessment templates** – key processes have been reviewed and updated guidance included within HSCP adult protection procedures. This has been supported by extensive learning and development activity, with a focus on Council Officers. Recording templates for both meetings and within case management systems have also been updated to reflect the revised guidance.

   Multi-agency case file audits completed in October 2024 indicated that 74% of cases with a risk assessment were found to have a good or better quality of risk assessment. Small improvements were also found in the presence and quality of chronologies and the HSCP continues to work on this area as a priority in 2025-26.

2. **Adult support and protection guidance and procedures should be updated as a matter of priority** - HSCP adult protection procedures have been revised and are now available to the workforce, supported by learning and development resources. Large Scale Investigation guidance has also been fully reviewed and updated.

3. **Quality assurance, self-evaluation and audit activities were embedded but to varying degrees across social work services** - these captured areas for improvement but the approaches were inconsistent. Greater cohesion and strategic oversight were needed to ensure the necessary change and improvement.

   The HSCP has developed, tested and then amended a peer audit tool, with final questions evaluating trauma-informed practice being considered for inclusion. The Protecting People Quality Assurance Framework has been drafted, and a range of specific quality assurance activities progressed, including:

   - New learning review guidance and process implemented.
   - Implementation of the National Minimum Dataset
   - Development of a PowerBi dashboard for adult protection.
   - Completion of multi-agency case file audit.
   - Single and multi-agency audit calendar.

The final 3 areas of improvement, relating to strategic leadership and pace of change have been addressed as a group.

- The Partnership's Adult Support and Protection Lead Officer and support team should ensure they remain sighted on the quality of practice and prioritises the necessary improvements, including adherence to guidance, under its new public protection arrangements.

- The pace of strategi change and improvement needed accelerated. The Partnership were aware through joint inspection in 2017 that improvement was required across key areas of practice and strategic leadership. Their own audit activity had reached similar conclusion, but progress was limited in key areas.

- The Partnership should ensure that strategic planning and implementation of new initiative across key processes and strategic leadership are well resourced, sustainable and impact assessed.

Some key developments include the completion of work to transition from an Adult Support and Protection Committee to an Adults at Risk Committee; the launch of a new sub-group structure with a greater focus on quality assurance and improvement; the appointment of a permanent Lead Officer with a portfolio for adults at risk; re-development of the strategic risk register; review of COG membership and terms of reference; and a review of the HSCP internal oversight infrastructure for Protecting People work.

The development of the Adults at Risk Pathway was progressed with the establishment of the Adults at Risk Leadership Group, Team Around the Adult Workstream, Adult MASH workstream and resources allocated to the redesign of the Front Door Model for Health and Social Care Partnership. Implementation plans for these key pieces of work were developed and approved. With the appropriate infrastructure in place, the design and implementation work is now well underway with all partners.

Learning Reviews

During 2024-25, the Protecting People Committees focused on responding effectively to a rising number of referrals for Learning Reviews. The Dundee and Angus Learning Review Guidance provides a single process for undertaking reviews, applies to all types of harm and is aligned to national guidance. Overall, there were nine areas of work associated with active Learning Review activity. Seven new referrals for consideration of a Learning Review to be undertaken were also submitted to the Children and Adults at Risk Committees. Five of these proceeded to a formal Learning Review, 1 was not accepted as it did not meet the criteria and the other did not proceed but identified key actions for improvement plans. Of the five learning reviews that proceeded, they are currently ongoing and outcomes are pending.

Quality Assurance

Children's Services

For the last 4 years, Children's Social Work has been carrying out regular audits using a Care Inspectorate evaluation tool focused on the quality of chronologies, assessments, plans and support. The audits are undertaken by pairs of managers in the service and reports are completed on a quarterly basis highlighting key themes. The most recent audit in May 2024 found that 94% of files were rated as 'Good' or better, compared with 93% in the previous audit and 53% when the process commenced in 2020-21. It illustrates a clear trajectory of overall improvement, whilst confirming further support is required to improve chronologies.

Categories of case file audit tool	Number rated good or better	Percentage rated good or better
Overall	16	94%
Accuracy of Information	25	88%
Assessment	16	94%
Chronology	11	65%
Care Plan	13	76%
Supervision/ Support	11	65%

The service-wide audit programme has been expanded to include quality assurance of family-based care, where results have been mirrored in terms of percentages rated as Good or above. In addition to this, the service has also undertaken a specific case file audit of adolescent services, where 83% were rated as Good or above.

Community Justice

This auditing process is mirrored in Community Justice, where over 80% of Court Reports were assessed as being Good or better; 100% of LSCMI risk assessments were assessed as Good or better; and 70% of Risk Management Plans were assessed as Good or better.

Areas for improvement were noted as ensuring all relevant documentation is uploaded and available on the case recording system and increasing the number of home visits in line with National Standards and Objectives. These are being progressed by the Service Manager and management team.

Adult Services A multi-agency audit of Adult Protection focused on cases where the adult had been the subject of an investigation or case conference (initial or review) in the year between September 2023 to October 2024. The tool required case file readers to consider all stages from duty to inquire onwards and asked whether all partners were involved, all relevant files were shared and what the quality of decision making, chronologies, risk assessments and outcomes were. The audit process identified some areas of strength:

- How partners work together to assess whether adults are at risk of harm. This includes how Adult Support and Protection legislation is applied and how inquiries are made to support the initial assessment of risk.

- How case conferences are used to identify, assess and manage risk and to plan supports for adults at risk of harm.

- How adult support and protection processes and supports make a positive impact of outcomes and quality of life for adults at risk of harm.

The audit also identified areas for improvement, including improving chronologies, risk assessments, information sharing and involvement of adults at risk and all relevant professional partners are each stage of the adult protection process. Significant work has occurred in the partnership focusing on improving chronologies and risk assessments. They have been improving:

- **Chronologies** - 60% were Good or better in 2020 and 82% in 2025
- **Risk assessments** - 67% were Good or better in 2020 and 74% in 2025

To continue to address the areas for improvement, the Partnership is focusing on two areas of work:

1. **Participating in a national pilot project alongside the Children and Families Social Work Service and IRISS focused on improving chronologies.** A reflective practice tool has been developed nationally which is now been implemented across social work teams. Team managers are leading discussions within their own teams and testing different ways of using the tool, meeting every six weeks to learn from each others successes and agree what needs to change to support further improvement.

2. **Working with multi-agency partners to implement a new pathway of support for adults at risk.** This includes a multi-agency risk management approach (Team Around the Adult) and a collaborative approach to initial assessment of adult concern reports (Adults Multi-agency Safeguarding Hub). It will also include co-location of Partnership staff with colleagues from Police and NHS Tayside to help promote joint working and communication.

Looking Ahead

This report has shown how our Social Work and Social Care services have continued to provide and improve support to vulnerable groups, including children on the edge of care; people subject to community sentences; people released from short and long-term imprisonment; people at risk of hospital admission or leaving hospital; older people; and people with substance use concerns.

In some areas, there have been some major achievements, such as our approach towards The Promise as a finalist in the LGC Awards, What Matters to You shortlisted for a COSLA award, Forrester House described as ‘sector leading’ by the Care Inspectorate, grades of Very Good and Excellent in adult care homes and performance in respect of MAT Standards and Delayed Discharge.

It shows a focus on providing crucial support to the workforce, with numerous measures on recruitment, induction, wellbeing, training, shared learning via quality assurance processes and joint responses to the findings of Care Inspectorate inspections of Child Protection, Adult Support and Protection and regulated services such as children’s and adult care homes.

The Care Inspectorate national thematic review of governance and assurance arrangements has been informative and influenced the planned Strength in Practice event, where the professional values,

practice, performance and improvement requirements will be further explored with the workforce across all 3 areas of Children's, Community Justice and Adult Services.

However, the report highlights some continued challenges, such as concerns about vulnerable pregnant women and babies/infants; Foster Carer recruitment; hospital admissions/re-admissions/discharge; mental health; and substance use. There are also some enduring workforce issues, including an under-representation of key groups, absence and recruitment challenges in some key areas.

The Care Inspectorate finding in the governance review that services are experiencing difficulties in matching supply with demand exacerbated by increased levels of complexity is mirrored locally and involves both financial and individual risks. There will also be further challenges as services respond to expected new legislative requirements across all 3 service areas.

It is therefore imperative that services continue to innovate and transform, whilst mitigating identified risks and escalating any current or anticipated concerns which cannot be addressed or tolerated. The CSWO will need to play a key role in this both nationally with Scottish Government and the new National Social Work Agency and locally with Elected Members and Chief Officers.

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ITEM No …10……

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10TH DECEMBER 2025**

REPORT ON: **DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK – ANNUAL UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB83-2025**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Mental Health and Wellbeing Framework and the continued implementation of the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024 -2027. The Delivery Plan supports key elements of the Framework and identifies important priorities for action.

2.0 RECOMMENDATIONS

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

2.1 Notes the Dundee Primary Care Mental Health and Wellbeing Annual Performance Report, November 2025, in Appendix 1.

2.2 Notes the progress made to date in implementing the Dundee Primary Care Mental Health and Wellbeing Framework and the Primary Care Strategic Delivery Plan for Mental Health and Wellbeing (2024–2027), outlining key achievements as summarised in Section 4 and detailed further in the Annual Performance Report (November 2025).

2.3 Instructs the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027, to a future IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 There are currently no additional financial implications directly associated with this report.

3.2 The financial arrangements for the current provision are funded through the Scottish Government's Primary Care Improvement Fund, Mental Health Action 15, and core service funds.

3.3 During 2025, further financial constraints have impacted the pace and scale of this work, driven by reductions or flat-cash settlements in national funding allocations and wider financial pressures across the public sector. As a result, planned expenditure has been contained within existing available resources.

4.0 MAIN TEXT

4.1 Background

4.1.1 Article VIII of the minutes of the Dundee IJB meeting held on 11 December 2024 refers to the delivery of the Primary Care Mental Health and Wellbeing Framework – Annual Update for 2024. The IJB previously reviewed papers outlining the context and needs associated with mental health and wellbeing developments within Primary Care. Following this, the Board approved the Dundee Primary Care Mental Health and Wellbeing Framework and the accompanying Mental Health and Wellbeing Strategic Delivery Plan 2024–2027. This paper provides an update on progress against these commitments.

4.1.2 Local strategic planning is undertaken in collaboration with the Strategic Planning Advisory Group, the Mental Health and Wellbeing Strategic and Commissioning Group, the Primary Care Mental Health and Wellbeing Strategic Planning Group, and the Primary Care Improvement Group, alongside their respective strategic plans. Robust reporting and monitoring structures are in place, aligned with the financial framework and supported by established Strategic and Operational groups. Additionally, ongoing liaison with Scottish Government Primary Care colleagues ensures continued alignment and progress across this programme of work.

4.2 **Progress during 2025**

4.2.1 Progress has been achieved over the past 12 months. The Primary Care Mental Health and Wellbeing Strategic Delivery Plan 2024-2027 has now been in implementation for 21 months. This plan is supported by a detailed Action Plan which outlines activities designed to effectively deliver the Strategic Delivery Plan effectively (see Appendix 1 – Annual Performance Report for further details).

4.2.2 The Action Plan is scheduled for review and will be updated to reflect local insights and emerging developments. This process will align, where appropriate, with the co-production of the new Mental Health and Wellbeing Strategic Plan, the NHS Tayside Mental Health Model of Care, and findings from the Care Inspectorate and Healthcare Improvement Scotland Joint Inspection of Dundee Adult Mental Health Services.

4.2.3 A programme management approach continues to underpin all activity through close collaboration with all key stakeholders. Strategic and Operational Groups, with appropriate membership, meet regularly to provide oversight and support.

4.2.4 Three workstreams have taken forward the related actions. Current key achievements from each are presented below.

4.2.5 **Awareness and Navigation**

To raise awareness and improve navigation for the public and practitioners of what is available for mental health and wellbeing care or support within Primary Care and local communities. We have:

- Co-produced an Engagement Plan with Dundee Volunteer and Voluntary Action to support inclusive involvement.
- Launched comprehensive Primary Care Mental Health and Wellbeing webpages on NHS Tayside's website (Nov 2024), including a service directory and promotional materials distributed widely across the city. The website can be viewed here.
- Undertaken engagement and learning events with local organisations across the city to raise awareness of services and support available.
- Commenced development of a new Primary Care MHWB team/service information leaflet.
- Commenced co-producing a community-based MHWB portal/website along with stakeholders, offering evidence-based resources and a searchable support directory.

- Enabled 20 staff across sectors to complete Decider Skills training for use in 1:1 and group settings, supported by the NHS Tayside Charitable Foundation. This has been evaluated.

- Initiated awareness and learning projects in GP practices to improve mental health care navigation by reception staff.

- Completed an improvement project with Ref Guide (Primary Care referral guidance portal) to enhance referral accuracy and communication between Primary Care and mental health services.
- Established a Multi-Agency Children and Young People's MHWB Group to promote whole-system collaboration and clarified pathways with CAMHS, School Nursing and The Corner, including crisis support.

- Strengthened connections between Primary Care, Third Sector, and communities through learning and networking forums.

- Participated in suicide prevention initiatives across Tayside / Dundee and held a learning event with GPs. We have developed peer support for GPs affected by patient suicide, led by the GP mental health lead. Additionally, we worked with Public Health to develop suicide risk assessment and support guidance for Primary Care.

- Participated in an NHS Tayside Out of Hours Service Development event to raise awareness of what is available and ensure that patients have access to the full range of options available in hours, acknowledging that some options may not be available immediately.

4.2.6 **Service Delivery and Development**

Service delivery and development are focused on optimising the current offer, ensuring efficiency through effective use of available resources, and pursuing funding and workforce development opportunities. We will continue to identify areas of need and enhance services across the mental health and wellbeing multi-disciplinary team, ensuring a strong emphasis on prevention, early intervention, and reducing inequalities. A comprehensive report from each service is provided in the Annual Performance Report (Appendix 1). Key activity in the last 12 months includes:

- Patient Assessment and Liaison Mental Health Service (PALMS): Delivered 9,037 appointments across GP practices despite reduced staffing levels. Staff absences due to sickness or staff leaving, and delays in recruitment have impacted on PALMS capacity and service delivery with several practices receiving limited or no service for periods of time. Recruitment and - improving access to PALMS is a priority.

- Distress Brief Intervention (DBI): Delivered Peer Practitioner support to 909 individuals referred to the service (including 779 from referred Primary Care), achieving a 55% reduction in distress scores post-intervention. All Dundee GP Practices are referring to DBI. The service was awarded Policing Partner of the Year 2025.

- Sources of Support (Link Workers): Supported 1,108 people referred within Primary Care between October 2024 and September 2025. Reduced staffing levels due to absences and delays in recruiting while addressing increasing demands have been challenging and meant increased waiting times. This is now resolving. The model received national recognition as pioneering, with staff earning awards and royal acknowledgment.

- Welfare Advice Partnerships: Secured £5 million for patients across 13 practices, earning a UK Revenues High Commendation for partnership working.

- Community Listening Service: Supported 294 individuals, enhanced booking systems, and improved digital access with Vision 360 approval are in progress. Eleven volunteers have left the service with four new recruits. The reduction in volunteer numbers has meant limited

availability of listening sessions and reduced physical presence in GP practices. Recruiting new volunteers is a priority.

- Trauma-Informed Practice: All services have participated in the NHS Education for Scotland Trauma-Informed Leaders course, with further activities planned to embed this approach in the coming year.

4.2.7 **Measuring Outcomes and Success**

Measuring outcomes and success focuses on further developing and implementing mechanisms for governance, reporting, and evaluation of the mental health and wellbeing framework, ensuring local plans are being delivered and progress towards outcomes is assessed and shared with stakeholders regularly. To achieve this, we have:

- Created a Risk Register to monitor and mitigate risks related to the Delivery Plan and service delivery.

- Introduced Care Opinion into services to collect service user experience across services involved in the multi-disciplinary team. A framework for the promotion of this will be developed.

- Developed a Governance Framework for Primary Care Mental Health and Wellbeing, detailing accountability and key partnerships.

- Established a Quality Assurance Framework with a core dataset covering demographics, service contact, interventions, outcomes, and process measures.

- Collaborated with Public Health's data team to build digital dashboards for each service, enabling analysis of access, performance, and user experience.

- Collaborated with the multi-agency Engine Room Group to share data from the Primary Care MHWB multi-disciplinary team with the purpose of linking data and sharing learning across the system. This will enable insights and cross sector improvements, particularly in relation to fostering equitable uptake and outcomes.

- Developed a set of Key Performance Indicators (KPIs) aligned to the Outcomes Framework, with flexibility to evolve based on operational needs.

- Produced action trackers and progress reports for the Delivery Plan, shared bi-monthly and annually with stakeholders.

- Drafted a Performance Management and Assurance Framework confirming governance, reporting, and monitoring processes.

- Introduced the development of an Annual Performance Report (Available in Appendix 1).

- Reviewed the Inequalities Impact Assessment (Appendix 2).

4.2.8 **Challenges**

- Workforce shortages and recruitment delays across PALMS, Listening Service, and Sources of Support (Primary Care Link Worker) teams.

- High demand vs. limited capacity, especially for Sources of Support and PALMS.

- Volunteer attrition in the Listening Service (11 left, 4 recruited).

- Funding risks for Welfare Advice (Brooksbank Centre funding cut projected for 2026/27).

- Accommodation issues and staffing are delaying the PALMS Hub & Spoke model.

- Misunderstanding about PALMS' role (often perceived as treatment rather than assessment and signposting). Persistent health inequalities in Dundee (high deprivation, suicide rates, drug-related deaths).

- Digital access barriers for services who are awaiting approval (Vision360 access is incomplete).

4.2.9 **Priorities for 2026**

The Partnership will continue to implement the Dundee Primary Care Mental Health and Well-being Strategic Delivery Plan, 2024-2027 with a clear focus on:

- Sustaining and growing service capacity to meet increasing demand and consistent access.

- Using data and patient feedback to guide decisions and shape services.

- Embedding trauma-informed and inequality-sensitive approaches in everyday practice.

- Working with partners to strengthen pathways for children, young people, and communities who often face barriers to care.

- Supporting the well-being and development of our workforce, recognising their central role in delivering compassionate care.

- Continuing to work collaboratively to develop a digital hub (website) designed to support early intervention and prevention. This hub is being co-produced with key stakeholders through a partnership involving the Third Sector, Dundee City Council, and the Health & Social Care Partnership, led by Dundee Volunteer and Voluntary Action.

- Continuing to secure accommodation to introduce the Hub and Spoke model to PALMS and evaluate the benefits and challenges to this development, refining as necessary.

- Continuing to focus on how we maximise what we can deliver with current funds, identifying how pathways can be developed that support care, and identifying any key gaps, for both adults and children.

Next steps

4.3 The Primary Care Mental Health and Wellbeing Framework continues to grow as a vital part of integrated care in Dundee. The Primary Care Mental Health and Wellbeing Strategic Group will continue to support and monitor the development of the programme and its impact. Actions will be progressed as outlined in Appendix 1 to implement the plan.

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	Failure to maximise support for people through Primary Care Mental Health and Wellbeing services will lead to further deterioration and poorer outcomes for people who may benefit from this, and potentially the need for higher levels of support and care.

Risk Category	Operational.
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring (20)
Mitigating Actions (including timescales and resources)	Progress is being made in development and implementation of a delivery plan, also maximising the use of available financial resources wherever possible.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Approval recommendation	That the risk should be accepted.

Risk 2 Description	Failure to optimise the development of a Primary Care Mental Health and Wellbeing MDT approach will increase demand on GPs and specialist parts of the system with an overall detrimental outcome to patients and staff.
Risk Category	Operational.
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring (20)
Mitigating Actions (including timescales and resources)	Progress being made in development and implementation of a delivery plan, also maximising the use of available financial resources wherever possible.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Approval recommendation	That the risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Clinical Lead for Mental Health & Learning Disability Services, and Dundee GP lead for Mental Health and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

None.

DAVE BERRY
CHIEF OFFICER

DATE: 28 OCTOBER 2025

Dr Emma Lamont
Programme Manager, Mental Health & Wellbeing in Primary Care Services

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Primary Care Mental Health and Wellbeing Framework and Multi-disciplinary Team Annual Performance Report - November 2025

PURPOSE OF THIS REPORT

This report provides Dundee Health and Social Care Partnership, and stakeholders with an update on the key achievements and progress made in relation to the Primary Care Mental Health and Well-being Framework and Strategic Delivery Plan 2024-2027, and each of the individual services within the multi-disciplinary team over the last 12 months. This report provides the opportunity to celebrate achievements, share challenges and inform the future delivery of Primary Care Mental Health and Wellbeing services for the people of Dundee.

Date of Report: November 2025

1. Introduction

Dundee's multi-disciplinary Primary Care Mental Health and Wellbeing Team provides comprehensive assessment, guidance, support, and therapeutic interventions for individuals experiencing mental health challenges, emotional distress, or wellbeing concerns. This integrated approach reflects the principles set out in the Scottish Government's Mental Health and Wellbeing in Primary Care Planning Guidance (2022) and supports the priorities of the Mental Health and Wellbeing Strategy (2023), which advocate for collaborative, multi-disciplinary models of care within Primary Care settings.

National strategies recognise that many people facing health or social challenges first seek help from primary healthcare professionals—most commonly their GP. Evidence from the Scottish Government (2021) shows that mental health concerns account for approximately one-third of GP consultations. In response, the Scottish Government has prioritised the development of multi-disciplinary teams within Primary Care to act as a first point of contact, offering timely and holistic support. These teams work in partnership with community health services, social work, and local agencies to address the wider mental health and social needs of the population.

2. Strategic Planning and Governance

In Dundee, the development of Primary Care Mental Health and Wellbeing services is a key priority within our Mental Health and Wellbeing Strategic Plan 2019–2024, which is currently being refreshed. To drive progress and ensure robust strategic and operational oversight, we established two core governance structures: Mental Health and Wellbeing in Primary Care Strategic Planning Group, Operational Leads Group (See Appendix 1 for membership details.) To support implementation, we developed the Primary Care Mental Health and Wellbeing Framework (Appendix 2), which defines the roles and functions of services within our multi-disciplinary team.

Building on this foundation, we launched the Primary Care Strategic Delivery Plan for Mental Health and Wellbeing 2024–2027, setting out our vision, guiding principles, strategic priorities, and intended outcomes for the next three years. This plan underpins the Framework and drives the continued development of our integrated, multi-disciplinary approach. Our vision is:

'To provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are knowledgeable and skilled.'

The **Primary Care Strategic Delivery Plan for Mental Health and Wellbeing** identifies three high-level priorities:

1. Awareness and Navigation
2. Service Delivery and Development
3. Measuring Outcomes and Success

These priorities are supported by a detailed Action Plan, outlining specific actions and activities to be undertaken over a three-year period, with regular review and updates as needed.

An Outcomes Framework (Appendix 3) underpins the Strategic Delivery Plan, aligning all activity with the overarching vision and both local and national outcomes for Primary Care Mental Health and Wellbeing services. To ensure robust governance and accountability, a Performance Management and Assurance Framework has been established. This includes key performance indicators, stakeholder responsibilities, and oversight through clinical and professional governance committees (Appendices 3 & 4). An Inequalities Impact Assessment has also been completed to guide service development and ensure equity. This assessment is reviewed regularly to remain responsive to emerging needs and challenges.

3. Financial Framework

The financial arrangements for the current provision are funded through the Scottish Primary Care Improvement Fund, Mental Health Action 15, and core service funds.

4. Dundee Context: Mental Health and Wellbeing

Dundee, Scotland's fourth-largest city, is home to approximately **150,390 residents**, all supported by our Primary Care Mental Health Services. A range of factors shape mental health and wellbeing across the city:

- Dundee ranks second in Scotland for adults reporting a mental health condition (162 per 1,000 vs. 131 nationally). In 2023/24, 22.9% of residents were prescribed medication for anxiety, depression, or psychosis (4th highest nationally).
- From the 2022 Census, 24% of those with a mental health condition rated their health as 'bad' or 'very bad'.
- 36.6% of residents live in the 20% most deprived SIMD zones.
- Dundee had the second-lowest proportion of households managing finances well (41.5%), over 10 percentage points below the Scottish average.
- Unemployment remains higher than the Scottish average (6.4% - Office for National Statistics 2023).

- Health Inequalities: Life expectancy is below the Scottish average, with male life expectancy ranking 5th worst among councils, linked to long-term conditions, multi-morbidities, suicide, drug use, and mental illness.
- Dundee has one of the highest suicide rates in Scotland, though probable suicide deaths fell to 25 in 2024 (from 30 in 2023).
- Drug-related deaths remain high, with 42 deaths in 2024 (down from 46 in 2023).
- Dundee records the highest prevalence of domestic abuse incidents in Scotland (182.7 per 10,000 vs. 116.3 nationally in 2023/24).
- Refugee Support: As of July 2025, around 650 people have been resettled in Dundee through UK Government schemes.
- Unpaid Carers: In 2022, Dundee had 16,844 unpaid carers, with 51.2% providing up to 19 hours weekly and 26.4% providing over 50 hours weekly.
- Adult Protection: In Q1 2025/26, there were 88 adult support and protection inquiries and 20 investigations involving people with mental illness

Source: *Census 2022, Scottish Index of Multiple Deprivation 2020, Probable suicides 2024 – National Records of Scotland (NRS), NHS Tayside Director of Public Health Annual Report 2024/25.*

5. Mental Health and Wellbeing Multi-Disciplinary Team

In Dundee, there are currently five core services within the Primary Care Mental Health and Well-being Multi-disciplinary Team, working alongside GPs. These primarily focus on providing care and support to adults aged 16 and over. Each service currently works within GP practices/ health centres, remotely and /or nearby. These services are shown in the figure below.

Figure 1: Multi-disciplinary team

6. Strategic Delivery Plan Progress in 2025

Over the past 12 months, key achievements have been delivered across each of the three strategic priorities outlined in the Primary Care Strategic Delivery Plan for Mental Health and Wellbeing. These achievements reflect meaningful progress in: Awareness and Navigation; Service Delivery and Development; Measuring Outcomes and Success. A summary progress action tracker detailing these achievements and associated activities is provided in Appendix 5.

6.1. Priority Area: Awareness and Navigation

This priority focuses on early intervention, prevention, and mental health promotion. We will raise awareness and improve navigation of what is available for mental health and wellbeing (MHWB) support in our local communities ensuring people know how to access this. Key achievements are:

- Launched comprehensive Primary Care Mental Health and Wellbeing webpages on NHS Tayside's website (Nov 2024), including a service directory and promotional materials distributed widely across the city.
- Currently co-producing a community-based MHWB portal / website with stakeholders, offering evidence-based resources and a searchable support directory.
- Co-produced an Engagement Plan with Dundee Volunteer and Voluntary Action to support inclusive involvement.
- Participated in a Strategic Planning Engagement event with around 90 stakeholders to co-produce the new Mental Health and Wellbeing Strategic Plan. Engagement discussions highlighted ongoing lack of awareness, including of Primary Care Mental Health and Wellbeing teams which is being addressed through planned awareness activities described.
- Undertaken engagement and learning events with local organisations across the city to raise awareness of services and support available.
- Developed a new Primary Care MHWB team/service information leaflet (in progress).
- Enabled 20 staff across sectors to complete Decider Skills training for use in 1:1 and group settings, supported by NHS Tayside Charitable Foundation.
- Initiated awareness and learning projects in GP practices to improve mental health care navigation by reception staff.
- Completed an improvement project with Ref Guide (Primary Care referral guidance portal) to enhance referral accuracy and communication between Primary Care and mental health services.
- Established a Multi-Agency Children and Young People's MHWB Group to promote whole-system collaboration and pathway clarity, including crisis support.
- Strengthened connections between Primary Care, Third Sector, and communities through learning and networking forums.
- Participated in suicide prevention initiatives across Tayside / Dundee and held a learning event with GPs. We have developed peer support for GPs affected by patient suicide, led by the GP mental health lead. Additionally, we worked with Public Health to develop suicide risk assessment and support guidance for Primary Care.
- Participated in an NHS Tayside Out of Hours Service Development event to raise awareness of what is available and ensure that patients have access to the full range of options available in hours, acknowledging that some options may not be available immediately.

6.2. Priority Area: Measuring Outcomes and Success

This priority focuses on further developing and implementing mechanisms for governance, reporting, and evaluation of the mental health and wellbeing framework and multi-disciplinary team, ensuring local plans are being delivered and progress towards outcomes is assessed and shared with stakeholders regularly.

We have:

- Drafted a Performance Management and Assurance Framework outlining governance, reporting, and monitoring processes.
- Created a Risk Register to monitor and mitigate risks related to the Delivery Plan and service delivery.
- Developed a Governance Framework for Primary Care Mental Health and Wellbeing, detailing accountability and key partnerships.
- Established a Quality Assurance Framework with a core dataset covering demographics, service contact, interventions, outcomes, and process measures.
- Collaborated with Public Health's data team to build digital dashboards for each service, enabling analysis of access, performance, and user experience.
- Collaborated with the multi-agency Engine Room Group to share data from the Primary Care MHWB multi-disciplinary team with the purpose of linking data and sharing learning across the system to enable insights and cross sector improvements, particularly in relation to fostering equitable uptake and outcomes.
- Developed a set of Key Performance Indicators (KPIs) aligned to the Outcomes Framework, with flexibility to evolve based on operational needs.
- Produced action trackers and progress reports for the Delivery Plan, shared bi-monthly and annually with stakeholders.

6.3. Priority Area: Service Delivery and Development

Focusing on service delivery and development we will optimise what we offer across the Primary Care Mental Health and Wellbeing Multi-disciplinary Team, ensuring efficiency using the resources available well and seeking workforce development opportunities. We will further identify areas of need to develop the services offered.

This priority focuses on service delivery and development. Optimising what we offer across the Primary Care Mental Health and Wellbeing Multi-disciplinary Team, ensuring efficiency using the resources available well and seek workforce development opportunities. We will further identify areas of need to develop the services offered. Key achievements over the last 12 months are detailed in the service reports below. All services have participated in the NHS Education for Scotland Trauma Informed Leaders course. Further activities will be planned for the coming years to further embed trauma informed practice.

Distress Brief Intervention (DBI) Service – Dundee

The Distress Brief Intervention (DBI) service is a national programme that provides short-term support to individuals aged 16 and over who are experiencing emotional distress and feeling overwhelmed. DBI aims to broaden the support available to people engaging with frontline services at a time when they need it most. In Dundee, the service is hosted by **Penumbra** and operates from the city centre.

Following an immediate referral (via email), a DBI peer practitioner contacts the individual within **24 hours** and offers support for up to **14 days**. During this time, the practitioner works collaboratively with the person to address the issues contributing to their distress and to develop strategies for managing and preventing future episodes. These issues often include:

- Relationship difficulties
- Anxiety and low mood
- Thoughts of self-harm or suicide
- Housing and financial concerns
- Employment challenges

Progress over the last 12 months

DBI has been successfully phased into Primary Care across Dundee, with all but one GP practice now trained to refer. In July 2024, a **test of change** was introduced: the LearnPro module is no longer mandatory for GPs to make referrals. Instead, GPs are required to attend an **induction Buzz Session**, removing barriers to referral while still encouraging completion of the module.

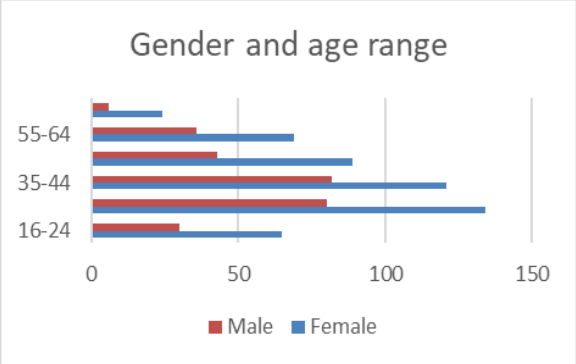
To date:

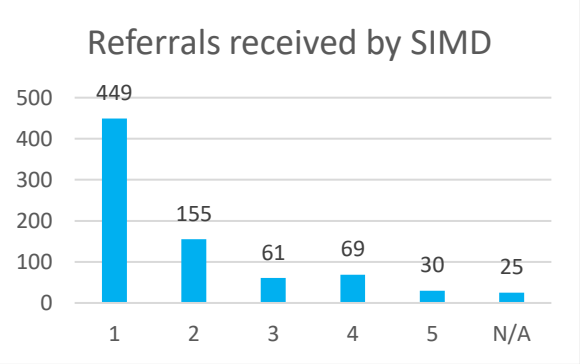
- **182 Primary Care staff** in Dundee have completed Level 1 training, including PALMS, Sources of Support, and colleagues from all 21 GP practices.

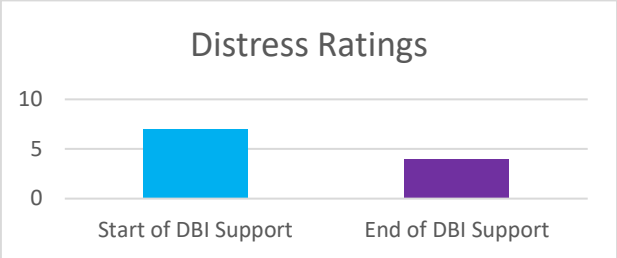
Referral Data (Aug 2024 – Jul 2025)

- **Total referrals:** 909
- **Primary Care referrals:** 779
- **Police Scotland referrals:** 130

The graphs below show that most individuals supported live in **SIMD areas 1 and 2**. The highest referral rates are **females:** aged 25–34, and **males:** aged 35–44. Following DBI support, the average distress rating decreases from **7 to 4**, representing a **55% reduction**.







Presenting Problems: Reason for referral often includes multiple issues. The most common are:

- Stress / Anxiety: 526
- Low Mood / Depression: 518
- Suicidal Thoughts: 306
- Sleep Issues: 162

Planned Progress (Next 12 Months)

- Continue expanding referral opportunities for Primary Care staff who have not yet engaged.
- Deliver **monthly drop-in Buzz Sessions** and offer **one-to-one sessions** for staff unable to attend group sessions.

Key Risks and Challenges

- Capacity remains the most significant risk. This is closely monitored to ensure:
    - Contact within 24 hours
    - Delivery of 14-day support
- Staffing levels are regularly reviewed to maintain service standards and training rollout.

Achievements

Tayside DBI and **Hope Point Dundee** won *Policing Partner of the Year 2025* at the Divisional Commander Award and Recognition Ceremony in Perth (March 6, 2025).

Workforce Development

Staff have maintained mandatory training (GDPR, Equality & Diversity, Display Screen Equipment Awareness) and completed:

- **Supervision Training**, **Grievance Raising**, and **Boundaries** (delivered internally by Penumbra L&D team)
- **DBI Level 2 training** (mandatory for all DBI staff)
- **Deciders Skills Course** (shared learning with colleagues)
- **Naloxone training** (delivered by Hope Point staff)

Penumbra also runs **quarterly Connect & Reflect sessions** across all DBI services, providing opportunities for discussion, reflection, and shared learning.

Feedback

"I cannot thank you and DBI service enough :) I was experiencing quite a lot of distress before DBI but due to taking time to listen to me/help me through has really helped myself to handle everything much better. I cannot thank you enough for all you do :)."

Community Listening Service

The Listening Service is part of **NHS Tayside Spiritual Care** and operates within GP practices in Dundee. It offers up to **six 50-minute appointments** with a trained volunteer listener, providing a safe space for individuals to talk through challenging situations such as health issues, relationship difficulties, grief, or loss. The service is available to anyone aged **16 and over.** but it is **not intended for individuals in crisis**, including those experiencing suicidal thoughts or acute psychosis.

Progress over the Last 12 Months

The Community Listening Service (CLS) underwent a leadership transition in February 2025. This has prompted a focus on service evaluation, stabilisation, and strategic direction. Our key progress is recorded with reference to the Department of Spiritual Care Strategic Framework, PIECES.

Presence - We have been strengthening and expanding our networks across Health and Social Care in Tayside. Within Dundee, have connected with the Carers Network, CMHT for Older Adults, Together to Thrive, Dundee Volunteer and Voluntary Action, GP Practices, The Corner, and HOPE Point.

Innovation – We have been considering new areas to promote the service so we can ensure accessibility across Tayside. This has included connecting with hospital discharge teams, community centres, and various mental health teams. We are also supporting a digital first approach by pursing funding for CLS mobile phones. These will be used to offer telephone appointments to anyone across Tayside.

Evidence – We have critically analysed our service-usage trends to target areas of lower-utilisation. We have updated our data collection procedures to capture unused appointments, a key area priority for improvement. Through collaboration with LIST, we are in the initial stages of developing a data dashboard.

Communication –We have requested funding for promotional materials to advertise the service. We are working with the Communications & Engagement Team to promote the service via Staff Brief and NHS Tayside social media.

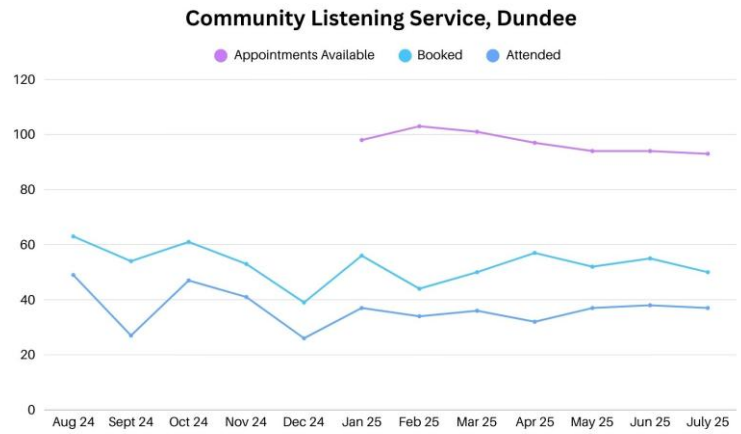
Education - We completed a joint volunteer training with NHS Fife, combining resources to increase service capacity. We delivered training to medical students, developing their understanding of the Listening Service and spiritual care.

Spaces – The Digital Board approved our access to Vision360 in December 2024. This will allow us to manage appointment bookings centrally, increasing flexibility for patients and volunteers. We have begun offering face-to-face listening sessions within the Ardler Clinic in Dundee, increasing access to in-person support.

Service Data Over the Last 12 Months

In 2025, we began collecting data on the number of appointments available. This is classed as the total number of sessions that were offered by our volunteers. Appointments booked is the number of these appointments where a patient was allocated to be seen. Appointments attended is the number of sessions that took place. The gap between appointments booked and attended is accounted for by cancellations (approx. 6%) and Did Not Attends (DNAs, approx. 11%).

From August 24- July 25, the Community Listening Service supported **294 people** across Dundee.



Referrals came from a variety of sources, including GPs, PALMS, CMHT, Macmillan, Deaf Links, Hillcrest Futures, Penumbra, Sources of Support, Psychology, pain clinics, Social Work, and self-referrals. Around 68% of appointments were face-to-face in GP practices, with the remainder via telephone. Initial appointments were offered within approximately 1-3 weeks of referral. We do not currently record information on patient demographics.

Planned Progress (Next 12 Months)

We aim to ensure our service is sustainably resourced and promoted, increasing and better utilising existing capacity. This will include recruitment and training of new volunteers, allowing us to provide increased face-to-face support across Tayside.

We hope to advance our digital capabilities through use of mobile phones and Vision360. This will include the development of a standard operating procedure and data protection training for volunteers. Access to Vision360 will improve the patient journey by providing a central point of access for appointment bookings.

We aim to close the gap between available and attended appointments. This will include targeted service promotion within GP practices, mental health services, and community settings. We will explore the use of analogue and digital communication methods to ensure accessibility of information. We will focus on embedding the service within primary care settings to create mutually supportive relationships with stakeholders.

We aim to seek feedback from patients, volunteers, and staff so we can improve the service we provide. We will explore avenues for service audit to gain recent data on patient experience.

Key Workforce, Finance, and Other Risks/Challenges

Between **October 2024 and September 2025**, **11 volunteers left the service** due to a mix of personal and work-related reasons. During this period, we recruited **4 new volunteers**, but the transition in the Volunteer Coordinator role slowed replacement efforts. This reduction in volunteer numbers has led to: **Limited availability of face-to-face listening sessions; and a reduced physical presence within GP practices.** We know that GP practices with an **embedded volunteer** use the service more frequently, so **recruiting new volunteers remains a key priority** for sustainable service delivery.

Feedback: *"I found the listener listened very well gave me time to talk and without prejudice and also helped to show different perspectives on things. The listener was very patient very well spoken and her voice was calming too. She helped you to become less fearful and guilt free about things too. I found her to have a great knowledge of life and the different subjects she talked about. A very nice person to talk too and put you at ease when talking to her. So professional and caring, an asset to any employer."*

Sources of Support – Primary Care Link Workers and Primary Care Associate Link Workers

Sources of Support is a key component of the Primary Care Health Inclusion Service. The team is made up of Primary Care Link Workers and Primary Care Associate Practitioners (Support Workers). Referrals are made internally by GPs and other members of the practice team.

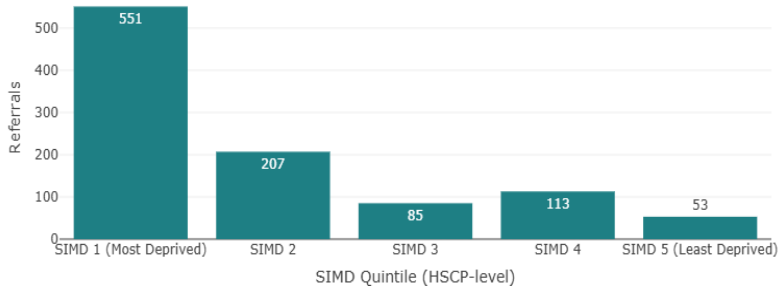
Primary Care Link Workers provide case management for up to 20 weeks, supporting patients to achieve their identified goals. They work collaboratively with patients, using a range of approaches to facilitate change and improve access to appropriate services. The aim is to enhance physical and mental wellbeing and overall quality of life. A core aspect of the Link Worker role is advocacy and liaison across primary and secondary care, as well as with statutory and third-sector services. Primary Care Associate Practitioners focus on identifying and enabling access to community-based interventions that support patients in their recovery and wellbeing journey.

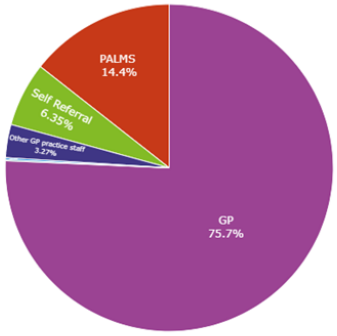
Progress over the last 12 months

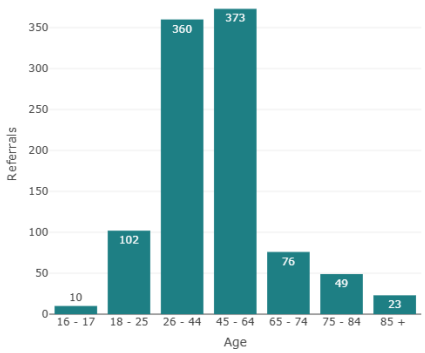
- Continued to offer a service to all GP Practices at a time when we have experienced reduced staffing levels.
- Received underspend from PCIF to fund a full time Associate Practitioner post until 31 March 2025
- The development of a dashboard which reflects the work of the service and provides data which informs service development.
- Continued to develop high levels of psychological safety within the team by safeguarding time for peer support, supervision and team involvement in decision making.

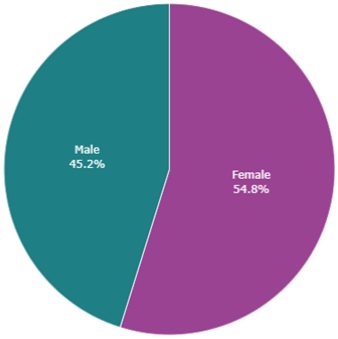
Service Figures and Data (Last 12 Months)

Between **1 October 2024 and 30 September 2025**, the service received **1,108 referrals**. The graphs below illustrate the breakdown of total referrals by **SIMD area, referrer, age and gender**.









Additional patient characteristics for this period

- The main reasons for referral are mental health and wellbeing, financial, housing, loneliness and isolation
- Patients with a disability: 47.6%
- Patients with caring responsibilities: 17.6%
- Patient engagement: 76.2%

Planned Progress (Next 12 Months)

- Transition to **direct bookings** in Clusters One, Three, and Four.

Key Workforce, or Other Risks/Challenges

- Managing reduced staffing levels over the past year while addressing an increasing workload and maintaining service delivery standards.

Good Practice and Achievements

- The **Community Link Worker Network report**, *Essential Connections: Exploring the Range and Scope of Community Link Worker Programmes across Scotland* (Finlay Smith, 2023), highlighted Dundee alongside Glasgow as **pioneering in their approach**, influencing the government's commitment to expand the Scotland-wide programme.

- **Recognition and Awards:**
  - One of our Primary Care Link Workers, Angie Gormley, was nominated in the **Unsung Hero** category for the Star Awards.
  - In May 2025, another team member was a finalist for **Outstanding Community Link Worker of the Year** at the Scottish Community Link Worker Network Conference.
  - **Special Recognition:** Team Leader Theresa Henry and Acting Team Leader Laura Campbell attended the **King's Garden Party in July**, in recognition of their work developing **Sources of Support** and contributing to the wider Community Link Worker Network.

Workforce Development

- Investment in team development through regular service development and team-building mornings, and monthly team meetings, six-weekly supervision, and monthly peer supervision
- Training and development needs identified during supervision and annual reviews.
- Several team members have participated in quality improvement projects.

Patient Feedback "*Thanks again for your wonderful support. You are helping me navigate a world unknown to me. I think I am on top of all this thanks to you." "The service has been instrumental in preventing me from not*

only living on the streets, but also a massive help with my mental health and outlook on life. I'm sure that they have helped others just as much, if not more, and I can't praise them enough."

Sources of Support Case Study

Referral: Derek was referred by his GP, who highlighted a complex background involving mental health challenges, severe anxiety, housing instability, and difficulty managing practical aspects of daily life. Derek was new to the area and lacked a support network.

Background: Derek recently relocated to Dundee after living elsewhere. He has faced significant challenges in maintaining his personal well-being and managing housing responsibilities. Six months ago, he left his previous tenancy due to an inability to cope. Prior to that, he lived in a campervan, which he abandoned in a car park; it is now sealed off within a construction site. Due to his anxiety, Derek has been unable to resolve this situation or cancel utilities from his previous tenancy, resulting in ongoing payments for unused services.

Identified Issues:

- Not receiving benefits and relying on rapidly depleting savings.
- Residing in a small room in student accommodation with two months' notice to vacate.
- Inaccessible motorhome due to lack of V5 documentation and MOT.
- Required support to obtain a new V5 document for the motorhome.

Referral Actions and Advocacy

- Assisted with completing an Adult Disability Benefit application, including a supporting letter.
- Referred to an Associate Practitioner for help with housing applications, Universal Credit, and attending appointments.
- Completed a medical advisory application for medical points and scheduled an appointment with Housing Options to register as homeless.
- Coordinated with the site manager to access the campervan and arranged for its recovery and MOT at a local garage.
- Supported Derek in cancelling utilities and two unused gym memberships from previous addresses.

Outcomes

- Derek is now second on the housing list, with housing points maximized: 40 medical points, 70 homeless points (total 110), and recommendations for no multi-storey accommodation.
- Budgeting support provided; all utilities successfully cancelled.
- Derek is receiving Universal Credit and awaiting the outcome of his disability benefit application.
- The campervan has passed its MOT and is now available; Derek plans to sell it.

Link Worker Reflections: Derek has shown strong engagement with the support provided. He has been open about his needs and the impact of anxiety on his ability to manage daily tasks. With foundational supports now in place, Derek is attending private counselling, which he finds beneficial in building resilience.

Patient Feedback: Derek expressed gratitude for the support received, describing this as a fresh start and feeling optimistic about the future. He remains engaged with ongoing support services and acknowledges that his progress would not have been possible without the initial assistance that alleviated his immediate pressures.

Patient Assessment and Liaison Mental Health Service (PALMS)

As a self-referral service available through GP practices, we provide a single, focused 30-minute appointment with a mental health specialist for individuals seeking mental health support or advice. During this session, we offer practical coping strategies, access to self-help resources, and guidance on local community supports. Where appropriate, we also facilitate referrals to specialist mental health services. We also provide consult to other practitioners (e.g. GPs, Nurses, Health Visitors etc) within the GP Practice regarding mental health care and services.

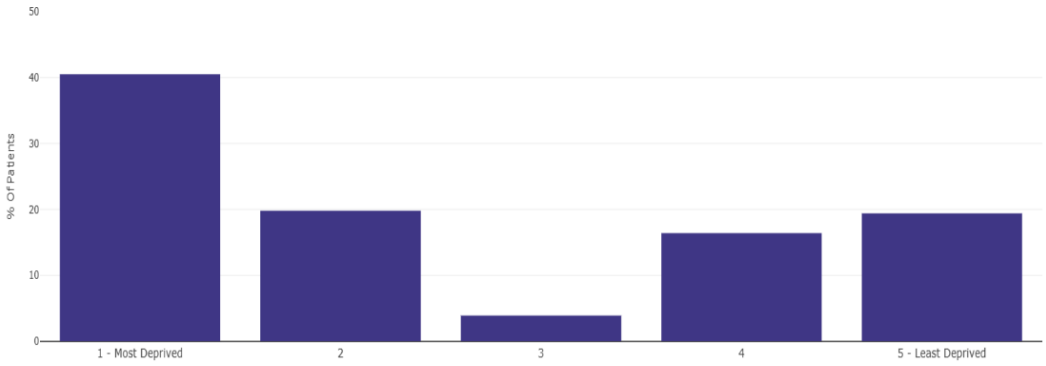
Progress over the last 12 months

- We have continued to offer a service to GP Practices whilst experiencing reduced staffing levels. Staff absences due to sickness or staff leaving, and delays in recruitment have impacted on PALMS capacity and service delivery with several practices receiving limited or no service.
- Received underspend funding from Primary Care Improvement Fund for a full time Administrator until 31 March 2026, to develop and test the Hub and Spoke model, however, were unable to use this as accommodation has not been yet identified. This model would provide some cross-cover for planned and unplanned leave, as well as increase access overall to appointments without the need for additional funded posts. This should result in increased efficiency and better, more equitable use of limited resource, address underutilisation of appointments at times by practices, minimise the impact of staff absence, and improve staff morale, job satisfaction and retention though increased team contact in a shared base.
- Information leaflets and on-screen informatics were updated/developed, and we had been proactive with other community settings to promote PALMS, increase awareness and understanding of PALMS (*before* the patient contacts the practice). This is hampered by ongoing workforce issues.
- The development of a dashboard which reflects the work of the service and provides data which informs service improvements and development.

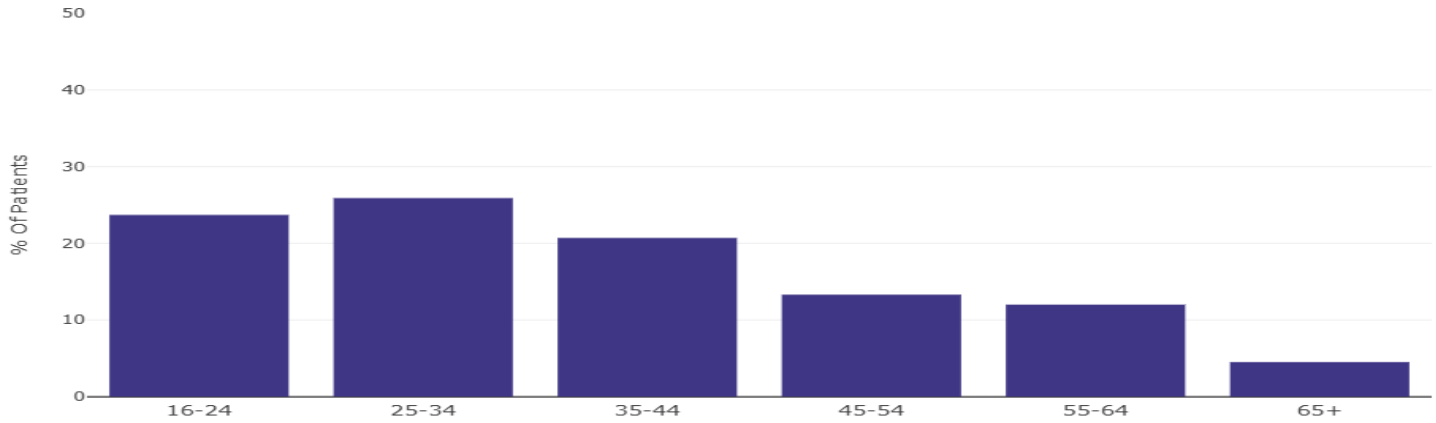
Service figures and data

Between April 2024 and September 2025, a total of **9,037** appointments were booked across Primary Care practices in Dundee. The following graphs and accompanying information provide a detailed breakdown of these appointments by SIMD area, presenting difficulties, gender and referral to speciality services.

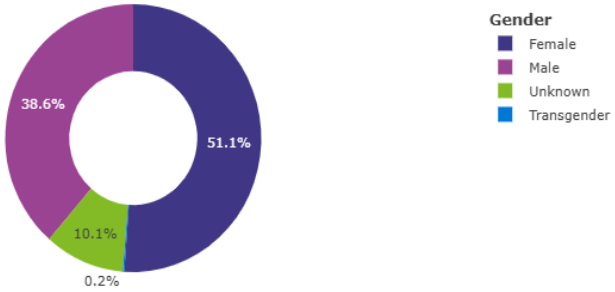
SIMD area: 40% of patients lived in the most deprived areas of Dundee – data captured between May and September 2025.



Age range between April 2024 and September 2025

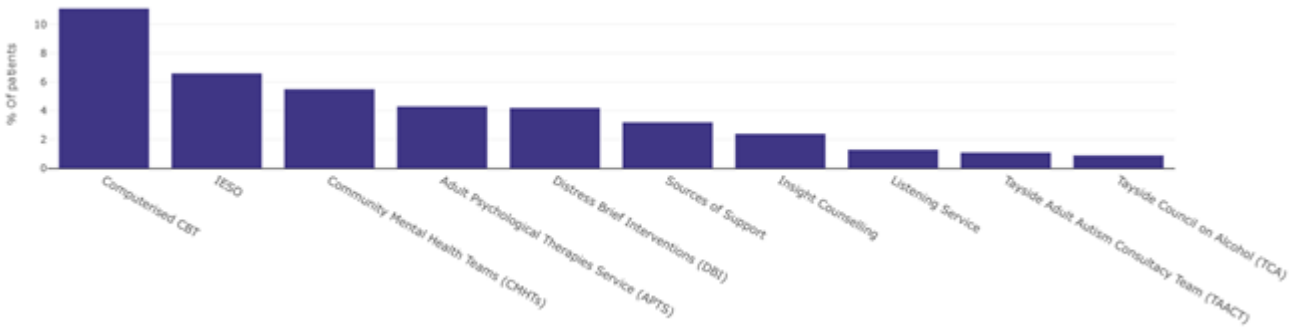


Gender representation between April 2024 and September 2025



Referrals to speciality services between April 2024 and September 2025

Where appropriate patients are referred to a range of speciality services. Most common are Computerised Cognitive Behaviour Therapy and IESO, a text based digitial therapy service.



Additional patient characteristics for this time

- 25.8% of patients did not attend their booked appointment, correlating with other practitioner groups.
- 15.6% identified disabled.
- 39% were in full time employment.
- 29% were receiving benefits.
- 4% self-identified as an unpaid carer, 30% were not known.
- Patients presented with a range of mental health issues. The most common complaints were depression (13.1%), mixed anxiety depression (11.1% of patients) and anxiety (9%).

Planned Progress (next 12 months)

- **Workforce and Recruitment:** Maintain as much clinical provision as possible while prioritising workforce stability and recruitment efforts.
- **Consistent Access to PALMS:** The PALMS leadership team is reviewing service provision across Practices to ensure fair distribution of sessions and support demand citywide.
- **Practice Information Package:** Finalise and implement an information package for practice staff to assist reception and administrative teams in effective care navigation.
- **Hub and Spoke Model:** Implement and test the Hub and Spoke model once suitable accommodation and necessary staffing are secured.

Key Workforce, or Other Risks/Challenges

- **Vacancy Impact**
  High vacancy rates and recruitment delays significantly affect PALMS provision. For clinicians, this results in increased workload, pressure, and reduced morale and job satisfaction. For patients and practices, limited or unavailable appointments increase GP workload and reduce awareness of PALMS, requiring additional efforts to promote and inform both patients and staff of the service.
- **Hub and Spoke Model**
  Progress on the Hub & Spoke model is stalled due to reduced staffing and lack of identified premises for the Hub. This issue is recorded on the risk register and reviewed quarterly.
- **Awareness and Understanding about PALMS**
  There is an ongoing misunderstanding that PALMS provides treatment. PALMS is **an** assessment, signposting, and liaison/referral management service, not a treatment provider. Updated information leaflets and on-screen materials have been developed, and we are implementing proactive community engagement to raise awareness before patients contact practices.

Workforce Developments

- 3 WTE Band 6 Mental Health Nurses approved to go to job advert for PALMS.

Patient experience:

"The service is a much needed one and I felt the specialist highlighted, clarified things and reminded me I'm human and not to be so self-analysing! I was given lots of information/links to help me continue working through my difficulties".
"The mental health specialist was friendly, polite and approachable. Honest with service parameters and tried to manage expectations".
"Very good, nice and safe atmosphere. Non-judgemental, very understanding and knowledgeable in mental health field. Good advice & following plan. Very good service overall".

Welfare Advice Health Partnerships

Welfare Rights Officers from Council Advice Services and Brooksbank Centre offer support to patients in Primary Care. They assist patients with socio-economic problems such as benefit claims, appeals and debt advice. This allows clinicians more time to concentrate on clinical care whilst referring financial concerns of patients to experienced advisers who can, with patient consent, access the patient's medical record and use information to inform applications for sickness and disability benefits.

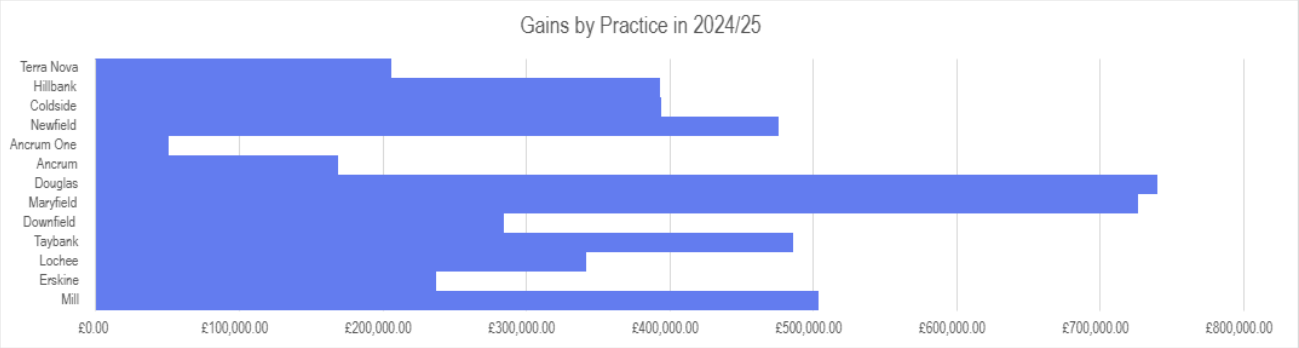
Welfare Rights officers are present in 13 out of 21 Dundee General Practices with the aim of achieving all practices. This figure is steadily rising, and the remaining Dundee practices have access to remote council advice services.

Key Progress over the Last 12 Months

Welfare Rights Officers from Council Advice Services and Brooksbank Centre offer support to patients in Primary Care across 13 out of 21 Dundee General Practices. The aim is to roll out the service to all practices however at present the remaining Dundee practices have access to remote support for their patients through referral to council advice services. Welfare Rights Officers assist patients with socio-economic problems such as benefit claims, appeals and debt counselling and Money advice. This allows clinicians more time to concentrate on clinical care whilst referring financial concerns of patients to experienced advisers who can, with patient consent, access the patient's medical record and use information to inform applications for sickness and disability benefits.

Service Figures / data over the last 12 Months

In 2024/25 officers in Council Advice Services and Brooksbank Centre and Services raised £5,013,051 for patients of the 13 practices, up by 45% on the previous year. The spread of gains across all practices was as follows with the highest being Family Medical Group (Douglas) raising £740,207 for its' patients overall in the financial year.



Council Advice Services also raised £2,113,601 through the work of their 2 staff in the Macmillan Cancer Support Welfare Rights Team who work in various wards and clinics in Ninewells Hospital. Additionally direct referrals from midwives and health visitors, referred for income maximisation led to gains of £595,673 in 2024/25. In total in 2024/2025 Council Advice Services successfully claimed £ 17,008,443 (provisional figure) in benefits and additional income for customers.

Planned Progress over the next 12 months

- A move to a new Customer Relationship Management system is currently underway across Council Advice Services and should be in place by end of 2025. This will allow better reporting of outputs and more efficient follow ups on patient claims and outcomes.
- A new Social Return on Investment report is imminent and should be published by the Improvement Service in the next 3 months.
- Formalisation of the referral process in Downfield Surgery is ongoing.

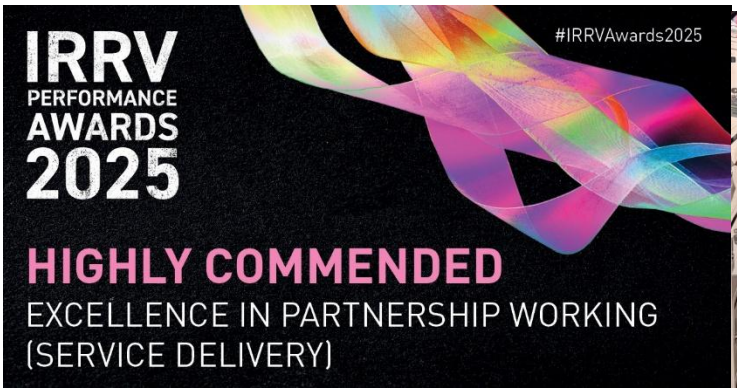
- Attempts to expand the service to more practices will depend on the ability to manage future funding constraints.
- We hope to be able to progress future remote access to the remaining surgeries by agreement, but this is dependent on the agreement of NHS Tayside's digital board.

Key Workforce/ Finance or other Risks / Challenges

- A continuing risk of funding deficit in 2026/27. Scottish Government Funding for Brooksbank Centre is due to reduce to 50% of a FTE officer in 2026/27 leading to a funding deficit of approximately £20,000.
- Additionally budget pressures within Dundee City Council may lead to reduced capacity to meet demand for the service in the coming financial year.

Examples of good practice and or achievements

- Recent commendation from the Institute of Revenues, Rating and Evaluation at their annual UK Awards ceremony, Excellence in Partnership Working. Team members advance of the awards ceremony below.



Workforce Development

The workforce has recently been involved in undertaking suicide awareness training and Engage Process Mapping training. A recent digital sprint session undertaken with both front-line staff and managers looked at service improvements and how our IT colleagues could help us realise solutions to longstanding issues.

Client feedback/ case study

A referral came in for a claim for Attendance Allowance for Mr B. Mrs B already in receipt of Attendance Allowance. Pension age couple received a Retirement Pension each and 3 small occupational pensions. Client signed a mandate/subject access request allowing the advice worker access to medical records and Mr B's Occupational Therapy report. Using this extra evidence, we made the case for Attendance Allowance for Mr B.

After high-rate Attendance Allowance awarded for Mr. B the worker made 2 underlying Carers Allowance claims, and 2 x Severe Disability Premium claims which entitled them to Pension Credit Guaranteed Credit and full Housing Benefit and Council Tax Reduction.

Total weekly gain/savings to household - £283.99 p/w

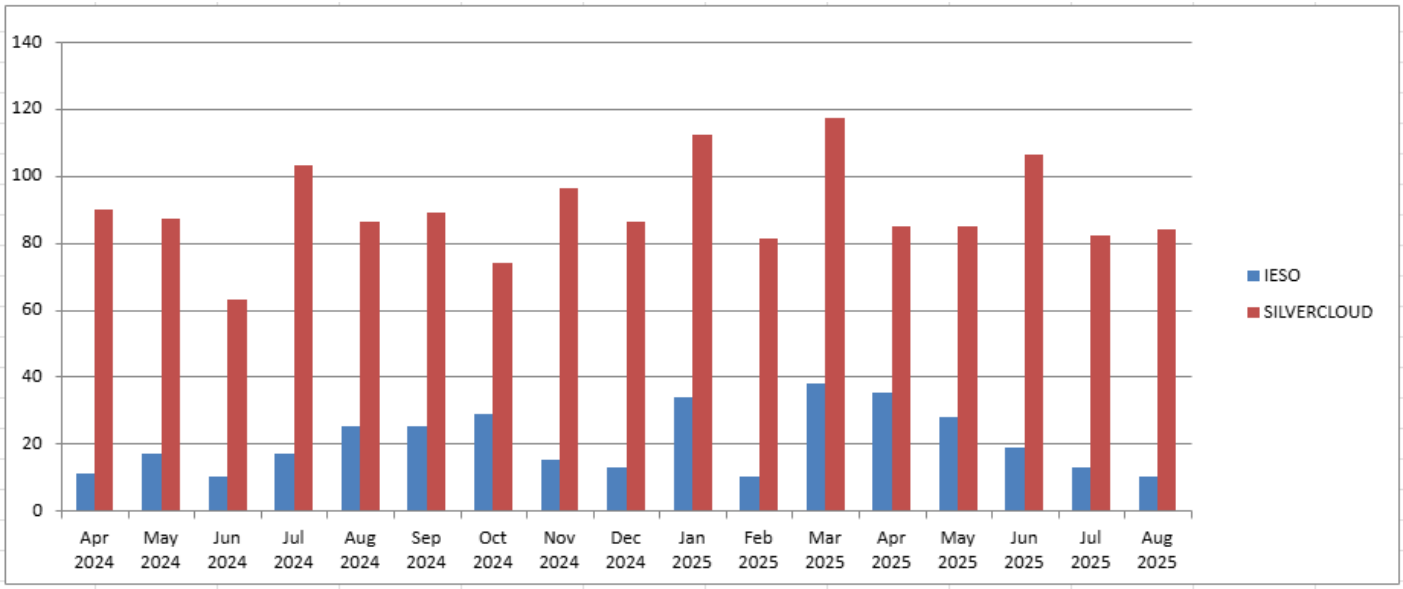
Experience Feedback: *I couldn't have been more impressed or happier with the assistance you, gave us, and the prompt and thorough way you took us through the application forms for Attendance Allowance and Pension Credit, helping me sort out a couple of follow-up points which were delaying the finalisation of our applications. Since then, we have gradually been putting things in place with additional paid support for each other at home and with the involvement of some of our family members, in our situation of age and infirmity.....*

Digital Therapies

- The Digital Therapy Service (DTS) in Dundee offers a range of Digital Interventions to patients in Tayside. The DTS manage SilverCloud for patients in Tayside which is a Digital Platform designed by clinical experts and supported by the NHS and Scottish Government. The platform offers both self-referred general programmes and condition specific programmes for several long-term health conditions providing patents with information to understand their condition and tools to help deal with it.
- Primary care practitioners can sign post to the self-referral programmes and refer into the condition specific programmes increasing access to evidence based online psychological interventions which can be accessed at the patient's own convenience.
- DTS also acts as the link between NHS Tayside and IESO which has been commissioned by the Scottish Government and works in partnership with NHS Scotland to provide typed therapy for adults.
- The service treats a range of common mental health conditions with short term, one-to-one weekly sessions where the person will type (much like a text conversation), with their assigned clinician.
- The service is available 7 days a week from 6am - 11pm. Primary Care practitioners can assess and refer a person for digital therapies Silvercloud, and IESO.

Key Progress over the last 12 months

- Over the last 12 months we have widened the services within the Primary Care Mental Health and Wellbeing Team who can refer to digital therapies.
- Information sessions to enable this have been delivered to these staff by DTS and additionally GPs working across Dundee.
- The chart below shows that via the Dundee Primary Care Mental Health and Wellbeing Team **1,526** people were referred to Silvercloud, and **349** to IESO, between the period of April 2024 and August 2025.



7. Overall Key Achievements

Over the past 12 months, Dundee's Primary Care Mental Health and Wellbeing (MHWB) services have made significant progress in delivering integrated, person-centred care through a multi-disciplinary approach. Guided by the Strategic Delivery Plan 2024–2027, the team has focused on three core priorities: *Awareness and Navigation, Service Delivery and Development, and Measuring Outcomes and Success.*

Strategic Level

- Launch of MHWB webpages and service directory on NHS Tayside site, plus promotional campaigns.
- Co-production approach with Dundee Volunteer and Voluntary Action and community groups.
- Governance and evaluation frameworks established: Performance Management, Quality Assurance, Risk Register, and KPIs.
- Digital dashboards developed for services to monitor access, performance, and outcomes.
- Expansion of digital therapies (SilverCloud and IESO) and trauma-informed practice training across teams.

Service-Level

- **Distress Brief Intervention (DBI):**
  - 909 referrals (779 from Primary Care), 55% reduction in distress scores.
  - Won *Policing Partner of the Year 2025* award.
- **Sources of Support (Link Workers):**
  - 1,009 referrals; recognised nationally as a pioneering model; staff received awards and royal recognition.
- **Patient Assessment and Liaison Mental health Service (PALMS):**
  - Provided 9,037 appointments despite staffing shortages; dashboard developed for data insights.
- **Welfare Advice Partnerships:**
  - Secured £5M for patients in 13 practices: national commendation for partnership working.
- **Community Listening Service**
  - Supported 294 people, improved booking systems and digital access (Vision 360 approved).

Collaborations & Workforce

- Multi-agency group for Children & Young People MHWB pathways established.
- Staff completed trauma-informed leadership training and Decider Skills courses.
- Recognition at national awards and King's Garden Party for service innovation.

8. Key Challenges

- Workforce shortages and recruitment delays across PALMS, Listening Service, and Sources of Support (Link Worker) teams.
- High demand vs. limited capacity, especially for Sources of Support and PALMS.
- Volunteer attrition in Listening Service (11 left, 4 recruited).
- Pressures on public funding may have implications for Welfare Advice (Brooksbank Centre) work going forward.
- Accommodation issues delaying PALMS Hub & Spoke model.
- Persistent health inequalities in Dundee (high deprivation, suicide rates, drug-related deaths).
- Unclear perception about PALMS role (seen as treatment rather than assessment/signposting).
- Digital access barriers for some services awaiting approval (Vision360 access incomplete).

9. Conclusion

The Primary Care Mental Health and Wellbeing Framework continues to grow as a vital part of integrated care in Dundee. Over the past year, progress has been driven by the commitment and collaboration of teams working together to improve mental health outcomes, tackle inequalities, and ensure people receive the right support when they need it most.

Looking ahead, our priorities remain clear:

- Sustaining and growing service capacity to meet increasing demand.
- Embedding trauma-informed and inequality-sensitive approaches in everyday practice.
- Using data and patient feedback to guide decisions and shape services.
- Working with partners to strengthen pathways for children, young people, and communities who often face barriers to care.
- Supporting the wellbeing and development of our workforce, recognising their central role in delivering compassionate care.

Dundee's Primary Care Mental Health and Wellbeing services are well-placed to respond to the changing needs of our communities and make a lasting, meaningful difference through a shared vision, strong partnerships, and a commitment to learning and development.

Appendix 1: Membership of Strategic and Operational Groups

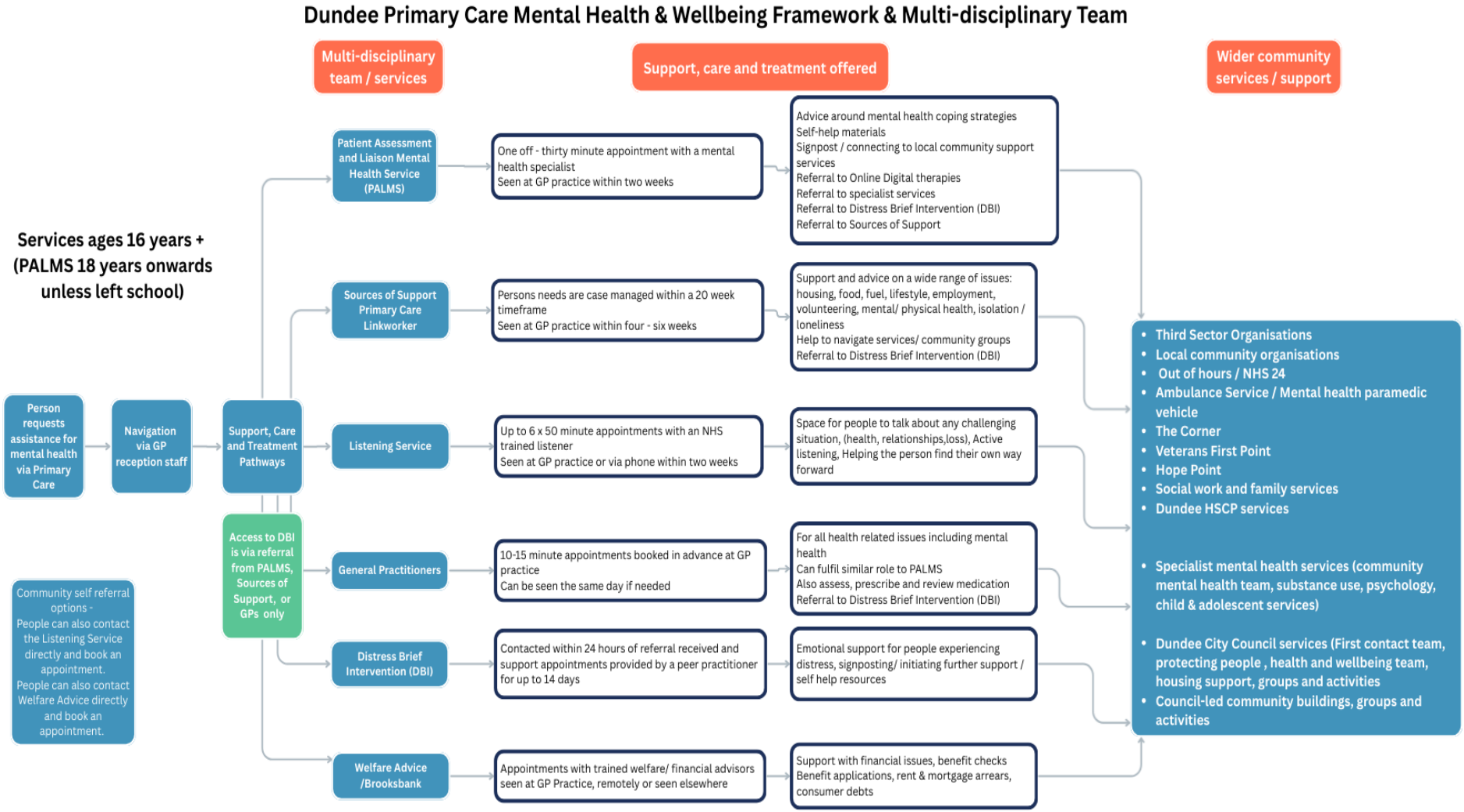
Mental Health and Wellbeing in Primary Care Strategic Planning Group

Arlene Mitchell, Locality Manager, (Co chair) DHSCP
Linda Graham, (Co chair) Clinical Lead, Mental Health & Learning Disability Services, DHSCP
Dawn Fraser, Service Manager, Service Development and Primary Care, DHSCP
Christine Jones, Partnership Finance Manager, DHSCP
Aled Bartley-Jones, Manager, Mental Health and Substance Use Engagement and Involvement, Dundee Volunteer and Voluntary Action
Dr Frank Weber, Lead GP, DHSCP
Shonagh Anderson, Acting Principal Educational Psychologist Dundee Educational Service
Allison Lee, Associate Locality Manager, DHSCP
Dr Emma Lamont, Programme Manager, Mental Health & Wellbeing in Primary Care, DHSCP
Carolyn Thomson, Primary Care Team Manager, DHSCP
Dr Helen Nicholson-Langley, Consultant Clinical Psychologist/Lead Clinician, Dundee Adult Psychological Therapies Service, DHSCP
Oonagh McPherson, Senior Nurse for Child and Adolescent Mental Health Services, NHS Tayside Outpatients
Jill Young, Senior Nurse for Child and Adolescent Mental health
Krista Reynolds, Lead Nurse, DHSCP
Sheila Allan, Community Health Inequalities Manager, Neighbourhood Services, Dundee City Council
Dr Nadine Cousins, GP Lead for Mental Health, DHSCP
Matthew Kendall, Allied Health Professions Lead, DHSCP
Lesley Cunningham, Integrated Manager, Community Mental health & learning Disability Services, DHSCP
Pauline Crosbie, Business Support Officer, MH and LD Services, DHSCP
Anne Matossian, Health Visiting Manager, NHS Tayside
Alistair Bull, Head of Spiritual Care and Bereavement, and Listening Service, NHS Tayside
Mary Gibson, Service Manager, Distress Brief Intervention, Penumbra
Lauren Kennedy, Lead Nurse, Mental Health and Learning Disabilities, NHS 24, Out of Hours
Peter Allan, Community Planning Manager, Dundee City Council Denise Gibson, Senior Nurse Primary Care and Health Inclusion, DHSCP

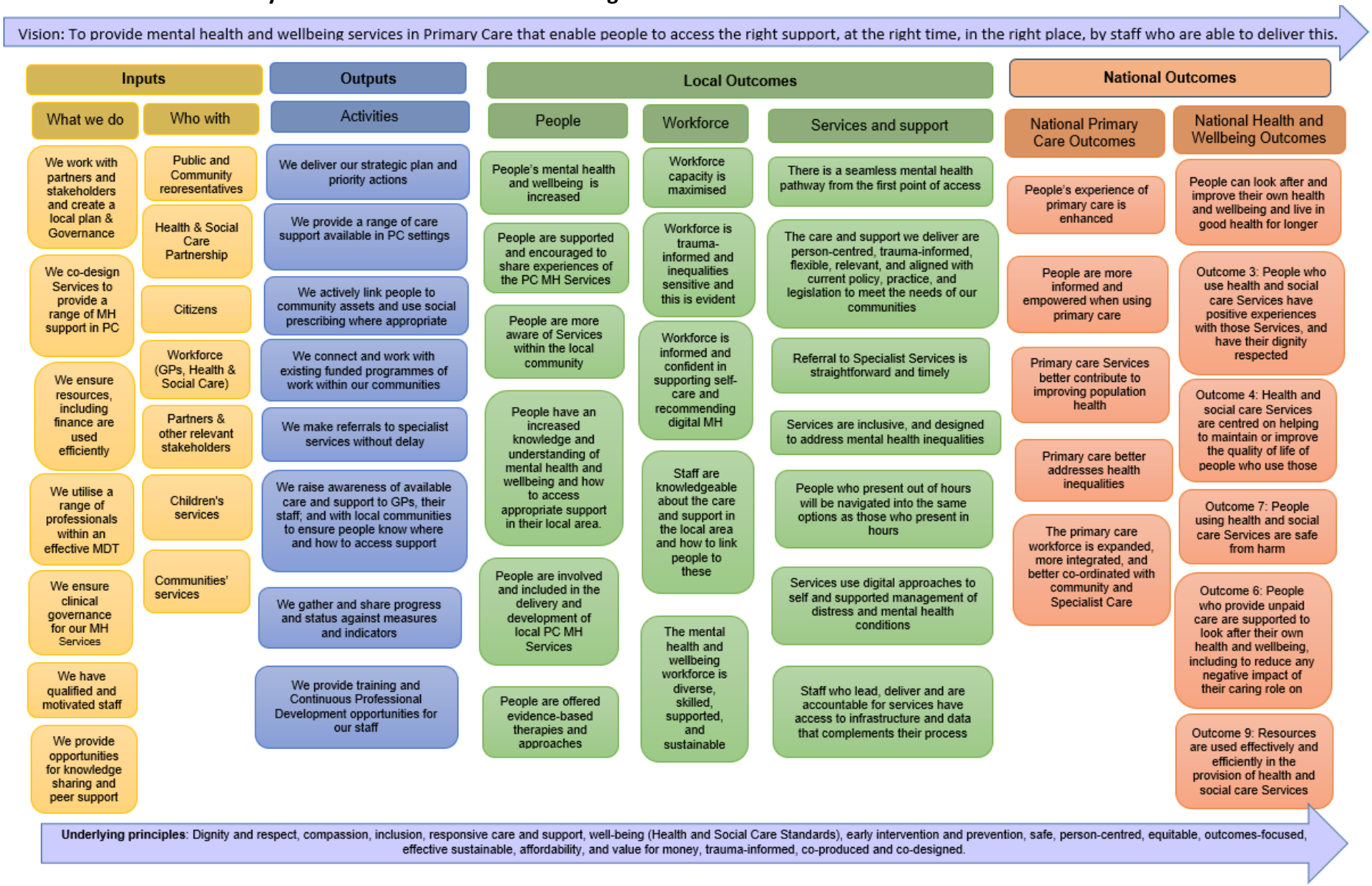
Mental Health and Wellbeing in Primary Care Operational Group Membership

Arlene Mitchell, Locality Manager, Mental Health and Learning Disabilities DHSCP (Co Chair)
Dr Emma Lamont, Programme Manager, Mental Health & Wellbeing in Primary Care
Dr Frank Weber, Lead GP, DHSCP, and NHS Tayside
Dr Helen Nicholson-Langley, Consultant Clinical Psychologist/Lead Clinician, Dundee Adult Psychological Therapies Service, DHSCP
Katy Mitchell, Clinical Psychologist DHSCP
Lucie Jackson, Counselling Psychologist/Service Deputy DHSCP
Dr Nadine Cousins, GP, Mental Health and Learning Disabilities, NHS Tayside (Co chair)
Theresa Henry, Sources of Support Team Leader DHSCP
Charlotte Luse, Listening Service Co-ordinator, NHS Tayside
Pauline Crosbie, Business Administrator, DHSCP
Craig Mason, Welfare Rights, Dundee City Council
Mary Gibson, Service Manager, Distress Brief Intervention, Penumbra

APPENDIX 2: Dundee Primary Care Mental Health and Wellbeing Framework & Multi-Disciplinary Team



APPENDIX 3: Dundee Primary Care Mental Health and Wellbeing Outcomes Framework



Appendix 4: Draft Key Performance / Outcomes Indicators

Outcomes	Priority Action	Key Performance Indicators	Data Question	Target	Source
PEOPLE 1. People's mental health and well-being are supported and improved	Service delivery & development	% of people who feel the service supported them to look after their mental health and wellbeing*	Were you supported to look after your mental health and wellbeing?	80%	Survey / Care Opinion
2. People are more aware of Services within the local community and have an increased knowledge and understanding of mental health and wellbeing, and how to access appropriate support in their local area.	Awareness & navigation	% of people who are aware of services that support mental health and wellbeing within their community and how to access these*	Have you seen/been given information about the services within your community that support mental health and wellbeing? Was there information on how to access these?	80%	Survey / Care Opinion
SERVICES AND SUPPORT 3. There is a seamless mental health pathway from the first point of access.	Service delivery and development	No. of GP practices that have access to each of the multi-disciplinary teams*	Which services have access to PALMS, SOS, Listener, Welfare Advice, DBI?	Trends (All practices have access to all services)	Service data via dashboards
	Service delivery and development	No. of people seen/supported by each mental health service*	No. of people seen/supported by services	Trends	Service data via dashboards

4. Referral to Specialist Services is straightforward and timely.	Service delivery and development	No. referrals onward to specialist services from PALMS and where to*	PALMS referrals onward to specialised services, and where to	Trends	Service data via dashboards
5. The care and support we deliver is person-centred, trauma-informed, flexible, relevant, and aligned with current policy, practice, and legislation to meet the needs of our communities.	Service delivery and development	% of people who feel they were listened to and heard*	Did you feel you were listened to and heard when seeking support?	80%	Survey / Care Opinion
	Service delivery and development	% of people who rated their care and support as good or excellent*	How would you rate the care you received to support your mental health and wellbeing?	80%	Survey / Care Opinion
6. Services are inclusive and designed to address mental health inequalities.	Service delivery and development	Demographic data indicates the characteristics of those accessing services and responds to inequality of access*	SIMD, age, gender, disability, carer, ethnicity, employment, welfare benefits, etc	Trends	Service data via dashboards
WORKFORCE 7. The workforce is trauma-informed and inequality-sensitive, and this is evident.	Service delivery and development	% of staff who have attended trauma-informed / inequalities-sensitive training*	Have staff attended trauma-informed training? Have staff received equality-sensitive training?	90%	Service data via annual audit
8. The mental health and wellbeing workforce is diverse, skilled, supported, and sustainable.	Service delivery and development	25. % Staff giving feedback regarding working in the service*	Have staff given feedback regarding working in the service?	Trend upwards	Local Data/ IMatter

APPENDIX 5: Primary Care Mental Health and Wellbeing Strategic Delivery Plan 2024-2027 Progress Report

Primary Care Mental Health and Wellbeing Strategic Delivery Plan 2024-2027
Progress Report: March 2024 - October 2025

The Dundee Mental Health and Wellbeing in Primary Care Strategic Delivery Plan commenced in March 2024. This is supported by an Action Plan with detailed activities to be undertaken towards achieving the priority actions over the initial 18-month period (March 2024-September 2025). Below is an update of progress against each action / activity.

Priority Action 1 **Awareness and Navigation**	Focusing on early intervention, prevention, and mental health promotion we will raise awareness and improve navigation of what is available for MHWB support in our local communities ensuring people know how to access this. We will ensure we enable co-production, utilising the expertise of communities and lived experience to inform local planning, design, and evaluation.	• Awareness and navigation workstream are part of the Operational Group • Website Development Group established.	**Status** Achieved Active On hold not started
Actions	**First 18 months activities (March 2024- September 25)**	**Progress notes**	**Status**
1.1 Ensure we enable co-production, utilising the expertise of communities and lived experience to inform local planning, design, and evaluation.	**1.1.1:** Work with DVVA and ensure there is an engagement plan for co-production at every stage of this work. **1.1.2:** Work with partners to engage with established community groups and forums	• Co-production plan, utilising the expertise of communities and lived experience has been written, agreed and shared with key stakeholders. This is being incorporated into activities. • Established via the co-production plan above, some examples of involvement include focus groups with the	**Achieved**

	and involve them in co-production work and priority actions.	Fairness Leadership Panel, Dundee Volunteer, Voluntary Action and NHS Public Partners in the development of the website and future strategic planning for primary care.	
1.2 Raise awareness and improve navigation and knowledge of what is available for the public, patients, staff, and services.	**1.2.1:** Scope out with partners what is currently available in terms of digital approaches for Dundee (websites / Support and Connect/ FORT / DVVA/ Recovery Roadmap/social media).	• Paper completed and shared with Website Development sub-group to inform next steps, links to 1.2.2 developments.	**Achieved**
	1.2.2: Work collaboratively to increase awareness, knowledge, choice, and navigation of what is available and how to access these for the public, patients, staff, and wider community/specialist organisations. This will be through website developments and other related methods.	• NHS Tayside website developed and launched in November 2024. Information about Primary care MHWB services, directory of local and national services included. • Information shared with public, patients, staff, and wider community/specialist organisations to raise awareness of what is available and how to access these. A wide-reaching leaflet / poster / social media campaign has been completed and roadshow type meetings and webinars held across local organisations. • Further community-based website (digital hub) in development with high quality evidence-based information about MHWB, guided self-management/ self-help, and searchable directory of local/national supports. Led by Mental Health Strategic Planning & Commissioning Group	**Achieved**
	1.2.3: Explore opportunities to further promote healthy lifestyle activities, community groups and resources linked to	• Links to 1.2.2 work. • Green Health agenda has been promoted to teams. • Collaboration with Communities and Equalities Group - 20 staff have undertaken Decider Skills courses from	**Achieved**

	primary care and mental health and wellbeing.	community health, third sector and Primary Care, evaluation and planning are underway to progress this further. • A mental health awareness / supports campaign took place January.	
	1.2.4: Through consultation with Practice Reception Staff, revise and adapt the GP resource pack to better meet their needs for navigation.	• Quick reference guide developed in practices and website promoted to staff for use.	**Achieved**
	1.2.5: Identify opportunities for improvement / training on how to navigate patients into the relevant services to ensure they access the right service/support from the right person, at the right time (e.g. PALMS, Sources of Support).	• Reception staff have received navigation training. • GPs attended a learning event with the mental health and wellbeing multi-disciplinary team plus Hope Point and Digital Therapies • PALMS flowchart being revised in collaboration with Practices and learning session for staff to be planned.	**Active**
	1.2.6: Create or revise service leaflets, posters, and digital information for display in GP practices and community facilities (library, community gardens, food banks, etc).	• TV screens installed in GP practices with MHWB services promoted here. More services to be added when the server is expanded.	**Achieved**
		• Ongoing campaign of awareness raising in place with leaflets etc. An all-team information leaflet is in development.	**Active**
	1.2.7: Create and implement for GP's a Staffnet Ref Guide page for Dundee Primary Care MHWB provision and a link to the Staffnet page for each service involved (PALMS, Sources of	• Multiple mental health and wellbeing services across Dundee now added to referral guidance intranet (REF Guide) for GPs inc. CMHT, Adult psychological therapy, School Nursing are prepared and awaiting approval. More to be added and an infographic for both children/ adults- whole system.	**Active**

	Support, DBI, Listening, Welfare Rights).		
	1.2.8: Improvement project with the CMHTs to reduce the number of reject referrals from Primary Care and improve patient experience.	• Improvement project underway to monitor number of declined referrals over the 6 months once RefGuide goes live and this information promoted to GPs to improve navigation.	**Active**
	1.2.9: Sources of Support: review patient information sheet, GP referrers information sheet, and update GPs with new information and forms.	• Completed and distributed as necessary.	**Achieved**
	1.2.10: Welfare Rights Advice: Create debt advice material and a mental health debt pack and distribute widely.	• Now available on the Dundee City Council Welfare Advice page.	**Achieved**
1.3. Provide opportunities for learning and networking for staff, and wider community/specialist services through planned events.	**1.3.1:** Gain an understanding of information and learning needs for staff within primary care, wider community, and specialist services.	• Learning needs assessment developed and completed by staff teams, development event to be planned for early 2026.	**Active**
	1.3.2: Work with partners to plan and deliver mental health networking roadshows and education events with statutory and third-sector organisations.	• Awareness sessions have taken place with Abertay, University of Dundee, third sector networks, to enhance understanding of services available and how to access these.	**Achieved**
	1.3.3: Plan and deliver staff development/training and sharing practice opportunities for the Primary Care MHWB	• Protected Learning events have taken place with Reception Staff, GPs and Practice nurses focusing on suicide prevention and mental health, more are planned for 2026.	**Achieved**

	team (inc. reception staff and GPs).	• Educational event took place regarding daytime resources to better navigate patients within General Practice who present in the OOH period. • GP Cluster visits to present MHWB work completed. • Children and Young People MHWB Pathway sessions underway with GP Clusters involving School Nursing	
	1.3.4: Liaise with children and young people services to increase awareness and understanding.	• See 2.3.1	**Achieved**
Priority Action 2 **Service Delivery and Development**	We will optimise what we have to ensure efficiency using the resources available and seek further funding and workforce development. We will recognise that maintaining what is currently offered will be a success. We will further identify areas of need and develop the services offered across the MHWB multi-disciplinary team ensuring these are prevention, early intervention, and inequalities focused.	**Operational Group will take forward these activities.**	
Actions	**First 18 months activities (March 2024-Septmber 2025)**		
2.1. Further identify areas of need and develop the services offered across the MHWB multi-disciplinary team ensuring these are	**2.1.1:** Identify a potential role for Occupational Therapy utilising the best evidence from literature and learning from what is currently available (such	• Proposal for Occupation Therapy test of change in discussion, some scoping meetings have taken place with stakeholders with more planned.	**Active**

prevention, early intervention, and inequalities focused	as the Lanarkshire, Angus) in other areas. Where resources allow and evidence indicates a benefit, develop an Occupational Therapist role within team.		
	2.1.2: Explore and implement new models to optimise efficiency and improve access across the city.	• Associate Practitioner roles developed for Sources of Support Team.	**Achieved**
		• Hub and Spoke model in development for PALMS. Premises application has been accepted but no accommodation identified yet.	**Active**
		• PALMS have created guidelines for managing staff sickness across practices (cancellation etc), and guidelines for DNA's and patient reminders – disseminated across practices.	**Achieved**
	2.1.3: Digital therapies, (silvercloud / IESO)	• PALMS, Primary care Linkworkers, DBI staff, and GPs can now refer to Silvercloud/IESO – necessary training has been completed and access arrangements achieved. • Hope Point are now in contact with IESO staff to progress this access.	**Achieved**
	2.1.4: Psychiatry of Old Age	• Post Diagnostic Dementia Service monthly drop-in sessions commenced (trial) in East of Dundee at Forthill Community Club. • CMHTOP East/West-. East nurses now allocated to attend specific cluster meetings at least once a month. West has discussed at their Operational Group meeting and to allocate workers to specific cluster meetings.	**Achieved**
	2.1.5: Explore and establish where appropriate Vision 360 bookings across the services providing support.	• Application for access to the Digital Directorate for Community Listening Service access to Vision approved. Data sharing agreement processes underway and awaiting approval before implementation.	**Active**

	2.1.6: Proactively target outpatient secondary physical healthcare services such as cancer care and offer early intervention of support from Listening Service and Welfare Rights support to people who may have mental health and well-being needs.	• This is established and embedded.	**Achieved**
	2.1.7: Liaise locally with initiatives to address inequalities and collaborate to improve access to mental health care for these groups.	• Decider Skills training courses made available for Community health staff to aid them in supporting pathfinder initiatives for a MH perspective. • Primary Care staff now connecting into health & wellbeing networks • Menopause Café Pilot underway in xxx	**Achieved**
	2.1.8: Liaise locally with initiatives to prevent suicide and continuously improve the quality of clinical care and support for people who are suicidal, or at risk of suicide and self-harm.	• Primary Care Membership on the Tayside Multi-agency Suicide Review Group, Tayside Suicide Prevention Leadership Group, Dundee Suicide Prevention Steering Group and Delivery Plan actions. • PLT session with GPs with a suicide prevention focus. • Primary Care Postvention risk guidance group underway to scope and plan this work (Tayside wide).	**Achieved**
	2.1.9: Implement approaches from the Scottish Government Trauma-informed toolkit to ensure trauma-informed practice is evident across the multi-disciplinary team.	• Staff teams have undertaken trauma informed practice training. • NHS Tayside Trauma Leads have been appointed, team leads/managers are undertaking NES TI Leaders course then a development session to be planned to scope future activity. • Representative identified and joined the Trauma Informed Steering Group.	**Active**

2.2. Incrementally develop and increase the Primary Care Mental Health and Wellbeing Multi-disciplinary Team /services offered and implement accordingly.	**2.2.1:** Design, plan and deliver low-intensity psychological therapy/groups to compliment the work of PALMS. Seek a funding source to staff and deliver these.	• Now developing in Psychological Therapies Services to achieve this. No additional funding is available via Primary Care; PALMS has worked closely with Dundee Adult Psychological Therapies Service and the Digital Therapies Team to develop and strengthen referral pathways for low intensity interventions such as groups (Change Up and Building Confidence Group) and computerised CBT /Silver Cloud/ IESO. Low intensity interventions are not available within practices and PALMS delivers no direct intervention work, the development is a compromise/interim measure to facilitate patient access to evidence-based interventions without the long waiting times for formal psychological therapy currently experienced in Primary Care Psychology. This may be revisited.	**Achieved**
	2.2.2: Continue to phase in Distress Brief Interventions first-level referrer training to all GP practices and relevant primary care staff (practice nurses/ Sources of Support). Depending on capacity and funding.	• All PALMS and Primary Care Linkworker staff are now referrers to DBI. • All GP Practices have been offered referral training/buzz, one surgery has yet to take the offer. 154 Primary Care referrers. Drop-in sessions planned for staff who missed previous sessions. • Test of Change to increase access to DBI referral rights for GPs successfully completed and evaluated.	**Active**
	2.2.3: Strengthen opportunities for people seeking help via the Scottish Ambulance Service, Out of Hours Services, Police and Community Pharmacies to be navigated towards the Primary Care MDT and wider community support.	• Navigation tool established with Scottish Ambulance Service to support navigation to PC MHWB services for patients who do not require hospital. • Police prevention, pharmacies have received posters about the teams and website. OOH service informed and posters sent for awareness.	**Achieved**

	2.2.4: Support GPs to develop a psycho-social model to prevent people from developing chronic pain through strengthening pathways to the MHWB MDT and raising awareness of the MHWB links to chronic pain.	• Chronic pain section included in the digital hub website.	**Achieved**
	2.2.5: Welfare Rights: Explore new roles to support practices such as an in-house advisor working jointly with practices to access information to support people's welfare applications. Where resources allow Welfare Rights will expand into all GP practices and explore different models of support (i.e., co-location, remote access) where this cannot be achieved.	• Approval was declined from Digital Directorate on necessary access to fully enable this. This is still being explored. • Welfare Rights now available in 13 GP Practices and in discussion with others. Those who do not presently have an onsite service are offered this in other locations and this is an area that is looking to be developed further given the pressing need.	**Active**
2.3: Children and Young People Specific service delivery and development	**2.3.1**: Map what is currently available for children's MHWB, and gaps, establish opportunities to develop and implement stronger navigation, pathways, and routes to care.	• Scoping paper of services and MHWB for children completed including for those at risk of suicide. Shared with key partners.	**Achieved**
		• Multi-agency group established for CYP MHWB for sharing information, learning and to support the development of infographics showing clear Primary Care MH pathways underpinned by the principles of GIRFEC. • Primary Governance for this group agreed to be the Primary Care MHWB SPG with links to other groups for information, clarity and advice if necessary	**Achieved**
		• CYP RefGuides all completed.	**Achieved**

		• CYP MHWB Pathway Navigation Paper / tool now developed and share with stakeholders.	**Achieved**
		• GP Cluster visits underway to update on CYP MHWB pathway.	**Active**
		• Primary Care representation at GIRFEC Delivery Group in place.	**Achieved**
		• CYP representation expanded at the strategy group – Educational psychologist now attends.	**Achieved**
Priority Action 3 **Measuring Outcomes and Success**	Further develop and implement mechanisms for governance, reporting, and evaluation of the MHWB framework, ensuring local plans are being delivered and progress towards outcomes is assessed. We will share with stakeholders regularly.	**Working group established to support these activities and now merged into the Operational Group.**	
Actions	**First 18 months activities (March 24- Sep 25)**		
3.1 Ensure and implement comprehensive mechanisms for governance and reporting for all services.	**3.1.1:** Conduct an Inequalities Impact Assessment.	• Completed and presented to the IJB with Primary care MHWB Framework. 27.5.25 to be reviewed October 25.	**Achieved**

	3.1.2: Agree on formal reporting, and monitoring requirements across teams including reporting risk.	• A Performance Management and Assurance Framework is in draft – to be agreed by the Strategic Planning Group. • Risk register developed using NHS Tayside Datix Risk Register process. • Key Performance Indicators have been developed and are in draft. A mechanism to measure data is in progress also. • An Annual Performance Report is developed for Nov 2025.	**Active**
3.2 Evaluate the MHWB in Primary Care framework and model of care.	**3.2.1:** Identify what we currently measure and report on.	• Achieved and features in a paper used to design the Quality Assurance Framework.	**Achieved**
	3.2.2: Co-design a measures framework identifying a suite of key service indicators.	• A Quality Assurance Framework has been developed and agreed. Each service involved is currently developing a digital dashboard to support monitoring, reporting, improvement, and sharing information.	**Achieved**
	3.2.2a: Embed Quality Assurance Framework across services (demographics, contact data, Patient experience, workforce, trauma-informed, Care Opinion).	• Dashboard development work is underway with Public Health Scotland's Local Intelligence Support Team (LIST). Current progress: • **Sources of Support** – Dashboard live with 9 months of data that is fairly accurate and consistent, Laura handing over responsibility to a colleague • **DBI** – Dashboard live and has 2-3 months of data. Minor changes underway to improve clarity of labels. Ongoing maintenance and observation for accuracy necessary. • **Listening Service** – data received by LIST dashboard in development and live.	**Active**

		• **Welfare Advice** - Information Governance approval from Dundee City Council management team received, new CRM system (Advice Pro) being implemented to improve data collection and reporting. Early stages development. • **PALMS** – Dashboard is live in early maintenance phase. Still observing data for accuracy, several months are available but still have some errors as new and these are being worked on for consistency and ensuring full data being collected by staff (some learning needs underway). Dashboard being revised for sharing purposes with LIST for learning in other areas and across the partnership. • Care Opinion has been agreed by all teams involved. Managers are undertaking online training in this and then will plan how to promote it to service users in their service Care Opinion QR code promotion. • Development of a core patient experience survey in early discussion to support gaining service user experience feedback as Care Opinion is free text.	
	3.2.3: Map a series of patient journeys to inform understanding and further improvement and development work.	• Completed and shared.	**Achieved**
	3.2.4: Establish an engaging and informative method of regularly reporting.	• Performance Management and Assurance Framework is in draft with details of all reporting etc. • Dashboards and infographics developed.	**Achieved**

3.3 Use evidence to ensure we are meeting local needs and plans are being delivered as agreed with the expected outcomes.	**3.3.1**: Ensure a continuous quality improvement approach using improvement methodology, rapid cycle change, PDSA, learning reviews, and related methods.	• Quality improvement and programme management approach is evident in improvements and developments underway and in planning for the programme.	**Achieved**
	3.3.2: Review the initial 18 months' activities in the Action Plan and examine progress. Plan further activities using the information gleaned and the best evidence from the literature.	• This is underway and an Annual Performance Report inclusive of action tracker progress will be available November 25. • Planning future activities for the Action Plan will take place December/January with key stakeholders.	**Active**

Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

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

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

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

Document Title	Primary Care Mental Health and Wellbeing Framework and Delivery Plan – Annual Report					
Type of document	Policy		Plan	x	Other- describe	
Date of this Pre-Integrated Impact Assessment Screening	30.10.25					
Date of last IIA (if this is an update)	17.11.23					
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
The report is to provide an update on the implementation of the Dundee Primary Care Mental Health and Wellbeing Framework and Strategic Delivery Plan 2024-2027. Intended outcomes of this Plan are to improve and maintain good mental health and wellbeing of Dundee citizens. Since the Framework was presented with an IIA in December 2023, we have developed the Action Plan with detailed activities since prompting the need to review the IIA. These can be viewed in the Annual Performance Report Appendix 5.						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Arlene Michell – Locality Manager, Mental Health and Learning Disabilities, Dundee HSCP.						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Emma Lamont, Programme Manager, Mental Health and Wellbeing, Dundee HSCP						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Note- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. **Common documents and reports that may not require this can include report or progress report on an existing plan** / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.						

Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	**Yes**	**No**
A document or proposal that requires the IJB to take a decision		
A major Strategy/Plan, Policy or Action Plan		
An area or partnership-wide Plan		
A Plan/Programme/Strategy that sets the framework for future development consents		

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Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

The setting up of a body such as a Commission or Working Group		
An update to an existing Plan (when additional actions are described and planned)	x	

Will the recommendations in the report impact on the people/areas described below? When the answer is yes to any of the following an IIA must be completed	**Y**	**N**
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	x	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn	x	
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.	x	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).	x	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	x	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	x	
Offenders and former offenders	x	
Effects of Climate Change or Resource Use		x
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.		x
Transport, Accessible transport provision; sustainable modes of transport.		x
Natural Environment		x
Air, land or water quality; biodiversity; open and green spaces.		x
Built Environment. Built heritage; housing.		x

An IIA is required when YES is indicated at any question in the screening section above.

The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.

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

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

Anticipated Date of IJB	10 December 2025	**IJB Report Number**	

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Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

Date IIA completed	30.10.25

Complete STEP 2 only if pre-screening indicates that IIA is needed.

STEP 2 -Impact Assessment Record
Conclusion of Equality, Fairness and Human Rights Impact Assessment *(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*
Overall, the Dundee Primary Care Mental Health and Wellbeing Framework and Strategic Delivery Plan 2024-2027 and multi-disciplinary team will have a positive impact, particularly for the mental health and wellbeing of people living in Dundee. The services are designed to be available within local communities and at GP practices and support equality, diversity and inclusion for many people who may be experiencing mental health, socio-economic and wellbeing needs. The Plan further highlights the need for awareness of and improved navigation to enable seamless access to services for children and young people under the age or 16, and 18 years old for those still in school via Primary Care. Fairness, socio-economic and poverty geography is positively impacted due to reduced likelihood of people needing to travel far to appointments and the costs incurred. However, some still may find it difficult if travel, if even short a distance is required in terms of access and cost such as travel from surrounding villages (Muirhead, Invergowrie). In terms of the household group, flexible appointment times at GP practices or city centre locations increase accessibility. Inequalities of outcome are highlighted in groups where literacy, digital literacy and access to digital devices is lower or limited. However, the services support this development in individuals and liaises / signposts to those that can support people in this instance. The services also support a reduction in climate change due to support being offered locally.

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.			
Date	**Activity/Activities**	**People/groups**	**By whom**
Ongoing / various	Ongoing responsibility for planning and reviewing the Plan's progress as well as ensuring it meets the intended outcomes.	Primary Care Mental Health and Wellbeing Strategic Planning Group and Operational Group members.	Programme Manager & Locality Manager
Ongoing / Various	A range of evaluation activities are undertaken as new elements of the Plan are developed to inform their impact. There has also been wider outcomes and measurement work undertaken for reporting and monitoring purposes	Primary Care Mental Health and Wellbeing Strategic Planning Group and Operational Group members.	Programme Manager & Locality Manager
December 2023 and November 2025 - reviewed	The Strategic Delivery Plan was developed in 2023 collaboratively with a range of stakeholders. This took place on a one-one basis, in group formats, in meetings and by reading strategies, service documents and progress reports. Minutes from meetings where this was discussed and agreed are available. A development event was	Primary Care Mental Health and Wellbeing Strategic Planning Group and Operational Group members. This included representatives from Dundee Volunteer and Voluntary Action, connecting with the Community Health Advisory	Programme Manager

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Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

	held bringing this key group together to discuss aims, outcomes, priorities, and actions in terms of the framework and a delivery plan.	Forum and NHS Tayside Public Partners.	

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

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

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

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

Age		**Explanation, assessment and potential mitigations**
Positive	x	Services offered within the Framework and via the Delivery Plan have no upper age limit and have interventions approaches both suitable for and tailored to adults and older adults. There is a positive impact in terms of children and young people as Delivery Plan aims to improve awareness and navigation of pathways for children and young people to relevant services.
No Impact		
Negative		
Not Known		
Disability		**Explanation, assessment and potential mitigations**
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Gender Reassignment		**Explanation, assessment and potential mitigations**
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership		**Explanation, assessment and potential mitigations**
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Pregnancy and Maternity		**Explanation, assessment and potential mitigations**
Positive	x	The range of supports provided to individuals will include health and social care support for individuals who are or have been pregnant, in the post-natal phase and beyond. Ongoing engagement activities may highlight pregnancy and maternity aspects for consideration within the workforce and those supported, and any negative impacts will be addresses with actions in the action plan.
No Impact		
Negative		
Not Known		
Sex		**Explanation, assessment and potential mitigations**
Positive	**x**	

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No impact		The Plan is for all adults who are or may experience and require support for their mental health and wellbeing with interventions that promote recovery. It is recognised that men are at higher risk of suicide and seek help less often than women, ongoing engagement activities may highlight sex aspects for consideration within the workforce and those using services, and any negative impacts will be addresses with actions in the action plan and any service development.
Negative		
Not known		
Religion & Belief		**Explanation, assessment and potential mitigations**
Positive	x	The Plan is for individuals who are or may experience and require support for their mental health and wellbeing with interventions that promote recovery. Ongoing engagement activities may highlight religion and belief aspects for consideration within the workforce and those supported, and any negative impacts will be addresses with actions in the action plan.
No Impact		
Negative		
Not Known		
Race & Ethnicity		**Explanation, assessment and potential mitigations**
Positive	x	The Plan is for individuals who are or may experience and require support for their mental health and wellbeing with interventions that promote recovery. Ongoing engagement activities may highlight race & ethnicity aspects for consideration and any negative impacts will be addresses with actions in the action plan.
No Impact		
Negative		
Not Known		
Sexual Orientation		**Explanation, assessment and potential mitigations**
Positive	x	There is a growing understanding of the impact of sexual orientation and relationships for people experiencing mental health issues. This understanding encompasses factors such as gender-based violence, violence against women, and the increased prevalence of mental health issues within LGBTQ groups.
No Impact		
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.		
Reducing Health inequalities linked to socioeconomic deprivation is a key factor for the Planned and mental health and wellbeing service provision in Primary Care, recognising the current high level of need in these groups. Services will focus on addressing these and activity will be monitored to ensure fair access and services are targeted to those who need it most.		

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

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

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

Identified Areas of Deprivation -				
	Positive	**No Impact**	**Negative**	**Not Known**
Strathmartine (Ardler, St. Mary's & Kirkton)	x		x	
North East (Whitfield, Fintry & Mill O'Mains)	x		x	
Lochee (Lochee Beechwood, Charleston & Menzieshill)	x		x	
Coldside (Hilltown, Fairmuir & Coldside)	x		x	
East End (Mid Craigie, Linlathen & Douglas)	x		x	
Maryfield (Stobswell & City Centre)	x		x	
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				

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Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

West End	x		x	
The Ferry	x		x	

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

Positive: The mental health and wellbeing multi-disciplinary team outlined in the Framework work within in all general practices across the city and will benefit all geographical areas named. This supports local access for people, with potentially less transport costs they also offer telephone appointments where this may suit some people and again cost less. The ability for services to be accessed nearer to home decreases travel, and therefore costs and time for people.
Negative: People may find it difficult to access services if they require to travel and cannot afford this. For example, those travelling from surrounding villages to practices (GP premises in Birkhill and Invergowrie are included in Dundee Primary Care area). Not all services are in GP practices such as Welfare Rights are in some and services are offered centrally otherwise. Distress Brief Intervention is offered at a variety of community settings and has a city centre office space.

Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

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

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment**, **Costs of living, Income from social security and benefits in kind**.

Household and Family Group- *consider the impact on households with people with the following circumstances*

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

		Explanation, assessment and any potential mitigations
Care Experienced Children and Young People		
Positive	x	Care experienced children in adulthood will benefit from this Plan and ensuring that supports and services are optimised in the city.
No Impact		
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers **and** carers who support a family member or friend without pay)		
Positive	x	It is known that a caring role can have an impact on mental health and wellbeing and optimising services will positively impact carers. Carers of adults with mental health and wellbeing conditions / problems will benefit from having the person they care for having access to the right care at the right time. They often support the travel needs of those they provide the care to. With services being in local areas and this reduces barriers for carers. This means they can identify time to meet their own mental health and wellbeing needs. Carers will be supported in their own right via our services also.
No Impact		
Negative		
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive	x	Lone parent families will benefit from ensuring services and supports are optimised with a choice of in person or digital supports. Flexibility with appointments may support being able to get childcare and being local may not need to be away from child for long.
No Impact		
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive	x	Households with young children and / or more than 3 children will benefit from ensuring services and supports are optimised with a choice of in person or digital supports. Flexible appointments offered by services may support being able to get childcare and being local may not need to be away from child for long.
No Impact		
Negative		
Not Known		
Retirement Pensioner (s)		
Positive	x	Services offered do not have an upper age limit therefore those retired, or pensioners will benefit. Services and supports are optimised with a choice of in person or digital supports, in their local community. There are potential benefits to carers of retirement age of those with mental health conditions who will benefit from the right care at the right time.
No Impact		
Negative		
Not Known		
Serious & Enduring Mental Health Conditions		
Positive	x	The multi-disciplinary team support people experiencing mental health issues and serious mental health conditions, they will therefore benefit from this Plan and ensuring that supports and services as optimised in the City. Where necessary referral to specialist services will be made via the team for ensure seamless access to this care.
No Impact		
Negative		
Not Known		
Homeless (risks of Homelessness)		
Positive		Anyone who is homeless and registered with a GP can access the services offered. Those not registered with a GP can be supported by the health inclusion team and hostel staff to register with a GP who will support access also. The intention is to prevent homelessness and to resolve homelessness for this group by partnership working with specialist homeless services and organisations.
No Impact		
Negative		
Not Known		
Drug and/or Alcohol issues		

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Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

Positive	x	This Plan aims to provide support to adults experiencing mental health issues and to promote early intervention and prevention alongside recovery. The intention is to prevent issues arising from drug and alcohol use and to resolve issues and support adults affected by this by partnership working with specialist services and organisations.
No Impact		
Negative		
Not Known		
Offenders and Former Offenders		
Positive	x	Available to offenders or ex-offenders. The intention is to work in partnership with Criminal Justice Services where appropriate.
No Impact		
Negative		
Not Known		

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

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

		Explanation, assessment and any potential mitigations
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive	x	It is well known that socio-economic disadvantage is a determinant of poor mental health and wellbeing. The priorities and actions in the Plan include partnerships and initiatives to support income maximisation, benefit advice, debt reduction and ensuring services and supports are optimised with a choice of in person, telephone, or online supports, in their local community to avoid the impacts of the cost-of-living crisis. Link Workers are based with all practices in Dundee and able to provide advice and support around financials. Welfare Rights are also available in several practices with a view to expanding who will also support the population in benefit claims, appeals etc.
No Impact		
Negative		
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive	x	Included as part of personal income maximisation above.
No Impact		
Negative		
Not Known		
Earnings & employment-including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive	x	Link workers will consider if an employment, educational or skill development pathway is helpful for someone and refer and support accordingly.
No Impact		
Negative		
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive	x	Positive: Research indicates that 95% of people over 16 own a smart phone. 99% in the 25-54 own a smartphone. This decreases with age, 88% of 55+ and 72% of 75+. Digital therapies, information and web / app-based support are indicated in this plan and service developments Negative: Not everyone has access to telephones, or the internet creating inequality in access to support such as Computerised CBT and online counselling services, making appointments and accessing telephone or online appointments. This can be mitigated by third sector organisations who offer connection and internet support to people as do Sources of Support.
No Impact		
Negative	x	
Not Known		
Health (including Mental Health) Specifically consider any impacts to **Child Health**		
Positive	x	

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Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

No Impact		Mental health and wellbeing of our target group will be enhanced through the actions of the Plan. The practitioners working within these services provide assessment and advice as first point of contact, have expertise in how people can be best supported and clear links to other parts of the wider mental health team if required.
Negative		
Not Known		

Life expectancy		
Positive	x	By improving access for patients due to the range of multi-disciplinary services supporting practices it is envisaged this will have a positive effect on health by being able to proactively aid patients in taking responsibility for their own health and wellbeing and this would be measured qualitatively.
No Impact		
Negative		
Not Known		

Healthy Weight/Weight Management/Overweight / Obesity		
Positive	x	The effective efficient care provided will benefit those with long term conditions including obesity.
No Impact		
Negative		
Not Known		

Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive	x	Access to services more locally will have a positive impact on patients due to reduced travel along with a positive environmental impact. There will be regular ongoing engagement with the local community to ensure we have sight of their needs.
No Impact		
Negative		
Not Known		

Transport (including accessible transport provision and sustainable modes of transport)		
Positive	x	Reduction in the use of various forms of transport due to local access to services will have a positive impact on environmental factors.
No Impact		
Negative		
Not Known		

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

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

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		
No Impact	x	
Negative		
Not Known		

Resource Use		
Energy Efficiency and Consumption		
Positive		
No Impact	x	
Negative		
Not Known		

Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		
No Impact	x	
Negative		

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Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

Not Known		
Sustainable Procurement		
Positive		
No Impact	x	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		
No Impact	x	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		
No Impact	x	
Negative		
Not Known		

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

There is a requirement to assess plans that are likely to have significant environmental effects.

Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/

Strategic Environmental Assessment				
Statement 1				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes	**x**	**No**		
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes		**No**	**x**	*Use the SEA flowchart to determine whether this plan or proposal requires SEA.*

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

Complete SEA Pre-Screening (attached to this record along with and relevant SEA information

Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.

As Corporate Risk is addressed and recorded in IJB reports and it is not reported on this record. (See IJB report.)

End of Impact Assessment Record.

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Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

The completed 'Step 1-Essential Information and Pre- Impact Assessment Screening Tool' part of this document **must be sent to IJB** pre-agenda meetings with draft IJB reports.

When Step 1 indicates that Step 2 (IIA) is required both Step 1 and Step 2 completed pages must be must accompany draft IJB Reports to IJB Pre-Agenda stage and at should be included with IJB papers. IIA records should accompany IJB papers will be published with relevant IJB Report. Any changes or additions agreed at IJB should be made before final publication.

Additional Information and advice about impact assessment can be found at https://www.gov.scot/publications/local-development-planning-regulations-guidance-consultation-part-d-interim-impact-assessments/pages/3/

The IJB IIA record has been developed from the DCC IIA, guidance which contains more detailed information about each of the sections in the DCC IIA can be accessed here:

https://www.dundeecity.gov.uk/sites/default/files/publications/20220131_iia_guidance_2022_v1.1.pdf

This form was last updated in February 2024.

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ITEM No …11……..

REPORT TO: **DUNDEE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10 DECEMBER 2025**

REPORT ON: **WINTER PLAN NHS TAYSIDE AND PARTNER ORGANISATIONS**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB82-2025**

1.0 PURPOSE OF REPORT

The purpose of this report is to provide Dundee Integration Joint Board (DIJB) with an update on the winter planning arrangements for NHS Tayside and the Tayside Health & Social Care Partnerships for 2025/26.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board:

2.1 Notes the content of the Winter Plan 2025/26 and its alignment with the Tayside-wide system approach.

2.2 Note the arrangements in place to support the challenges anticipated across the health and social care system during the winter period.

3.0 FINANCIAL IMPLICATIONS

3.1 Additional funding of approximately £4.2 million has been allocated to NHS Tayside to support delivery of the Operational Improvement Plan, specifically the delivery of Discharge Without Delay principles and expansion of Hospital at Home. Dundee HSCP has been allocated a proportion of this which has supported additional recruitment for delivery of a 7-day inpatient rehabilitation service, and a 7-day provision of urgent frailty response in the community.

3.2 Due to the timing of this funding allocation, there is significant slippage which is being utilised in Dundee HSCP to temporarily increase the provision of a Home First social care resource by approximately 200 hours per week over the winter period.

4.0 BACKGROUND

4.1 Winter presents one of the most challenging periods for health and social care delivery across NHS Tayside and its partner Integration Joint Boards. Demand for urgent and unscheduled care

typically increases, placing additional pressure on hospital capacity, community services, and workforce resilience.

4.2 NHS Tayside has adopted a whole system, collaborative approach to winter planning through the Tayside Urgent and Unscheduled Care Board and Winter Resilience Operational Delivery

Group, ensuring that acute, community, primary care, social care, and third-sector partners contribute to a coordinated response.

4.3 The Winter Resilience Plan 2025/26 builds on learning from winter 2024/25 and aligns with the NHS Scotland Operational Improvement Plan and the Health and Social Care Service Renewal Framework 2025–2035. It focuses on resilience, prevention, and improved flow across hospital and community settings to mitigate disruption, protect planned care, and sustain performance against national access standards.

The plan describes the joint system-wide approach across NHS Tayside, Angus, Dundee, and Perth & Kinross HSCPs, and other key partners to ensure preparedness and resilience. It aligns with national winter planning guidance and the Scottish Government's Draft Surge and Winter Preparedness Priorities, focusing on five national priorities:

1. Prioritising safe, person-centred, integrated care.
2. Using prevention and early intervention to reduce avoidable admissions.
3. Ensuring people receive the right care, in the right place, at the right time.
4. Maximising system capacity and improving patient flow.
5. Supporting workforce wellbeing and resilience.

Seven system priorities have been identified locally for Winter 2025/26:

- Prevention and Early Intervention
- System Capacity and Escalation
- Flow and Discharge
- Infection Prevention and Control
- Workforce Wellbeing and Resilience
- Communication and Engagement
- Monitoring, Risk, and Assurance

5.0 CURRENT POSITION

5.1 The system-wide approach to winter preparedness across NHS Tayside and partner HSCPs demonstrates a mature level of collaboration and shared leadership. The arrangements in place for 2025/26 build on learning from previous years, strengthening operational resilience, escalation management, and workforce planning.

Overall, the system is assessed to be in a reasonable state of readiness for the winter period, with comprehensive governance, daily oversight, and clear escalation pathways established through the Tayside Urgent and Unscheduled Care Board and the Winter Operational Delivery Group.

5.2 The overall Winter Resilience Plan is supported by detailed operational plans developed within each HSCP, acute service, and partner organisation. These local plans translate strategic intent into clear, actionable measures covering workforce deployment, vaccination, infection prevention, discharge and flow, and community capacity. Together, they ensure that operational delivery is aligned with system priorities and that local contingencies can be activated swiftly in response to emerging pressures.

5.3 Key strengths include proactive workforce planning, enhanced communication and engagement across partners, continued investment in Home First, Hospital at Home and Discharge Without Delay pathways, and improved use of data through system huddles and dashboards to inform real-time decision-making.

5.4 Risks remain around sustained high demand, recruitment and retention challenges, delayed discharges, and the potential for concurrent pressures such as flu, RSV, or COVID-19 surges. These are mitigated through robust escalation and mutual aid arrangements, cross-sector collaboration, and continuous monitoring through the Command Centre and daily system calls.

5.5 The collective focus on prevention, early intervention, and maintaining flow across hospital and community settings provides assurance that NHS Tayside and its partners are well positioned to deliver safe, effective, and person-centred care throughout the 2025/26 winter period.

From a health and social care perspective, the upcoming winter period presents distinct challenges and opportunities within Dundee to safeguard the wellbeing of our most vulnerable citizens.

6.0 PROPOSALS

6.1 Recognising the strength of partnership arrangements while acknowledging continuing pressures around demand, workforce, and system flow.

Quality of Care - The plan strengthens system safety, prevention, and flow to ensure people receive timely and appropriate care. Hospital at Home, Discharge Without Delay, and enhanced community capacity models underpin patient-centred pathways.

Workforce - Workforce wellbeing remains a key priority. Staff Wellbeing Services and the Department of Spiritual Care provide proactive, accessible support across all sites. Safe staffing levels are monitored using SafeCare and other workforce tools, with contingency measures in place for escalation periods.

Escalation - A four-tier Tayside Escalation Framework (Green–Amber–Red–Critical) is in place, triggered by indicators such as hospital occupancy, delayed discharges, and workforce absence. Mitigation actions are reviewed through the Winter Operational Delivery Group and reported to the Tayside Urgent & Unscheduled Care Board.

6.2 Planning for this busy winter period commenced during the summer with regular Whole system meetings taking place to discuss anticipated challenges, mitigations and proposals. Dundee HSCP remains committed to delivery of the agreed local performance targets in relation to delayed discharge, by aligning strategic and workforce planning with the Discharge Without Delay principles.

6.3 Prevention and early intervention approaches are central, supporting people to remain well, active, and independent for longer, while reducing avoidable hospital admissions. Strengthening access to care closer to home, improving triage and navigation, and ensuring equity of access all contribute to maintaining continuity of care and improving outcomes, particularly for older adults and those living with long-term conditions. System resilience is underpinned by robust workforce planning, business continuity arrangements, and a strong focus on staff and carer wellbeing, recognising that a supported workforce is essential to sustaining safe, high-quality services. Data-driven monitoring and predictive analytics enhance responsiveness to emerging pressures, enabling timely decisions across the system.

6.4 An essential part of this preventative approach is the winter vaccination programme. This year, vaccination against flu, RSV and COVID-19 is especially important to protect the most vulnerable, reduce the risk of serious illness, and ease pressure on health and care services. Health and social care staff are strongly encouraged to take up the flu vaccine, both to safeguard themselves and to help protect the people they care for. Everyone eligible is urged to come forward for vaccination, it remains one of the most effective ways we can collectively strengthen our system resilience and keep our communities well over winter.

7.0 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.

8.0 RISK ASSESSMENT

Risk Description	Non availability of adequate social care resource.
Risk Category	Operational
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 Extreme Risk
Mitigating Actions	Adherence to Discharge Without Delay principles Adherence to Social Care Eligibility Criteria
Residual Risk Level	Likelihood 4 x Impact 3 – 12 High Risk
Planned Risk Level	Likelihood 4 x Impact 3 – 12 High Risk
Approval recommendation	Given the risk mitigation in place the risk should be accepted

9.0 CONSULTATIONS

The Chief Finance Officer, Heads of Service Health and Community Care and the Clerk were consulted in the preparation of this report.

10.0 DIRECTIONS

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

Direction Required to Angus Council, NHS Tayside or Both	**Direction to:**	
	No Direction Required	x
	Dundee City Council	
	NHS Tayside	
	Dundee City Council and NHS Tayside	

11.0 BACKGROUND PAPERS

None

DAVE BERRY
CHIEF OFFICER

DATE: 12 NOVEMBER 2025

Lynne Morman
Associate Locality Manager

APPENDIX 1

NHS Tayside

Winter Resilience Plan

2025/26

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Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders have continued to take a collaborative approach towards preparedness and planning for winter 2025/26 supported by Tayside Urgent and Unscheduled Care Board (UUCB) and the Winter Resilience Operational Delivery Group (ODG).

The ODG is clinically led, has been meeting regularly since July 2025 and now meets weekly through the winter period. The focus of the ODG is to ensure that all local stakeholders connect with each other, discuss, contribute to, and participate in a coordinated and endorsed approach to winter resilience planning.

The NHS Tayside Winter Resilience Plan has been developed based upon the key operational areas known to ensure early prevention and response, to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services.

Improvement work continues with our partner organisations to optimise hospital attendances, manage and avoid admissions, while our acute service areas focus on the flow through acute care, cancer, mental health and outpatient services, to deliver against national standards. There is an additional pressure within the whole system for 2025/26 due to the Scottish Government's commitment to reduce long waits for both inpatient and outpatient appointments to less than 52 weeks by the end of March 26.

To support the increase in unscheduled admissions over the winter period, historically, the surgical specialties have reduced planned admissions and theatre capacity thus preventing on the day cancellations due to bed pressures. To support the commitment to reduce long waits by the end of March 2026, both core and additional planned care activity must continue throughout the winter period if we are to achieve the 'Path to Zero' commitment.

The focus on improved resilience over the winter period taking account of learning from previous winters will ensure arrangements are in place to mitigate disruption to critical services. The plan will be underpinned by full business as usual continuity arrangements and daily management of safety, capacity and flow through the NHS Tayside Safety and Flow Triggers and Escalation Framework with senior clinical and management leadership and multi-professional input to the safety and flow huddle infrastructure seven days per week.

The Winter Resilience Plan is supported by a suite of data and information tools including use of Command Centre, Safe Care and the Winter Planning Heatmaps and will be further supported by a weekly look back to support system learning and continuous improvement.

A whole system Health and Social Care approach to develop an integrated plan is essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS) as well as staff side/partnership representation have been involved in the development of the plan to ensure timely access to the right care, in the right place, first time. Third sector involvement is primarily through the Health and Social Care Partnerships.

Executive Leads for Winter

Chief Officer, Acute Services, NHS Tayside
Chief Officer, Angus, Health & Social Care Partnership
Chief Officer, Dundee, Health & Social Care Partnership
Chief Officer, Perth & Kinross, Health & Social Care Partnership

1. Introduction

1.1 Aim

The aim of the 2025/26 Winter Resilience Plan is to demonstrate collective and collaborative engagement between Acute Services and Health and Social Care Partnerships to improve capacity and system resilience through aligned planning. Setting critical improvement actions to effectively manage the challenges associated with the winter period whilst continuing to deliver against the national and local targets and standards for Health and Social Care. Using data modelling and learning from previous years to inform a system response to anticipated pressures.

NHS Tayside Winter Resilience Planning will continue to build upon the design and delivery of a whole system framework for predicting, responding to, and managing peak periods of unscheduled activity. This will include a focus on whole system communication and response to support both unscheduled demand and urgent, cancer and the 'Path to Zero' for planned elective care and new outpatient appointments.

1.2 Planning Approach

The Scottish Government Draft Surge and Winter Preparedness in Health and Social Care Services: National Planning Priorities and Principles has supported the completion of the System Wide Preparedness Document 2025/26. NHS Tayside will follow the five national priorities for winter planning which are:

- **Priority 1**: Prioritise care for all people in our communities, enabling people to live well with the support they choose and ensuring safe, person-centred care through integrated-place-based planning.
- **Priority 2:** Utilise effective prevention to keep well, avoiding them needing hospital care through supporting primary and community care to manage demand and reduce avoidable admissions, delivering vaccination programmes and promoting public awareness through national messaging campaigns.
- **Priority 3**: Ensure people receive the right care, in the right place at the right time, this including prioritising care at home, or as close to home as possible, where clinically appropriate.
- **Priority 4**: Maximise system capacity and capability by improving patent flow and access, reducing delayed discharges and long waits, minimising unmet need, and using data and intelligence to support real time decisions. Strengthen urgent and unscheduled care pathways, including hospital at home and virtual capacity, and protect access to planned care and established services.
- **Priority 5**: Support the mental health and wellbeing of the health and social care workforce, their capacity and improve retention, as well as supporting unpaid carers. Collaboration with HSCPs and wider partners is an important aspect of service delivery and development year-round, but this is particularly pertinent over the winter period where colleagues work collaboratively to meet and balance demands being felt in specific parts of the system.

Capacity	Capacity management to support winter surge response. This includes maximising capacity where possible through good practice, and increasing virtual capacity to support people in their own home
Improve	Throughout the year there have been a number of improvement programmes and initiatives to increase productivity and care within services.
Engage	Coordinating our communications across NHS Scotland will support better patient flow and provide reassurance to the public on where to get help when required. Internal communications across services will support whole-system working.
Resilience	Resilience planning and preparedness will support surge responses across services so protect services and provide coordinated response.
Monitor	Improved monitoring at a national level of NHS Scotland and social care systems will support greater response coordination.

1.3 Finance

NHS Tayside has taken a whole-system collaborative approach to develop its 2025/26 Urgent, Unscheduled Care and Improving Flow Commissioning Plan. This strategic plan sets out key priorities aimed at enhancing the sustainability and transformation of unscheduled care pathways. The Scottish Government has approved the plan and allocated £6.15 million to support core areas including Unscheduled Care, Discharge without Delay/Frailty, Hospital at Home, and Learning Disabilities (Perth & Kinross).

Work is ongoing to ensure that funding is appropriately aligned with the defined priorities. As pathway development progresses in line with the plan's trajectories, this investment is being directed to support winter preparedness. This includes enhanced Home First social care capacity across all three Health and Social Care Partnerships, enabling earlier intervention, improved patient flow, and strengthened cross-sector collaboration. These measures are expected to reduce hospital occupancy during winter and offer viable alternatives to admission for frail individuals.

The Winter Plan Leadership Team is actively engaging with operational leads to assess any additional system costs and identify mitigation strategies. Potential areas of investment include unfunded bed capacity, increased Pharmacy and Allied Health Professional (AHP) support, and enhanced transport provision to facilitate timely discharge, for example Red Cross. Further detail will be shared following completion of this assessment.

Any additional expenditure will be carefully considered in the context of NHS Tayside's financial position, operational capacity, and performance risks.

1.4 Approval of Plan

The process and timeline for preparation, review and approval of this plan:

Action	Date Due
Care Group & divisional plans pulled together and shared with Winter Triumvirate	10 September 2025
Initial draft of Winter Plan	16 October 2025
Winter Tabletop Exercise	31 October 2025
Finalise Winter Plan	06 November 2025
Present Winter Plan at ILT	07 November 2025
Papers for Dundee IJB	14 November 2025
Dundee IJB Meeting	10 December 2025
Angus IJB Meeting	17 December 2025
Perth and Kinross IJB Meeting	17 December 2025

1.5 Governance Arrangements

Development, delivery, and monitoring of the Winter Resilience Plan is a key responsibility of the Urgent and Unscheduled Care Board and the Winter Resilience Operational Delivery Group. The Urgent and Unscheduled Care Board is co-chaired by the Associate Director for Medicine and the operational leads for Urgent & Unscheduled Care, from each of the three HSCPs.

- The Winter Resilience Operational Delivery Group has whole system representation.
- An Urgent and Unscheduled Care Programme Team is in place. These posts form part of the support team for unscheduled care, continuous improvement and the implementation and evaluation of the Winter Resilience Plan.
- Resilience and Business Continuity arrangements and management plans are in place and a Winter Planning Tabletop Exercise is planned for 31 October 2025.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow.
- Whole system Safety and Flow Huddle process including key partners 365 days per year. This will be extended through the winter period, where required, to include members from our HSCPs.
- A Communication Strategy for winter is in place and will inform the public and staff on our planning for winter, public health messages and where to go for access to services.

2. Lessons Learned from Previous Winter 2024/25

Key themes, learning and actions from local reviews across Tayside and from a whole system winter debrief session was held on Friday 25th April. This was well attended with representation from across acute services, Health & Social Care Partnerships and other partner organisations such as the Scottish Ambulance Service.

Key priorities for winter 25/26 were identified as follows:

- Planning to commence earlier than in previous years i.e. in the summer.
- Improve escalation plans around front door viral surge activity

- Continue to develop guidance for step up/step down of tactical cell meetings.
- Further adapt heat map collaboratively to reflect fuller system of care
- Minimise elective cancellations related to unscheduled winter pressures through better planning and improved communication.
- Protect urgent surgical elective capacity by optimising theatre scheduling.
- Maximise specialty seasonal working patterns.
- Maintain/Improve delayed discharge position across HSCPs, building on the success of work during winter 24/25
- Increase access to peer vaccinations for staff

3. Winter Resilience Plan 2025/26

An overview of the work progressing to support delivery of our Winter Resilience Plan aim is provided below. Detailed operational-level divisional bed modelling and partnership plans are progressing to support delivery of the strategic ambitions. An example draft of this is attached in Appendix 1. The detailed bed modelling and surge plans are underpinned by a range of agreed actions that will be taken to manage changes in bed requirements driven by demand. Detailed operational-level plans will be finalised and endorsed by end of October 2025.

Through the Winter Resilience Operational Delivery Group, the performance and delivery of the operational plans and actions will be reviewed with exception reporting, seeking solutions from across the system and progress of the escalation framework as appropriate.

3.1 Resilience Preparedness

NHS Tayside and its partner organisations have robust business continuity management arrangements and plans in place. Tayside wide groups involving all partner organisations such as the Local Resilience Partnership (LRP) meet regularly with a LRP Emergency Response Generic Multi-Agency Coordination Plan in place which describes the framework to be followed should an incident occur. The purpose of the LRP Emergency Response Generic Multi-Agency Coordination Plan is to provide a framework within which those who are responsible for the co-ordination and management of the successful resolution of an incident work together efficiently and effectively. The content aligns with the revised Preparing Scotland – Responding to Emergencies Guidance (2017).

The LRP links directly with the NHS Tayside Public Health Team around the co-ordination, command, control and communication requirements in the event of a high consequence infectious disease winter pressure being triggered.

3.2 Adverse Weather

An NHS Tayside Adverse Weather Plan is in place which provides a framework for ALL staff to follow in the event of extreme bad weather. An annual tabletop exercise is undertaken to test the efficacy of arrangements in place including:

- Link to HR policies/Once for Scotland Policy: NHS Scotland Once for Scotland Policy DL (2022) 35 Interim National Arrangements for Adverse Weather
- Links to existing business continuity plans and the NHS Tayside Strategic Business Continuity Plan
- Ownership - operational rather than service specific
- Duty Manager/Director/Executive awareness of status – linked into daily huddle meetings/Whole System Safety and Flow Framework
- Safety and Flow Hub Action Card.
- Accommodation arrangements for 'essential' staff in the event of adverse weather
- Structure to monitor requests for extremis assistance
- Early and continued engagement with Tayside Local Resilience Partnership
- Organisational procedure for requesting 4x4 assistance reviewed and policy in place

3.3 Scottish Ambulance Service (SAS) Resilience Planning

The Scottish Ambulance Service maintains a comprehensive contingency planning framework to manage the consequences of when the level of demand exceeds the ability of the Service to meet it. The Generic Capacity Management Contingency Plan and Resource Escalatory Action Plan (REAP) Guidance Document are used for this purpose. The Capacity

Management Contingency Plan may need to be implemented in circumstances when there is: increased demand, reduced capacity or reduced wider NHS services over festive periods.

SAS manages capacity and contingency through the REAP, which establishes levels of 'stress' within service delivery, whether from increased demand or reduced resource, and identifies measures to be implemented to mitigate the impact of such stress. Measures are service-wide and include activity from the Operational Divisions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

The REAP – attached as Appendix 3 – provides the actions to cope with increased demand at any point, with SAS making decisions regarding what is relevant for the circumstances. For example, cancelling all non-essential meetings to allow the managers to provide support and concentrate on the management of resources / shift coverage etc.

The REAP is followed with a few additional directives for adverse weather:

- Ensuring there are shovels on each vehicle
- Additional supplies of consumables, grit/salt for the stations etc
- Map out where staff reside so that they can be directed to their nearest station rather than their base station if they can't make it there
- List and map all 4x4 vehicles so that they can be allocated to transport essential staff and patients e.g. renal/ oncology patients
- Liaise with the Health Board around activity and ensure any resources freed up from cancellations are used as additional staff on vehicles that require to go out in the severe weather to give us resilience

3.4 System Wide Escalation and Flow Huddle Framework

The Whole System Safety and Flow Triggers and Escalation Framework continues to evolve and assist in the management of health and social care capacity across Tayside and Fife when the whole system, or one constituent part of the system is unable to manage the demand being placed upon it.

The aim of this Framework is to provide a consistent approach to provision of care in times of pressure by:

- Enabling local systems to maintain quality and safe care
- Providing a consistent set of escalation levels, triggers and protocols for local services to align with their existing business as usual and escalation processes
- Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level, within local authorities, and partner agencies

The Safety & Flow Huddle process is fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures.

There are currently four huddles per day on the Ninewells and PRI hospital sites with a whole system huddle at 9am each day that includes Mental Health and SAS colleagues, through winter 2025/26 members of our HSCP and Primary Care/Out of Hours teams will join this to encourage whole system awareness and escalation as required.

Flow Hubs on the Ninewells and PRI sites are well established and continue to support real time flow management through collaborative working.

The Tayside Tactical Cell will be operationalised as required by any Duty Director or Chief Officer as we move into the peak winter period. This whole-system real time forum to support immediate system pressures worked well through previous winters.

3.5 Speciality-Level Escalation Plans/Winter Action Cards

Winter Planning action cards and escalation plans are being progressed across all key speciality areas to support consistent and effective decision making. These will support both the frontline teams and Safety and Flow Leadership teams in delivering a consistent and agreed approach to implementation of escalation measures.

The action cards/escalation plans will all be stored within a dedicated winter plan section in the NHS Tayside Resilience App for ease of access in and out of hours.

3.6 Site Escalation Framework

Site Escalation Frameworks are being developed for both Ninewells Hospital and Perth Royal Infirmary, which are in the final stages of planning and approval through the relevant governance structures, and will be available by 31st October 2025.

Site Leadership and Support

Tayside acute hospital sites (PRI and Ninewells Hospital) have robust operational clinical leadership and management arrangements in place 24 hours a day, 7 days a week. This ensures there is a strong, real-time understanding of the status of each site to support the delivery of high-quality, safe, and timely care and patient flow.

Each site has a dedicated Safety and Flow Hub supported by a Professional Nursing Lead and a Senior Manager is also available to support both sites based at Ninewells. The team is supported by a Duty Director.

Medical input is provided through the Clinical Care Group structure, providing subject expertise which informs and supports further decision-making. Senior nursing staff attend the site huddles throughout the day and provide an updated status on admissions. discharges, bed occupancy and escalate issues/concerns for support as required.

The team is available on site 8am to 7.30pm and located in the Patient Safety and Flow Hub on each site. In the out-of-hours period, a Duty Manager is on-call for each acute site to immediately respond to issues, supported by a Duty Director. The team is also supported by an Executive on Call.

4. Urgent & Unscheduled Care

Tayside Urgent & Unscheduled Care Programme is a mature and well-established programme of continuous improvement, embedded within NHS Tayside and our respective Health & Social Care Partnerships. Due to the maturity of Urgent & Unscheduled Care in Tayside, the Programme has naturally progressed towards a model of reform, with an increased focus on delivering care in the community. The priorities of the Programme align with NHS Scotland Operational Improvement Plan, to protect, strengthen and renew how services are delivered by improving flow, reducing delays and increasing care in the community. The priorities also align with the Population Health Framework, and the Health and Social Care Renewal Framework. The aim of each workstream is to ensure delivery of improvements / refined models of care ahead of winter to ensure preparedness across the system.

The workstreams are outlined below:

1. Optimising Access

Building on the well-established whole system approach to Urgent and Unscheduled care in Tayside, the Optimising Access workstream will extend navigational capabilities in the community by introducing a more efficient, responsive, and integrated Urgent Care system by developing an FNC+ model in each locality. The three partnerships along with SAS and Out of Hours have agreed shared principles, that enable flow navigation between existing services to reduce duplication, remove unnecessary journeys and better achieve Right Care, in the Right Place, at the Right Time. The FNC+ model is supported by a Single Point of Contact based in each locality, and in place across all three Health & Social Care Partnerships from 13 October 2025. As the FNC+ model continues to develop alongside Out of Hours Reform, the aim is to work towards a 24/7 urgent care response service in Tayside which reduces acute admissions to hospital by >5% to less than 133 per night.

2. Integrated Health and Community Care

The Scottish Government funding allocation has supported the expansion of our Tayside Frailty at Home Service as well as the development of a Paediatric Hospital at Home service. In line with the DWD principles, this will support better outcomes for frail older adults by providing specialist frailty assessment at home whenever possible and appropriate. We are on track to meet our projected performance target of 65 Frailty at Home beds per night being used across Tayside by end March 2026. This expansion will also support the management of capacity and flow over the winter period by contributing to a 20% reduction in geriatric medicine inpatient demand.

In Perth & Kinross Health & Social Care Partnership, the Frailty at Home development is aimed at reducing Perth Royal Infirmary emergency demand by 15 people per day. If achieved, Perth Royal Infirmary 4-Hour performance will be returned to >90%.

3. Discharge without Delay and Optimising Flow

NHS Tayside continues to have a strong focus on Discharge Without Delay (DWD) and Optimising Flow with significant core funding allocated across all 4 partner agencies, as well as focus on strengthening and expanding the DWD work through the Scottish Government Urgent & Unscheduled Care funding allocation.

The **Discharge Without Delay** programme is made up of 4 national workstreams that are inextricably linked, giving synergistic whole system impact rather than traditional small marginal gains by delivering single workstreams in isolation. The success of this approach is evidenced by a reduction in the length of stay for frail people in Acute hospital, a reduction in the length of stay in Community Hospitals and a reduction in Delayed Discharges, which is achievable as patients are limited to their exposure to hospital induced dependency.

The key principles of the national Discharge Without Delay Programme are outlined below:

Discharge To Assess (D2A) - The HomeFirst approach, where hospitals work with respective Health and Social Care Partnerships to develop processes for early discharge of frail people for ongoing assessment, to minimise hospital induced dependency, harm on longer term care need.

Planned Date of Discharge and Integrated Discharge Hubs - This discharge pathway for frail people is supported by Integrated Discharge teams, following a person-centred discharge process of Planned Date Discharge (PDD) for all inpatients, including Community Hospitals. This includes improving performance in seven-day planning, and promotion of morning and weekend discharges.

The Integrated Discharge Teams continue to participate in the acute site huddles each morning and provide a detailed briefing to the Safety and Flow Team each day.

Frailty at the Front Door - The ideal environment for optimal and timely Comprehensive Geriatric Assessment (CGA) is Acute Frailty Units. In Tayside, we now have three Acute Frailty Units, our third unit was the cornerstone of NHS Tayside Winter Plan 2024-25. This enables all frail older patients to benefit from Comprehensive Geriatric Assessment (CGA) with a focus on early discharge supported by Home First social care resource to support completion of social care assessment at home.

A target acute geriatric length of stay of <5 days is needed to meet the increasing acute hospital frailty demand.

Community Hospitals - Thriving community hospitals have been key to NHS Tayside strategy for many years and more recently progressed into Perth and Kinross. We believe in caring for people who are not ready for home, in their locality Community Hospital. Again, to limit any acute hospital induced dependency and longer-term harm, it is critical to ensure patient can access an appropriate Community Hospital without delay or waiting lists. To meet population demand, the Community Hospitals must also flow to enable ongoing capacity for patients in acute. The NHS Tayside target length of stay to meet predicted demand in Community Hospitals is 24 days.

The **Optimising Patient Flow** Workstream aims to deliver flow performance in all Tayside inpatient wards / specialities in line with Upper Quarter Length of Stay. A structure of Division/Health & Social Care Partnership Flow meetings have been established to identify barriers impacting on flow and implement improvements across patient pathways to address these. Data packs are now available to support real time exploration and analysis of performance against the individual Length of Stay targets in each ward and Division.

This workstream is aimed at significantly contributing towards the 4 partner agencies equally delivering on pre-agreed flow performance targets. Service and workforce plans this winter are based on meeting these upper quartile targets:

Medicine Ninewells LOS <3.7days

Perth Medicine LOS <4.5days
Surgical LOS < 4.5 days
Ortho LOS < 7 days
Step-down hospital LOS <24 days
Delayed discharge position RAG GREEN for acute but also total delays

These performance targets are all reliant and interdependent of all agencies working together and delivering against their specific actions.

4. Performance 95

This is key programme of work within NHS Tayside, focussed on the whole-system impact of coordinating multiple pathways between the Emergency Department (ED) and the Acute Medical Unit (AMU); enabling early patient assessment in ED and discharge and a seamless flow into the acute admitting areas when admission is necessary. This is achievable due to the seamless flow out (Discharge Without Delay), enabling patients to access Right Care, at the Right Time, by continuous flow through the front door areas and onto downstream wards, thus ensuring capacity is always available. The front door discharge rate from these admission areas is a key predictor to overall hospital occupancy.

Right Care, Right Place

Tayside Acute Services operate several “front doors” with acute admissions being referred directly into medical and surgical receiving areas, as well as directly to speciality wards, including Stroke Medicine, Paediatrics, Renal Medicine, Neurology, Haematology, Oncology and Specialist Surgery. Some key areas are supported by a framework of ‘Flow Navigation Centre (FNC)’ pre-hospital decision support which facilitates Prof-to-Prof communication between Primary Care, SAS, Out of Hours Service, NHS 24 and hospital clinicians to ensure Right Care, Right Place. This provides a senior clinical decision maker at the point of referral to ensure patients are placed on the correct pathway first time and that alternatives to admission are considered. Building on the success of Tayside FNC, the FNC+ model will be embedded in each locality prior to winter, extending the navigational capabilities in the community. Additional Prof-to-Prof lines have been introduced to Mental Health and are being developed for Paediatrics, Maternity and Palliative Care.

In addition, a pilot project that proposes the implementation of an Evening Urgent Primary Care Service in Perth City is being developed. This will be implemented over a 16-week period through winter, to address the rising pressures on Emergency Departments (ED) and General Practice (GP). The proposed model will to improve access to timely, appropriate care during evening hours (4–8 PM), reduce non-urgent ED attendances, support GP sustainability, and enhance patient experience. The proposed model will be submitted to NHS Tayside Change Fund for approval.

Monitoring 4-Hour Performance Standard

The 4-hour performance standard is monitored by NHS Tayside continually throughout the day. All 4-hour performance breaches are reviewed daily by the Emergency Department team, as well as being visible through the Command Centre at Operational and Executive level. A flash report is provided daily to detail all breach reasons and highlight any key themes and learning. A weekly improvement plan is also developed for all 8-hour and 12-hour breaches. This improvement plan is shared with the Acute Leadership Team for assurance.

A weekly 4-hour Performance Delivery Group has also been established. This group has strong MDT engagement and includes representatives from across the system. Performance from the previous week is discussed and key findings and improvement opportunities are presented to the Acute Leadership Team and Chief Executive Team for organisational awareness and support. An example of this report is attached in Appendix 2.

4.1 Target Operating Model

Aligned to the national approach, utilising performance data in our planning and preparedness, a target operating model for unscheduled care delivery has been progressed in NHS Tayside.

With the support of our Health & Business Intelligence (HBI) team, demand and capacity modelling has provided the basis for understanding and anticipating the required unscheduled acute hospital capacity through the anticipated winter peak periods, based on the principles of 95% occupancy levels and a 10% reduction in patient Length of Stay.

This has allowed our Clinical Care Group teams to work collaboratively to define a target operating model for both the Ninewells and PRI hospital sites to support increased unscheduled admissions while maintaining urgent and cancer care delivery.

The success of the target operating model is based upon consistent reduced length of stay and green status delayed discharge position. Whole system collaboration to achieve this will be critical.

5. Health & Social Care Partnerships

The winter period presents a significant challenge to health and social care services due to increased demand and seasonal pressures. Health and Social Care Partnership's Winter Plan aims to ensure the delivery of safe, effective, and person-centred care, while also supporting the wellbeing of our staff and community. Our approach is grounded in three key principles and focused on four priority areas, ensuring that we continue to meet the needs of our community during this critical time.

To ensure comprehensive preparation for winter, key risks such as increased respiratory illness, potential staff shortages, and severe weather conditions, have all been considered and have guided our planning.

The plans are also cognisant of the ongoing efforts to deliver care closer to home, take preventative action to increase in vaccine uptake, and minimise delays in transfer of care – all of which will be key indicators in evaluating our success throughout the winter period.

Key Principles:

1. Applying the Getting it Right for Everyone Principles:
Our commitment is to deliver care that is person-centred and responsive to the individual needs of everyone in our community. This principle guides our planning and service delivery decisions. We are committed to tailoring care to individual needs by further expanding the use of preventative and proactive care approaches, future care plans, self-directed support options, and specific interventions for vulnerable groups such as older adults and individuals with chronic illnesses.

2. A Partnership Approach Across the Whole System:
We emphasise collaboration across all sectors—health, social care, third sector, and community services—to provide integrated, seamless care that meets the needs of individuals and families.

3. Implementing Local and National Actions Proven to Improve Patient Flow:
We are dedicated to using evidence-based strategies, such as Discharge Without Delay principles, to enhance patient flow, reduce hospital admissions, and ensure timely, appropriate care in the community.

We will develop a resource allocation process for care home placements to ensure those in greatest need and to support hospital discharge will be allocated care home placements.

Consistent and sustainable performance against the following key performance indicators will be essential:

1. RAG acute delays green — Angus < /=3 delays; Dundee </= 6 delays; P&K </= 5 delays
2. Total reportable delays green

RAG status key:

	Red	Amber	Green
A	>30	15-30	≤15
D	>50	25-50	≤25
P&K	>50	25-50	≤25
T	>130	65-130	≤65

3. Community hospital LOS 24 days or less

5.1 Angus Health and Social Care Partnership

Winter Planning Priorities:

Priority One: Prioritising Care for All People in Our Communities

Angus HSCP aims to enable people to live well and remain healthy within their communities, using effective prevention and early intervention strategies. We will:

- Strengthen Community-Based Support: Enhance access to community health and social care services to prevent unnecessary hospital admissions and support individuals at home.
- Enhance Chronic Disease Management: Proactively manage long-term conditions with regular reviews and personalised care plans, reducing the risk of complications during winter. Our primary care networks will proactively identify and reach out to patients with chronic illnesses, ensuring early intervention and tailored care plans to prevent complications during the winter months.
- Health Promotion and Prevention Initiatives: Increase outreach and education on vaccinations, cold weather preparedness, and self-care, targeting vulnerable populations. Continue to promote the importance of power of attorney
- To manage potential surges in respiratory illnesses, we will increase capacity at respiratory clinics and hold stock of essential supplies, including portable oxygen and PPE, in anticipation of heightened winter demand.

Priority Two: Ensuring People Receive the Right Care, in the Right Place, at the Right Time

- We strive to ensure that care is delivered as close to home as possible, with the right support available when and where it is needed. This includes:
- Home Care Services: Strengthen and expand the contracted home care support to enable people to remain in their own homes, reducing the need for unnecessary hospital-based care through ensuring Resource Allocation process uses Eligibility Criteria effectively so care is contracted, or signposting referrals are made timeously. To strengthen our home care workforce, we will focus on workforce strategies, and training programs to support a sustainable and well-prepared team throughout the winter period.
- Effective Triage and Care Navigation: Utilise robust triage systems to direct people to the most appropriate services, including telehealth, community pharmacies, and primary care.
- Rapid Response and Reablement Teams: There is the ability to flex staff including AHPs across the partnership and prioritise as required provide urgent support in the community and reablement services to facilitate timely hospital discharges and prevent admissions.
- We have enhanced multidisciplinary team working to improve flow by the creation of a Single Point of Access (SPOC)

Priority Three: Maximising Capacity to Meet Demand and Maintaining Integrated Health and Social Care Services

To ensure we can respond effectively to increased demand, we will:

- Maximise Workforce Capacity: Utilise additional staffing opportunities, to meet surge demands in critical areas. We will build a robust recruitment pipeline for essential roles and a focus on professional development to ensure that temporary staffing solutions are used sparingly.
- Continue to focus on a range of targeted actions aimed at attracting people into a career in social care and retaining existing staff this includes creative advertising models
- Protect Planned and Scheduled Care: Maintain the delivery of routine and planned care wherever possible to prevent a backlog of unmet need.
- Integrated Care Pathways: Strengthen collaboration between hospital, primary care, and community services to ensure smooth transitions and continuity of care.

5.2 Dundee Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning Dundee Health and Social Care Partnership include:

- Partnership Oversight Report published weekly to monitor pressure areas and feed into the whole system heat map
- Business Continuity Plans in place across all services, including adverse weather conditions response
- GAP community discharge hub in place (Business as Usual)
- Use of Scottish Government UUC slippage money to overrecruit to Home First social care resource over winter period
- A promotion campaign is being undertaken to encourage social care support workers to access vaccination services.

- Management restructure across inpatient and community OT/PT service has released increased community rehab capacity
- Additional ANPs recruited to Frailty at Home Service to work across the inpatient and community setting in order to further strengthen the whole system frailty pathway
- Frailty at Home testing extended hours and weekend working as part of Optimising Access workstream
- Continued promotion of early intervention and prevention approach within F@H to avoid admission
- Performance target of 65 F@H patients on service by end March 2026
- Targets set in F@H for polypharmacy review and Future Care Planning conversations with aim of 100% compliance
- Ongoing review of F@H pathways to encourage increased referral rates and better flow through the service
- Integrated Discharge Team embedded in ward areas with responsibility to manage patient flow onto the right pathways and minimise delays
- Royal Victoria Hospital Improvement Plan in place with aim of reducing LOS to within the upper quartile benchmarking target of 24 days for MFE
- Dundee remains committed to meet RAG status green (6 or less acute delays and 25 or less total delays) and maximum 2 patients waiting step down bed from acute per day, as per previous RAG agreed delays position via Tayside DWD programme. Dundee remains committed to progressing RVH LOS towards 24 days for MFE and Orthogeriatrics, and LOS target of 42 days for stroke and neuro rehab
- Recruitment to additional OT/PT staff for 7 day working
- Ensure compliance with DWD needs assessment

5.3 Perth & Kinross Health and Social Care Partnership

The key aim within the P&K Health and Social Care Partnership is to support appropriate care, in a timely manner, in the most suitable setting.

Priority 1: Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.

- The implementation and successful delivery of our Care at Home Alliance Model has seen a reduction in unmet need by 800hrs, this reduction has contributed to a sustained reduction in our level of delayed discharge. This level of improvement enhances our ability to cope with additional demand at peak times of the year.
- We have piloted and seek to continue to utilise Magic Notes (non-generative AI package), early feedback is highly positive and indicating significant time saving potential, freeing up capacity within relevant teams.
- The advanced practice approach continues to develop across Perth and Kinross, and further recruitment is underway to support community hospitals, integrated care teams and urgent response to ensure early intervention for people deteriorating. The team has broadened to include disciplines across nursing and allied health professions focusing on managing frailty and clinical deterioration early. The

advanced practice colleagues prevent admission to hospital or discharge early where appropriate
- We will work closely with our home safety partners, community wardens and community organisations to provide simple home safety and winter resilience advice.
- We will review, update and test Business Continuity Plans.
- We will review and update lists of particularly vulnerable people across P&K.

Priority 2: Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.

- We are targeting bed occupancy and LOS for MFE and Community Hospitals
- We are developing a new Home First Pathway to our Integrated Teams where access to ongoing rehabilitation, assessment and key workers are being developed, our initial focus is Perth City.
- We have redesigned our internal Care at Home services and transitioned to Discharge Without Delay Model delivering a bespoke and specific service where support is delivered through an enablement approach, including personal care and medication, with personalised home, wrap around care during the period of assessment is reviewed on a visit-by-visit basis and lasts up to 28 days.
- We are targeting our workforce to support Community Hospitals in discharging people to their own home as timeously as possible, Community Hospital length of stay under 24 days is our aim, allowing us to manage increased demand.
- Sustained funding for the Trusted Assessor role for Care Home placements, improving the patient journey and success of Care Home placements.
- We are maintaining a small number of interim beds within our two internal Care Homes, and one externally block booked Care Home wing, these are available in exceptional circumstances only.

Priority 3: Maximise capacity and capability to meet demand and maintain integrated health, and social care and social work services, protecting planned and established care, to reduce long waits and unmet need.

- We are establishing integrated teams in Perth & Kinross, Perth City being the first of which to be introduced in the coming weeks. They will respond to a wide range of issues in the community and will send the most appropriate professional(s) as required. This will include urgent response and where possible the teams will support individuals to retain their independence and prevent hospital admission by providing a range of early interventions and support.
- Continue to develop our Integrated Locality Teams in our rural localities, learning from the established Perth City Integrated Team which has demonstrated the benefits such as streamlining processes, reducing duplication, and coordinating multi-disciplinary responses, this all contributes to early supported discharge and assisting with capacity and flow in PRI and our community hospitals.
- SPOC update Final options are being drafted to integrate all health and social care referrals through a Single Point of Contact for Perth and Kinross. This will include all adult and older people referrals by March 2026. A phasing plan is under development with initial Scottish Ambulance Referrals going live in October this year

Priority 4: Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

- Continue the work of the What Matters to You programme and promote a culture of collaboration and understanding and maintain staff wellbeing and resilience through the challenging winter period and beyond.
- Encouraging staff uptake of Covid and flu vaccinations, and sharing information on how they can access the vaccinations service; and
- Ensuring community staff have appropriate warm, safe uniforms for the winter period.

5.4 Primary Care and Out of Hours

Primary Care and OOH services will continue to collaborate across partnerships and interfaces to maximise the efficiency and effectiveness of community care. This will be driven by strong collaboration both at the partnership level and with NHS Tayside.
Our commitment is to deliver high-quality community-based care through multidisciplinary teams, both during regular hours and OOH, wherever this is the safest and most appropriate option for patients.

Primary Care

Access to General Practice (GP) during the winter period will be based on the national access principles:

- Inclusivity and Equity: Ensure access is equitable for all individuals, based on Realistic Medicine principles and Value-Based Health & Care. Care will be person-centred, focusing on individual needs rather than a one size fits all approach.
- Choice and Flexibility: Patients will have a reasonable choice regarding how they access services, including in person, telephone, and digital consultations.
- Compassionate and Person-centred Services: Services will remain sensitive, compassionate, and considerate of everyone's needs and circumstances.
- Care in the Right Place by the Right Person: Efforts will be made to connect patients with the most appropriate healthcare professional within the right time frame, ensuring efficient use of resources.

Supplementary Principles:

- Empowerment and Self-Management: Encourage patients to manage their health through selfcare, using online resources like NHS Inform.
- Direct patients to other primary care services such as Community Pharmacies, Optometry, or Dental services where appropriate.
- Prioritisation of Urgent Care: In periods of high demand, practices will ensure that urgent care needs are prioritised.
- Transparency and Communication: Patients will receive clear, transparent information on accessing the most appropriate care.
- Role of Administrative Staff: Practice administrative staff (e.g., receptionists) will guide patients to the right service, a practice known as "Care Navigation." Staff will be trained to offer informed signposting to ensure patients are seen by the most suitable service provider, whether within or outside of the practice. The "Care Navigation Toolkit" provides further guidance on this process.
- Multidisciplinary Team (MDT) Approach: Receiving care from various healthcare professionals (such as nurses, pharmacists, and other specialists) rather than solely from GPs will become standard practice.
- Continuity of Care for Complex Needs: Patients with complex health needs or frailty will receive continuity of care from a known and trusted healthcare professional to provide holistic, ongoing support. Practices will ensure familiarity between patients and their care providers to build trust and enhance care quality.

- Holistic Healthcare: General Practice will adopt a holistic approach, addressing not just physical symptoms but also considering psychological, social, and lifestyle factors that impact health.
- Use of Digital Resources: Where appropriate, digital tools such as online consultations, electronic prescriptions, and health monitoring will be used to provide convenient access to care. Provisions will be made for patients who are less digitally literate, ensuring equitable access for all.
- Patient Feedback and Improvement: Practices will continue to actively seek informal and formal feedback on patients' experiences, using this input to make real-time improvements to services.

Public Holiday Planning for Primary Care Providers

General Practice:

Ensure that continuity plans are in place, particularly during public holidays. Practices will communicate well in advance about closures and provide clear signposting to alternative services such as NHS 24 (111) and NHS Inform.

Pharmacies:

Community pharmacies will operate on a festive rota to ensure availability during holiday periods. They will inform patients about closures and direct them to alternative resources where necessary, such as NHS Inform and emergency contacts.

Optometry Services:
Optometrists are reminded of their obligation to act as the first point of contact for eye issues, including emergencies. If unable to provide care, optometry practices will coordinate with other providers or hospital eye services in rare cases.

Dental Services:

Dental practices are responsible for emergency care for NHS patients during holidays. If needed, they will work with the Public Dental Service (PDS) to ensure emergency coverage, and patients will be triaged to the appropriate service.

Surge Staffing Plans:

Providers will consider how best to prepare for unexpected staff shortages (due to illness or extreme weather conditions). This could include locum staff, bank nurses, etc. to fill gaps. They should prioritise care for those with the most urgent care needs in such circumstances. Where capacity is reached despite this, practices should escalate both to Primary Care Services given the contractual implications and for GP Practices to their respective HSCP Primary Care Team to consider how to support operationally.

Out of Hours (OOH) Services
We anticipate an increase in OOH activity this winter and are preparing accordingly.
Key Actions and Commitments:

1. Predictive Modelling and Staffing:
   - Complete predictive modelling for the winter period (November 2025 - March 2026) to ensure multidisciplinary team (MDT) staffing levels meet the expected demand.

- Leverage a 70% salaried workforce during this period, with the relevant rate of pay over the festive period

2. Enhanced Clinical Support:
   - Ensure effective clinical operational management and support is in place, especially at times of peak demand.
   - Monitoring and management of shift patterns over the winter period based on prediction data to manage the additional workload with winter illnesses.

3. Service Escalation and Contingency Planning:
   - Review and update service escalation and contingency plans to respond swiftly and effectively to any emerging challenges.
   - Increase the promotion of Near Me video consultations where clinically appropriate to maintain accessibility and reduce the need for in-person visits.

4. Paediatric Care Provisions:
   - Prepare for increased paediatric contacts during the winter period by ensuring sufficient GP coverage and utilising the Paediatric Advanced Nurse Practitioner during busier periods.

5. Weather-Related Procedures:
   - Continue to adhere to robust procedures for managing inclement weather to ensure continuity of care.

6. Collaboration with NHS 24 and Pharmacy First:
   - Work closely with NHS 24 and Pharmacy First to direct patients to the most appropriate care settings, reducing unnecessary pressure on emergency and OOH services.

7. Professional-to-Professional Support:
   - Maintain the provision of professional-to-professional advice to support clinical decision-making and patient care.

8. Support for Care Homes:
   - Provide timely responses to calls from care and nursing homes, ensuring prompt and appropriate care for residents.

9. Integration with Mental Health Services:
   - Continue to work with mental health services to ensure good access to crisis teams and mental health support during the winter period.

10. System Planning and Heat Mapping
   - Continue to populate and utilize heat maps to support comprehensive system planning and resource allocation.

This proactive approach will ensure that the service is well-equipped to meet the needs of the community, support the whole system and provide the highest standard of care throughout the challenging winter months.

6. Planned Care

Throughout the winter period, NHS Tayside will continue to maximise theatre efficiency by focussing on treating urgent, cancer and the delivery of the Scottish Government commitment to 'Path to Zero' as a priority.

As in previous years, surgical teams will continue to optimise the elective only theatre resource at Stracathro Regional Treatment Centre.

Key activities progressing to support elective care preparedness across main hospital sites includes:

- Theatre scheduling to determine the management of the unscheduled care/cancer and clinically urgent procedures as a priority.
- Continue elective care prioritisation meetings to align to available capacity with robust escalation protocols to ensure consistency in decision making at a senior level.
- Optimisation of the Surgical Assessment Unit (SAU) on the Ninewells Hospital site to ensure that admission and discharge within the unit for Surgical Division Day-cases is the norm, minimising unnecessary inpatient bed use (Business as usual).
- SAU to use remaining capacity to support elective admissions who will transfer to a ward area post operatively.
- Reduced elective medicine activity through peak winter period to support flow prioritising urgent cases.

Winter 2025/26 will bring additional challenges to maintaining the balance between unscheduled care, urgent/cancer work and long wait elective targets. Unlike previous years, the ability to reduce elective surgeries to support unscheduled activity will not be available as we work towards delivering the Scottish Governments target of 'Path to Zero'.

There will be a need for whole system senior decision-making support in times of extreme pressure to ensure decisions being made are equally balanced between unscheduled demand and elective targets.

NHS Tayside will continue to refer patients to Golden Jubilee and NHS Highland through the NTC Programme allocation for Orthopaedic and General Surgery procedures. We will also continue to link with the National Elective Co-ordination Unit (NECU) for any national capacity to support long waiting patients.

7.COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing

7.1 Infection Prevention and Control

The Infection Prevention and Control Team (IPCT) will continue to follow the National Infection Prevention and Control Manual (NIPCM) with regard to Winter 25/26. The delivery of Infection Prevention and Control education during this period will be in line with ARHAI Scotland and NHS Education for Scotland and focus on key Infection Prevention and Control principles.

The IPCT will provide proactive surveillance of respiratory and GI infections. The Senior management Team will be actively involved in the Winter Preparedness Group and cascade relevant local and national intelligence within the organisation.

7.2 Health Protection Team

The Health Protection Team in NHS Tayside are planning for winter and are working with care homes to ensure readiness for winter and potential surges of COVID-19, other respiratory viruses such as flu and RSV, and gastrointestinal infections including norovirus. Outbreak plans are in place for outbreaks including respiratory viruses and norovirus.

7.3 Vaccination Programme

The NHS Tayside central vaccination service provides access to winter vaccinations for staff across Tayside in -

- Staff only appointment-based clinics on acute sites
- Appointments for staff in all community clinics central and more rural locations
- Opportunities for drop-in vaccinations at all clinics (workplaces and community)
- Peer vaccination for flu being rolled out across acute areas again this year to support further opportunities for staff; the number of peer immunisers recruited has increased year on year

Clinics are advertised on internal Staffnet, local social media and through regular staff bulletins as well as posters on wards with links to relevant information on NHS Inform.

A staff vaccination tracker will be shared and collated to provide individual areas as well as a whole system overview of uptake.

In line with national programme directions and schedules and in accordance with JCVI guidance, vaccinations will be offered to the most vulnerable groups, will be delivered from October. The programme will include appointed and drop-in community clinics, outreach and pop-up clinics, clinic and school-based vaccinations for all 2–5 year olds, and primary and secondary school age children, and care home and domiciliary vaccinations.

8. Inpatient Mental Health

The whole system mental health change programme has a number of active workstreams which serve to revise the Model of Care and support people to receive care in the most appropriate place, and in doing so supports the ability to maintain capacity and flow. The winter peaks in demand experienced by other parts of the system are not the same in mental health; however occupancy levels remain in excess of 85% and therefore robust plans are required to maintain efficiency.

The following mechanisms are in place to support:

- Business Continuity Plan in place
- Use of command centre data to support planning
- Use of Safecare to support safe staffing and system wide support
- Escalation SOP for staffing deficits
- Safety and Capacity huddles embedded
- BD involvement in whole system huddles
- Discharge Co-ordinator in place to support PDD
- Review of all inpatient stays exceeding 90 days
- Rapid Run-Downs in place across General Adult Psychiatry estate which involve community and inpatient teams
- Hope Point in Dundee operational since 2024, supporting individuals who present in distress

- Optimisation of Early Supported Discharge
- Out of hours site co-ordinators support ability to communicate and create capacity
- Support NHST vaccination programme
- Introduction of revised admissions pathway to support step up/step down approach
- Boarding SOP developed to maximise capacity within existing footprint
- Review of all out of sector and out of specialty patients currently in GAP

9. Communication Strategy

The NHS Tayside Communications Team has a comprehensive communications strategy to cover the winter months. This includes planned staff and public communications on vaccination, prevention and self-care of seasonal illness and accessing services over the festive period.

The team works with the clinical lead for winter to produce regular videos with key messages for the public, focusing on topics relevant to the current situation in hospitals and the community. In addition, there are assets to be used as needed for incidents such as adverse weather.

As in previous years, the Communications Team supports the organisation's preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience throughout the winter period. This is targeted at staff, patients, and the public alike. Social media is the most effective channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution.

The Communications Team updates the 'Keep Well in Winter' pages on the NHS Tayside website and the 'Winter Zone' on Staffnet with all relevant winter information. Ready Scotland is also promoted on the front page of its website.

The team will continue sharing the Right Care, Right Place messages around how and where to access the right healthcare for people's needs e.g., 111 for urgent care, A&E when life-threatening, and what to do when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

10. Workforce

The aim is to have the appropriate levels of staffing in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods.

As such system-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods.
Examples of this include:

- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods
- Nursing rosters are managed in accordance with NHS Tayside Roster policy, Health roster are provided six weeks in advance. Patient demand and acuity is managed in accordance with Safe Care to support reallocation of staff

- Whilst every effort has been made cross system to ensure capacity for increased winter activity can be absorbed within the funded footprint, it is recognized there may be a period where unfunded capacity is required.
- Due to ongoing nursing workforce challenges, the senior nursing team will ensure in the event of requiring to utilise unstaffed beds, that a robust risk assessment of staffing to support realignment of resource is undertaken to safely care for patients using the toolkit available including Safe Care; Roster perform and collapsible hierarchy models.
- To manage staffing gaps in ward areas, proposed focused update for staff being moved or deployed through the clinical educators/Practice Education Facilitator with familiarisation to new areas, documentation and ways of working before winter and if possible aligning individual staff to identified wards where they will have confidence to be redeployed during the winter months

10.1 Allied Health Professions (AHP)

The Allied Health Professions (AHP) directorate team have worked collaboratively with services managers and professional leads from across all professions and organisations to plan for a system of mutual support and professional prioritisation to maintain essential functions of AHP services whenever possible throughout winter 2025/2026. This guide details the escalation plans as agreed by all professions; with the understanding this is subject to ongoing review for service demand and capacity.

The majority of AHPs in Tayside are employed by NHS Tayside (each council also employs Occupational Therapists) but the professions are operationally managed across the three health and social care partnerships and the clinical care groups of NHS Tayside. Some professions already work within the structure of a single Tayside wide service whilst Occupational Therapy and Physiotherapy are managed across all parts of the system. All AHPs working within integrated systems, already work to the principles within the AHP professional and operational interface guidance document which aims to support the role of the operational leader, the individual and the professional lead to navigate matters such as professional issues, practice development, personal development, workforce issues and capability.

This escalation plan simply applies the understanding of utilising the professional leadership available to support operational management decisions and actions to the challenges of workforce planning and winter contingency escalation.

It is well documented through strategic risks and all organisational structures that some of the professions are experiencing staffing shortages and are listed on the national shortage occupation list (SOL).
Whilst teams already work well within multi-disciplinary structures for support and shared working, some essential tasks require the expertise of an individual from a specific registered profession.

This plan offers a clear process for considering mutual support as one solution to workforce or capacity challenges across the system. Whilst each operational area has systems for supporting workforce needs, we have recent and ongoing experience of areas having significant challenges with minimal solutions available to them. There is an established AHP bank, but this has limited staff available at this point due to the National shortage of AHPs. Work is ongoing to further develop this. This solution limits the need to escalate to costly agency or bank recruitment and offers robust evidence of alternative solutions being considered before an agency solution is used.

Services can identify their workforce challenge and raise it to the Tayside AHP command group. This group will seek to agree any staffing capacity that can be released to support the need across Tayside in collaboration with service leads and professional leads. The plan employs a 5 tier escalation process and the group would seek support from services in lower tiers on a flexible, temporary or short-term basis. A comprehensive communication strategy will be employed to ensure all parties are kept informed of progress.

10.2 Nursing & Medical Workforce

As part of the Winter plan staffing the unfunded beds ,or surge beds, within the Acute in-patient wards, will be supported by incorporating the over recruited Newly Graduated Practitioners (NGPs); these NGPs will be blended with existing registered nurse teams, to ensure staff have the requisite knowledge and skills to deliver safe patient care. In addition, the Nurse Bank will support supplementation of the HCSWs required to staff the surge beds.

On the PRI site we are exploring the opportunity to recruit additional staff on temporary contracts to cover the winter period. These staff will be deployed to the unfunded beds within the level 5 footprint (wards 7&8) this will support both unscheduled admissions as well as the 'Path to Zero' target for elective long waits.

In line with previous years, appointment of clinical fellows has been undertaken to support additional medical workload associated with increased admissions and discharges over the peak winter period.

10.3 Pharmacy Workforce

Pharmacy will endeavour to deliver the full range of range of services over the winter period. In those situations when demands exceed capability, pharmacy will work collaboratively via the safety huddle to:

- Prioritise workload taking into due consideration of NHST priorities of unscheduled, cancer care and planned care.
- Explore cross cover options across the service with a primary focus on high-risk patients with complexed medication needs and discharging of patients to maintain flow.
- Explore agency options including bank and locum staff.
- Consider other options to meet patient demands and maintain staff wellbeing including reviewing workload deadlines as well as reviewing hours of operation across a 7-day period as appropriate.

10.4 Staff Wellbeing

It is recognised that our staff are our greatest asset as we approach the winter period. Supporting their wellbeing requires to be a priority as part of our preparedness. The Staff Wellbeing Service and the Department of Spiritual Care will support staff in a proactive and timely manner.

We will meet weekly with the winter planning group:

- Giving the opportunity for managers to bring issues concerning staff support to our attention
- To remind managers that the support is available for them also
- To give reminders of how the service can be accessed over all inpatient sites 24/7

As a service we will undertake:

- To provide regular check ins with all wards and areas over Tayside
- To provide opportunities for proactive support to areas in need
- To develop resources to help staff over winter and share these through comms
- To support the work of the Staff Wellbeing Champions

10.5 Volunteer Service

Discharge services, supported by volunteers, can provide vital support to individuals when leaving the hospital environment. Historical research illustrates that, when receiving support from volunteer discharge services, patients feel safer, less lonely, less frightened, more reassured and more supported.

Following on from the 18-week pilot of a volunteer discharge support service in 2022/23, funding has been secured from the Charitable Foundation to support a volunteer led service that supports patients for up to five consecutive days following discharge. The service will be managed by two Discharge Support Volunteer Co-ordinators. The funding is for 18 months to take in two winter periods. (24/25 – 25/26)

The service involves telephone calls being made to the patients which include questions regarding their wellbeing, any medical needs or concerns and to make recommendations of community support services. Additionally, volunteers are able to provide support to the family members/carers of the patient to ensure that they are managing well with caring for their loved one post discharge.

The volunteer discharge service is an excellent example of where volunteers can make a positive difference to patients and their loved ones.

Feedback received from users is incredibly appreciative of this service, next steps include consideration of the relevance for roll out to other wards and how to sustain this service once initial funding has been exhausted.

11. Digital & Technology

The use of information and data is critical for effective forecasting of unscheduled and elective winter demand and capacity planning.

11.1 Command Centre & Heat Map

The Command Centre continues to evolve to meet planning and management of flow including bed reconfiguration: viral illness rate and impact on resource availability; 4 hour wait position.

The HEAT MAP is generated and widely circulated on a weekly basis to inform the whole system position. This will be reviewed weekly through the Winter Resilience Operational Delivery Group and subsequent escalation, or de-escalation of plans agreed and implemented. The HEAT Map will also be available within the Safety & Flow Hub for the purpose of daily management of capacity and flow and to support planning for the week.

There is a Whole System Heat Map, which is informed by four operational level Heat Maps, including Acute Services, Women Children and Families, GP & Out of Hours, and Mental Health. Examples are provided in Appendix 4. The Heat Map suite of reporting enables shared visibility of where the pressures in the system are and includes data-driven predictions of where pressures are likely to emerge, which in turn enables collaborative and

proactive data-driven decision making to support flow within operational divisions and across the whole system.

11.2 Resilience App

To support winter planning arrangements, a section on 'Whole System Pressure' was added to the NHS Tayside Alert App during 2023/24. Key documents such as our escalation plans and SOPs and will be available to all Safety & Flow staff who are responsible for managing optimal patient flow as well as our Mental Health H&SCP/ Primary Care & OOH colleagues who contribute to the safe and efficient management of our unscheduled care pathways. The Risk & Resilience Planning team supported the development of the broadcast group and maintain documentation upload.

This development supports accessibility to information in and out of hours as well as off site, and provides greater consistency in approach and decision-making, allowing the most efficient use of available resource.

11.3 Outcome and Performance measurement

The following measures will provide an overview of the whole system temperature and specific areas of pressure/challenge. The data will be reviewed daily and weekly through the Safety & Flow Huddles, the Winter Resilience Operational Delivery Group and Tactical Cell meetings as required:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95%)
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards)
- Weekend Discharge Rates - Day of Discharge weekday v's weekend discharges
- Reduction in delayed discharges to meet green RAG status
- Early initiation of flu vaccination programme to capture critical mass of staff
- Achieve target operating model for unscheduled admissions, achieving and maintaining Upper Quartile Average Length of Stay Targets
- Use of information and intelligence from Primary Care, OOH Services and NHS 24 to predict secondary care demand.
- Standardised approach to speciality – level escalation plans
- Monitor planned care cancellation rates

Performance against these measures will be provided within the Board Business Critical weekly reports and updates to the Chief Executive Team (CET) as per established reporting structures.

The 25/26 Winter Plan, inclusive of the actions relating to prevention and management of seasonal illness, reflects the collective actions NHS Tayside and its partner organisations will take to achieve our intention to provide a consistent high quality of service for all our patients throughout winter and beyond.

Appendix 1: Divisional Winter Resilience Operational Planning/ Bed Modelling Examples

Medicine Division: Ninewells Hospital Bed Modelling

	2025-26	September	October	November	December	January	February	March
Medicine Bed Modelling (Ninewells)	Avg Beds Used (per night) 2023/24		245 (Peak - 247)	255 (Peak - 258)	252 (Peak - 261)	290 (Peak - 301)	275 (Peak - 287)	247 (Peak - 253)
	Avg Beds Used (per night) 2024/25	255	259 (Peak - 264)	265 (Peak - 276)	269 (Peak - 288)	284 (Peak - 292)	270 (Peak - 274)	244 (Peak - 270)
Total Medicine Ninewells	275	275	275	275	275	275	275	275
Average for 23/24 and 24-25	Average 2 years	250	252	260	261	287	273	246
Total Beds Required at Optimum Occupancy (90/95%)	Calculated using average across 2 years: 90% Occupancy	275	277	286	287	316	300	270
Winter Additional Medicine Beds			2	11	12	41	25	-5
Beds Still Required (+/-)		0	0	-3	1	-17	-2	13
Bed Base / Key Requirements Ninewells	Assumptions	Create capacity in morning to support early flow from AMU (inc. appropriate sitting out of patients). Morning 'Board Rounds' in place across all wards. All Medicine wards achieve Target LOS. All Medicine wards to achieve 90% occupancy / AMU 85%. All wards reducing admissions/attendances wherever possible Specialties to work collaboratively depending on surges: ID, Resp, Gen Med, Cardio Stroke potentialy in mutual aid - unable to provide more Medical capacity to other specialties Assumed pressure points: MfE throughout winter paricularly post viral surge, Resp during viral surge Dec-Jan, Stroke increase Jan-Feb Cardio temporarily increase Cath Lab sessions Mons & Fridays to increase flow (Christmas to end Jan dependent on overall demand)							
Increasing Bed Base within Medicine	Total additional beds		2	8	13	24	23	8
	MfE Ward 5	Baseline: 18 beds (6 unfunded) - MfE Surge	0	0	0	6	6	6
	Stroke Ward 6	Baseline: 22 beds (6 unfunded - 1 bay)	0	6	6	6	6	0
	CIU (6 already in 275)	Baseline: 6 beds	2	2	2	6	6	2
	CIU 7 day working		CIU 5 day working	CIU 5 day working	CIU 5 day working	CIU 7 day working	CIU 7 day reducing to 5 day working	CIU 5 day working
	Cardio Ward 1		0	0	1	2	1	0
	ID Ward 42		0	0	4	4	4	0
	Specialty use of Surge beds		CIU - 24-48hr discharges	CIU (8 beds) - 24-48hr discharges Wd5 (6 beds) - MfE use as required Wd 6 (6 beds) - Resp staffed/owned	CIU (8 beds) - 24-48hr discharges Wd5 (6 beds) - MfE use as required Wd 6 (6 beds) - Resp Cardio/ID - change threshold of acceptance dependent on demand	CIU (8 beds) - Gen Med use CIU (4 beds) - 24-48hr discharges Wd 5 (6 beds) - MfE Wd6 (6 beds) - Resp/Stroke?? Cardio/ID - change threshold of acceptance dependent on demand	CIU (8 beds) - Gen Med use reducing CIU (4 beds) - 24-48hr discharges Wd 5 (6 beds) - MfE Wd6 (6 beds) - Resp/Stroke?? Cardio/ID - change threshold of acceptance dependent on demand	CIU (8 beds) - 24-48hr discharges Wd5 (6 beds) - MfE use as required Wd 6 (6 beds) - closed

Medicine Division: Perth Royal Infirmary Bed Modelling

	2025-26	September	October	November	December (to 25/12)	6 Weeks 26/12 December - 3 February	February	March
	PRI Average Beds Used (per night) 2023/24		115 (Peak - 118)	121 (Peak - 123)	122 (Peak - 129)	126 (Peak - 135)	120 (Peak - 126)	109 (Peak - 117)
Plan / Month Anticipated RAG Status	PRI Average Beds Used (per night) 2024/25		112 (Peak - 114)	109 (Peak - 114)	113 (Peak 126)	129 (Peak - 129)	122 (Peak - 133)	117 (Peak - 121)
Total Medicine Beds	120	120	120	120	120	120	120	120
Average for 23/24 and 24-25	Average 2 years		113	115	118	128	121	113
Total Beds Required at Optimum Occupancy (90/95%)	Calculated using average across 2 years	120	125	127	130	140	133	124
Winter Additional Medical Beds	Percentage Occupancy		90%	90%	90%	95%	90%	90%
Beds Required (+/-)		0	-5	-7	-10	-20	-13	-4

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Appendix 2 – Tayside 4 Hour Performance Report Visual

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OFFICIAL

Scottish Ambulance Service
Taking Care to the Patient

Generic Contingency Plan – Capacity Management

Incorporating the

Resource Escalatory Action Plan - REAP

Version 9.2

November 2023

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Scottish Ambulance Service

Generic Capacity Management Contingency Plan And Resource Escalatory Action Plan (REAP)

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Scottish Ambulance Service

Generic Capacity Management Contingency Plan

Introduction

1. There is a need to maintain a comprehensive contingency planning framework to manage the consequences for the Scottish Ambulance Service of a level of demand being at a point where it exceeds the ability of the Service to meet it. This may arise when, whether in isolation or in combination, there is a rise in demand or a reduction in the capacity. This situation could be triggered through pressures exerted directly on the Scottish Ambulance Service or through referred impact of pressures exerted elsewhere within the health system. Should such a situation arise, health care provision may need to be planned or delivered differently, services prioritised or re-scheduled and partnership working, including mutual aid, extended or special contingency arrangements invoked.

2. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is:

a. **Increased Demand**. There is a significant surge in demand for services provided by the Service, NHS 24, an NHS Board or Social Care for which that organisation does not have the capacity to compensate immediately. A flu outbreak, extreme weather challenge or significant major incident could escalate to the point where the Scottish Ambulance Service, NHS 24, an NHS Board or Social Care is unable to sustain or provide a normal level of service.

b. **Reduced Capacity**. There is a significant reduction in the capacity of the Service, NHS 24, an NHS Board or Social Care, which severely restricts its ability to respond to patent demand or deliver care. Understaffing, major staff sickness, localised IT system failures, or wider failures of service continuity, including external suppliers of goods and services, could escalate to the point where the Scottish Ambulance service, NHS 24, an NHS Board or Social Care is unable to sustain or provide a normal level of service.

c. **Reduced wider NHS services over Festive Periods**. Routine practice closure for 4 consecutive days on two consecutive weeks will occur in certain years. In addition to pressures due to capacity challenges within NHS out of hours services, trends for 999 calls indicate that demand may rise from between 10% - 150% above normal Friday night levels at certain times over that period. The patient care consequences and potential for uncompensated major incident at special events over the festive period and certain other times also contribute to the pressures on the Service.

Capacity Management - Planning Rationale

3. In order to plan effectively for the impact of increased demand, reduced resources or other unanticipated disruption, including significant systems or infrastructure failure, an assessment of existing demand and capacity is necessary together with an accurate assessment of the impact and range of consequences likely to impinge on service delivery. At given levels of escalation, a pre-determined consistent framework for action is required to support decision making and to manage and preserve the mission critical aspects of the operational service.

4. Managers, with the assistance of risk, resilience and business continuity colleagues have considered the likely consequences of any realistically foreseeable occurrence on service delivery, and identified the actions that could both, reasonably be taken in advance of an adverse situation to reduce the impact, and best maintain critical services should the situation come to fruition.

5. Generic action in preparation for a capacity management challenge is varied depending on the foreseeable risks but may include participating in immunisation programmes, issue of PPE or other buffer stocks, predetermined increases in operational or other staffing or deployment of special resources such as personnel, vehicles (including four-wheel drive) or equipment, to cover anticipated pressures. Preparation may also include training of additional staff or volunteers in specific priority duties and effective, planned communication with external stakeholders.

6. A common understanding of these planning assumptions and the development of consistent inter-agency contingency plans, escalation triggers, communications and management policies will reduce any adverse effect of disruptive challenge.

7. The Service will continue to develop policies to underpin its ability to enhance capacity or reduce demand at times of peak pressure or specific rising tide incidents. The introduction of alternative arrangements for service delivery during periods of escalation, i.e. The Scottish Ambulance Escalation Plan or Pandemic Escalation Plan will identify alternative methods to ensure the delivery of safe and situationally appropriate patient care during periods of increased pressure.

Scottish Ambulance Service

Resource Escalatory Action Plan - REAP

Introduction

8. Unlike the operational model used within some other emergency services, it is recognised that ambulance services work operationally at, or near, capacity, especially in urban areas, for much of the time. This high level of utilisation severely limits surge capacity thereby causing a degree of vulnerability in the delivery of patient care.

9. The Scottish Ambulance Service will continue to deliver the best level of patient care within resource for the population of Scotland when experiencing capacity pressures. This is in keeping with the ethos and strategy of the Service and recognises the need to maintain public confidence and the Service' good reputation.

Background

10. The Scottish Ambulance Service manages capacity and contingency through its Resource Escalatory Action Plan (REAP). The REAP establishes levels of 'stress' within service delivery, whether resultant from increased demand or reduced resource, and independent of cause, and identifies measures to be implemented to mitigate the impact of such stress. Measures are Service wide and include activity from the Operational Regions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

REAP

11. **REAP Levels**. There will be an overall REAP level for the Service. During periods of normality the REAP Level is 1. During times of service delivery stress this level may rise up to the highest defined level, 4. REAP Levels, their service delivery impact, and associated colour coding are given in Table 1.

REAP Level 4	**Critical Impact / Service Failure**
REAP Level 3	**Significant Impact**
REAP Level 2	**Moderate Impact**
REAP Level 1	**Normal Service Delivery**

Table 1 - Scottish Ambulance Service REAP Levels

12. **REAP Level Triggers**. A number of factors could cause stress to Service Delivery. The most common are categorised into Staff, Fleet, Supply, Demand, System Pressures, and Weather factors. For these factors a set of pre-determined triggers have been established to assist decision making in identifying and declaring a REAP Level. Of note is that, although it is expected that the majority of events able to cause service delivery stress would fall into one of these categories, the absence of a suitable category, or indeed an appropriately defined trigger, should not prevent the declaration of a specific REAP Level if necessary. Secondly, there may be good reason for a specific REAP Level not to be declared, even though an associated trigger has been activated. These triggers are simply to guide and support decision making and should not be followed dogmatically. REAP Level Triggers are given in Table 2.

13. **Declaration of REAP Levels**. REAP levels for the Service will be declared by the Chair of the Service Delivery conference call on a Wednesday and revised weekly or as disruptive challenges dictate. Each Operational Region, ACC, and department, as required, will declare a REAP level, which will contribute to the national REAP level. The national Service, REAP level will not necessarily be the worst of Regional REAP levels or, indeed, an aggregate of them. It will be a subjective view, based on all contributory factors, and on the Service's national ability to meet demand with the resources it can call upon. When moving to REAP level 3 the Chair of the Daily Service Delivery conference call should seek approval from the on-call Strategic Manager. When moving to REAP level 4 approval should be given by the on-call Executive Director.

Triggers	Staff	Demand	System Pressure	Fleet	Supply	Weather
REAP 1	Operational shift coverage over a 24hr period ≥ 95.0%	Demand is over forecast by ≤ 10.0% of normal base line level OR BAU – Levels within the National Escalation Plan are used sporadically to manage on day system pressures	Average local Hospital turnaround times ≤ 30 mins (Where periods extend and cause concern)	Local Emergency Fleet provision is at establishment	Essential supplies being delayed by ≤ 7 Days	Be aware weather warnings issued from Met Office
REAP 2	Operational shift coverage over a 24hr period between 95.0 - 90.0%	Demand is over forecast by >10.0 - 15.0% of normal base line level OR Levels of the National Escalation Plan are used for prolonged periods in some sub regions to manage sustained	Average local Hospital turnaround times >30 but <60 mins (Where periods extend and cause concern)	Local Emergency Fleet provision reduced by 2 by workshop area	Essential supplies being delayed by >7 - 14 Days	Be prepared weather warnings issued from Met Office

		periods of pressure				
REAP 3 (On-Call Strategic Manager Approval)	Operational shift coverage over a 24hr period between 90.0 - 80.0% AND/OR Utilisation rate >65%	Demand is over forecast by >15.0 - 20.0% of normal base line level OR There is limited opportunity to deescalate levels within National Escalation Plan, which is in place to manage pressure within regions or sub regions	Average local Hospital turnaround times >60 but < 90 mins (Where periods extend and cause concern) OR National average weekly hospital turnaround of over 60 minutes or hospital turnaround times > 2hrs at two or more sites in one region for a sustained period (3+ hours).	Local Emergency Fleet provision reduced by 3 by workshop area	Essential supplies being delayed by >14 - 21 Days	Take Action weather warning issued from Met Office
REAP 4 (On-Call Executive Approval)	Operational shift coverage over a 24hr period < 80.0% AND/OR Utilisation rate >80%	Demand is over forecast by >20% of normal base line level OR There is no opportunity to deescalate levels within National Escalation Plan, which is in place to manage pressure regionally or nationally	Average local Hospital turnaround times > 90 mins (Where periods extend and cause concern) OR National average weekly hospital turnaround of over 90 minutes or hospital turnaround times > 5 hrs at two or more sites in one region for a sustained period (4+ hours).	Local Emergency Fleet provision reduced by 4 by workshop area	Essential supplies being delayed by > 21 Days	Weather conditions have a significant and sustained impact on critical infrastructure

Table 2 – REAP Level Triggers

14. **REAP Mitigation Measures**. During periods of increasing demand, the Service will consider a variety of operational, tactical and strategic measures to address the prevailing situation. These measures are designed to safeguard the most critical and vulnerable patients, by re-deploying resources in order to protect mission critical activities. Decisions will be made at a strategic (Service) level. This may result in resources being redeployed from a geographic area or activity of lower priority to one with a greater need. Suggested Mitigating Measures at each REAP Level are given at Table 3. Once again, this table is for guidance only and should not be followed dogmatically. Pressure may be higher in one part of the country and normal in another,

for example. There may be additional or alternative measures that can be used to manage the situation, and it may be useful to implement several measures at the same time. Operational Regions, ACC and Departments should also refer to their own Capacity Management Plans. For ease of use, tables 1, 2 and 3 are available in Annex A which can be printed as an aide memoire card.

Actions	Staff	Demand	System Pressure	Fleet	Supply	Weather
REAP 1	Business As Usual					
REAP 2 (Consider Capacity Management Meeting / Arrange staffing for possible establishment of Regional Cells)	Maximise ALL non-critical resources to operational shifts. Utilise Emergency Drivers and Bank Staff.	Preparation and consideration to implement Escalation Plan Level 1 with all appropriate actions implemented	Increase frequency of Local Management Discussions / Interventions with Integrated Health & Social Care Partners and Acute Units	Prioritise workshop capacity to maximise patient carrying fleet capacity.	Each Regional Hub holds 3 months of stock, and each Ambulance Station holds 3 weeks stock. This is relation to the core critical station consumable products circa 200 products. Hubs to monitor stock levels in anticipation that stock may need to be redistributed.	Managers to monitor local predicted impacts and gain assurance from key services in relation to preparedness . Consider the requirement to link in with LRPs and NRRD Resilience Leads
REAP 3 (Consider opening Regional Cells / Consider opening NCCC if there is an operational need)	Postpone ALL non critical activities/ meetings that do not directly assist in resolving or managing the current/imminent pressures.	Implementation and action review of Escalation Plan Level 1. Preparation and consideration to implement Escalation Plan Level 2 with all appropriate actions implemented.	Facilitate deployment of key staff and managers (Local ASM/HoS in hours & CTL during the on call period with escalation as required to the on call team) to site in response to pressures. Consider Review of attendance at nursing homes without FNC/doctor approval.	Consider Redeployment of ALL resources to core business (Ambulances/ Lease Cars/4x4). Consider LRP liaison and engagement.	Invoke plan with National Distribution Centre, 3rd party suppliers and engage with SAS Clinical team to source alternative products/suppliers if required. To ensure essential patient care supplies	Managers to ensure ALL appropriate actions are invoked. Ensure that specialist transport arrangements (4x4) are prioritised.
REAP 4 (Consider Opening NCCC / Potential MACA Request)	Consider all appropriate clinical staff to be redeployed to frontline duties. Consider Managers and support staff to be redeployed to directly assist	Implementation and action review of Escalation Plan Level 2. Preparation and consideration to implement Escalation Plan Level 3	NCCC to coordinate Service Priorities and resources ensuring appropriate deployment of National Assets	Consider Extended hours of operation across 7 days. Ensure all conveying resource in the system is made available for front line use	As per REAP 3, in conjunction with colleagues from Clinical Governance/H&S/Infection Control/IT Systems.	NCCC to seek, prioritise and coordinate all available national resources to respond to Service need.

	with Service Delivery. Consider implementing 24/7 national C3 structure. Consider maximising use of alternative suitably trained drivers. Consider cancellation of DFLM protected time and double TLs up with alternative suitably trained drivers. Consider redeployment of SORT / Air Ambulance / PTS / CTO etc. to front line duties. Consider asking staff to consider cancelling annual leave. Consider review of SOPs with the view to suspending elements that could increase capacity and support staff welfare. Consider suspending and redeploying PTS activity.	with review of all appropriate actions. OR Consider Redeployment of PTS resource to front line duties where appropriate. Consider Implement Regional or National 4.1 DCR table. Undertake critical emergency IHT's only. Consider AACE National Ambulance Coordination Centre engagement.	OR Consider Strategic commander in NCCC, supported by medical director / AMD / senior consultant. Consider maximising use of alternative suitably trained drivers. Consider cancellation of DFLM protected time and double TLs up with alternative suitably trained drivers. Consider redeployment of SORT / Air Ambulance / PTS / CTO etc. to front line duties. Consider asking staff to consider cancelling annual leave. Consider review of SOPs with the view to suspending elements that could increase capacity and support staff welfare. Consider suspending and redeploying PTS activity.	Consider amendments to routine maintenance schedules to maximises fleet availably Increase mobile mechanic provision to allow repairs to be carried out at station. hospital sites	Review potential alternative products, suppliers and/or alternative methods of clinical product usage or systems or IT systems if required. To ensure essential patient care supplies are managed and delivered were required.	

Table 3 – REAP Mitigating Actions

15. **REAP Management and Recovery**. The on-call Strategic Manager may initially declare a higher REAP Level outside the weekly Service Delivery Wednesday

meeting. If so, having been made aware of a developing, deteriorating or potentially serious situation, the on-call Strategic Manager may call a capacity management meeting. Core attendance, which may be by Conference Call, will vary on availability and be dependent on the trigger that has been reached. The on-call Strategic Manager will then lead on the management of and recovery from a heightened REAP with the support of all other Regional Directors and heads of relevant departments.

16. **Maintaining Critical Activities.** By implementing REAP it is the Service's intention to maintain the critical activities of

- ACC Functionality (Call Taking and Dispatch)
- Resourcing (Workforce Planning)
- A&E Functionality
- PTS Functionality
- Transport (Fleet)
- Supply (Procurement)
- ICT (Critical Systems)

In order to maintain these critical activities, it is acknowledged that this becomes a whole service approach. Corporate functions and departments not directly linked to the above activities may be required to invoke business continuity plans in order to release capacity to assist with the management and maintenance of these identified activities. The effect of creating capacity by corporate functions over a prolonged period of time will be considered by senior decision makers.

Tasks

17. **Regional Directors (Inc NRRD/ACC/Airwing/ScotSTAR).** Regional Directors (Inc NRRD/ACC/Airwing/SCOTSTAR) or their nominated deputies are asked to:

a. As required, or as the situation demands, declare their Regional REAP Level in accordance with the guidance given in this plan.

b. Ensure all regional managers are fully conversant with the content of this plan and the actions required to implement it.

c. Maintain Workforce Escalation Plans and ensure all regional managers are fully conversant with the content of the plans and the actions required to implement it.

d. Be responsible, in liaison with appropriate representatives of NHS Boards, Social Care, other planning partners and stakeholders, and in collaboration with Strategic Operations Managers (SOM), for planning local provision and will manage local resources in the event of exceptional or extraordinary pressures on emergency services.

e. Have regular dialogue with local NHS Managers at multiple levels (including NHS 24) and involvement in national and local project or working groups about capacity planning, including out of hours provision and consequences of service redesign. Local planning should include requirements for communication with patients.

f. Vary resource levels and/or patterns of work to take account of high demand or otherwise reduce the impact of disruption.

g. Increase rostered staffing levels within their Regions at times of historical or anticipated peak demand.

h. Vary existing levels of PTS provision, including additional resources, to limit any effect on the A&E service due to the needs of renal patients or for inter-hospital transfers. Typically, this would include additional discharge or patient transfer resources or additional support for renal or oncology patients.

i. Have an understanding that it may be necessary in extreme circumstances to prioritise workload, scale-down or suspend the PTS, training or meetings and redeploy managers and support staff to assist the accident and emergency service.

j. Increase staffing levels within the ACC at times of historical or anticipated peak demand.

18. **General Manager NRRD**. The General Manager NRRD or their nominated deputy is asked to:

a. Ensure the on-call Strategic Manager is informed of any considerations that may give cause to review the Service's REAP level at any given time.

b. Vary resource levels / patterns of work to take account of high demand or otherwise reduce the impact of disruption.

19. **General Manager Fleet Services.** General Manager Fleet Services or their nominated deputy is asked to:

a. Inform the on-call Strategic Manager of any fleet provision considerations that may give cause to review the Service's REAP level at any given time.

b. Vary resource levels / patterns of work to take account of high demand or otherwise reduce the impact of disruption.

c. Increase staffing levels within the department, especially workshops, at times of historical or anticipated peak demand.

20. **Head of Procurement.** The Head of Procurement or their nominated deputy is asked to:

a. Inform the on call Strategic Manager of any supply considerations that may give cause to review the Service's REAP level at any given time.

b. Consider the procurement team resource and responsibilities to meet critical supply lines to the Regional hubs.

c. Liaise closely with National Procurement, SAS Health & Safety and Infection Control to ensure seamless appropriate supply.

Coordination

21. **Command and Control**. Past response to disruptive events has resulted in the Service being more agile in the application of its Command and Control arrangements to better support coordination of resources. The Service operates on a principal of subsidiarity in that the dealing of disruptive events is exercised at the lowest practicable level. The coordination and support of local activity should be at the highest level required and both principals should be mutually reinforcing. Each operating region will initiate and maintain a regional command cell which will operate at the tactical level with communication links into the strategic level. Should an unplanned increase in demand or reduced resource require an increase in REAP to be initiated the command and control function across the service will be scaled accordingly.

22. **Joint Decision Model** The effective use of REAP will require multiple judgements and decisions to be made in association with the Triggers and Actions guidance contained within this plan. The Joint Decision Model is a recognised decision making model that is common to all UK emergency services and is designed to bring together the available information, reconcile objectives and make effective decisions.

Annex A

Scottish Ambulance Service

Resource Escalatory Action Plan – REAP

REAP Levels

REAP Level 4	**Critical Impact / Service Failure**
REAP Level 3	**Significant Impact**
REAP Level 2	**Moderate Impact**
REAP Level 1	**Normal Service Delivery**

Table 1 - Scottish Ambulance Service REAP Levels

REAP Level Triggers

Triggers	Staff	Demand	System Pressure	Fleet	Supply	Weather
REAP 1	Operational shift coverage over a 24hr period ≥ 95.0%	Demand is over forecast by ≤ 10.0% of normal base line level OR BAU – Levels within the National Escalation Plan are used sporadically to manage on day system pressures	Average local Hospital turnaround times ≤ 30 mins (Where periods extend and cause concern)	Local Emergency Fleet provision is at establishment	Essential supplies being delayed by ≤ 7 Days	Be aware weather warnings issued from Met Office
REAP 2	Operational shift coverage over a 24hr period between 95.0 - 90.0%	Demand is over forecast by >10.0 - 15.0% of normal base line level OR Levels of the National Escalation Plan are used for prolonged	Average local Hospital turnaround times >30 but <60 mins (Where periods extend and cause concern)	Local Emergency Fleet provision reduced by 2 by workshop area	Essential supplies being delayed by >7 - 14 Days	Be prepared weather warnings issued from Met Office

		periods in some sub regions to manage sustained periods of pressure				
REAP 3 (On-Call Strategic Manager Approval)	Operational shift coverage over a 24hr period between 90.0 - 80.0% AND/OR Utilisation rate >65%	Demand is over forecast by >15.0 - 20.0% of normal base line level OR There is limited opportunity to deescalate levels within National Escalation Plan, which is in place to manage pressure within regions or sub regions	Average local Hospital turnaround times >60 but < 90 mins (Where periods extend and cause concern) OR National average weekly hospital turnaround of over 60 minutes or hospital turnaround times > 2hrs at two or more sites in one region for a sustained period (3+ hours).	Local Emergency Fleet provision reduced by 3 by workshop area	Essential supplies being delayed by >14 - 21 Days	Take Action weather warning issued from Met Office
REAP 4 (On-Call Executive Approval)	Operational shift coverage over a 24hr period < 80.0% AND/OR Utilisation rate >80%	Demand is over forecast by >20% of normal base line level OR There is no opportunity to deescalate levels within National Escalation Plan, which is in place to manage pressure regionally or nationally	Average local Hospital turnaround times > 90 mins (Where periods extend and cause concern) OR National average weekly hospital turnaround of over 90 minutes or hospital turnaround times > 5 hrs at two or more sites in one region for a sustained period (4+ hours).	Local Emergency Fleet provision reduced by 4 by workshop area	Essential supplies being delayed by > 21 Days	Weather conditions have a significant and sustained impact on critical infrastructure

Table 2 – REAP Level Triggers

REAP Mitigating Actions

Actions	Staff	Demand	System Pressure	Fleet	Supply	Weather
REAP 1	Business As Usual					
REAP 2 (Consider Capacity Management Meeting / Arrange staffing for possible establishment of Regional Cells)	Maximise ALL non-critical resources to operational shifts. Utilise Emergency Drivers and Bank Staff.	Preparation and consideration to implement Escalation Plan Level 1 with all appropriate actions implemented	Increase frequency of Local Management Discussions / Interventions with Integrated Health & Social Care Partners and Acute Units	Prioritise workshop capacity to maximise patient carrying fleet capacity.	Each Regional Hub holds 3 months of stock, and each Ambulance Station holds 3 weeks stock. This is relation to the core critical station consumable products circa 200 products. Hubs to monitor stock levels in anticipation that stock may need to be redistributed.	Managers to monitor local predicted impacts and gain assurance from key services in relation to preparedness. Consider the requirement to link in with LRPs and NRRD Resilience Leads
REAP 3 (Consider opening Regional Cells / Consider opening NCCC if there is an operational need)	Postpone ALL non critical activities/ meetings that do not directly assist in resolving or managing the current/imminent pressures.	Implementation and action review of Escalation Plan Level 1. Preparation and consideration to implement Escalation Plan Level 2 with all appropriate actions implemented.	Facilitate deployment of key staff and managers (Local ASM/HoS in hours & CTL during the on call period with escalation as required to the on call team) to site in response to pressures. Consider Review of attendance at nursing homes without FNC/doctor approval.	Consider Redeployment of ALL resources to core business (Ambulances/ Lease Cars/4x4). Consider LRP liaison and engagement.	Invoke plan with National Distribution Centre, 3rd party suppliers and engage with SAS Clinical team to source alternative products/suppliers if required. To ensure essential patient care supplies	Managers to ensure ALL appropriate actions are invoked. Ensure that specialist transport arrangements (4x4) are prioritised.
REAP 4 (Consider Opening NCCC /	Consider all appropriate clinical staff to be redeployed to frontline duties.	Implementation and action review of Escalation Plan Level 2. Preparation and consideration to implement Escalation	NCCC to coordinate Service Priorities and resources ensuring appropriate deployment of National Assets	Consider Extended hours of operation across 7 days. Ensure all conveying resource in the system	As per REAP 3, in conjunction with colleagues from Clinical Governance/H&S/Infecti on Control/IT Systems. Review potential	NCCC to seek, prioritise and coordinate all available national resources to respond to Service need.

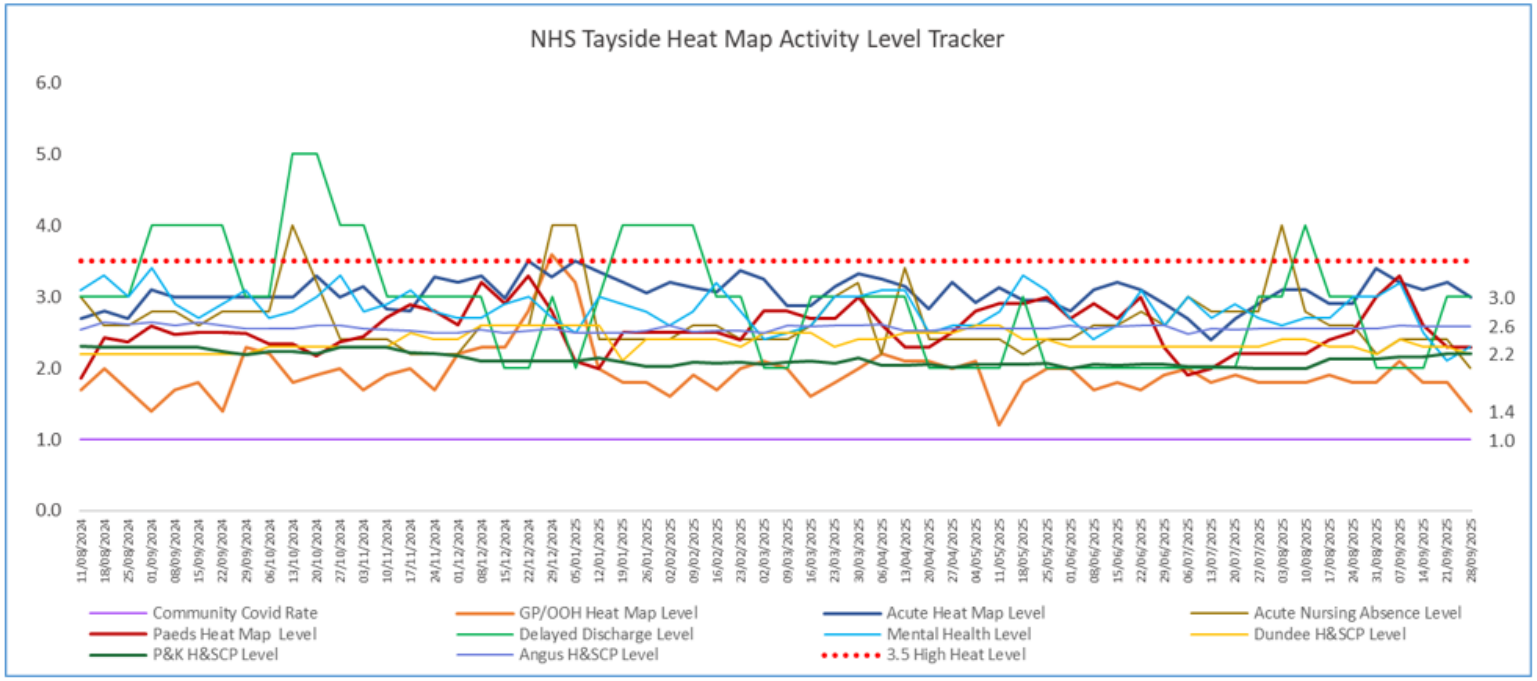
Potential MACCA Request)	Consider Managers and support staff to be redeployed to directly assist with Service Delivery. Consider implementing 24/7 national C3 structure. Consider maximising use of alternative suitably trained drivers. Consider cancellation of DFLM protected time and double TLs up with alternative suitably trained drivers. Consider redeployment of SORT / Air Ambulance / PTS / CTO etc. to front line duties. Consider asking staff to consider cancelling annual leave. Consider review of SOPs with the view to suspending elements that could increase capacity and support staff welfare. Consider suspending and redeploying PTS activity.	Plan Level 3 with review of all appropriate actions. OR Consider Redeployment of PTS resource to front line duties where appropriate. Consider Implement Regional or National 4.1 DCR table. Undertake critical emergency IHT's only. Consider AACE National Ambulance Coordination Centre engagement.	OR Consider Strategic commander support to the SOM, supported by medical director / AMD / senior consultant. Consider maximising use of alternative suitably trained drivers. Consider cancellation of DFLM protected time and double TLs up with alternative suitably trained drivers. Consider redeployment of SORT / Air Ambulance / PTS / CTO etc. to front line duties. Consider asking staff to consider cancelling annual leave. Consider review of SOPs with the view to suspending elements that could increase capacity and support staff welfare. Consider suspending and redeploying PTS activity.	is made available for front line use Consider amendments to routine maintenance schedules to maximises fleet availably Increase mobile mechanic provision to allow repairs to be carried out at station. hospital sites	alternative products, suppliers and/or alternative methods of clinical product usage or systems or IT systems if required. To ensure essential patient care supplies are managed and delivered were required.	

Table 3 – REAP Mitigating Actions

Appendix 4 – Example Heat Maps *i: Whole System Heat Map*

Tayside Whole System Heat Map Activity Level Tracker, as at 28th September 2025

NHS Tayside
Health & Business Intelligence Team



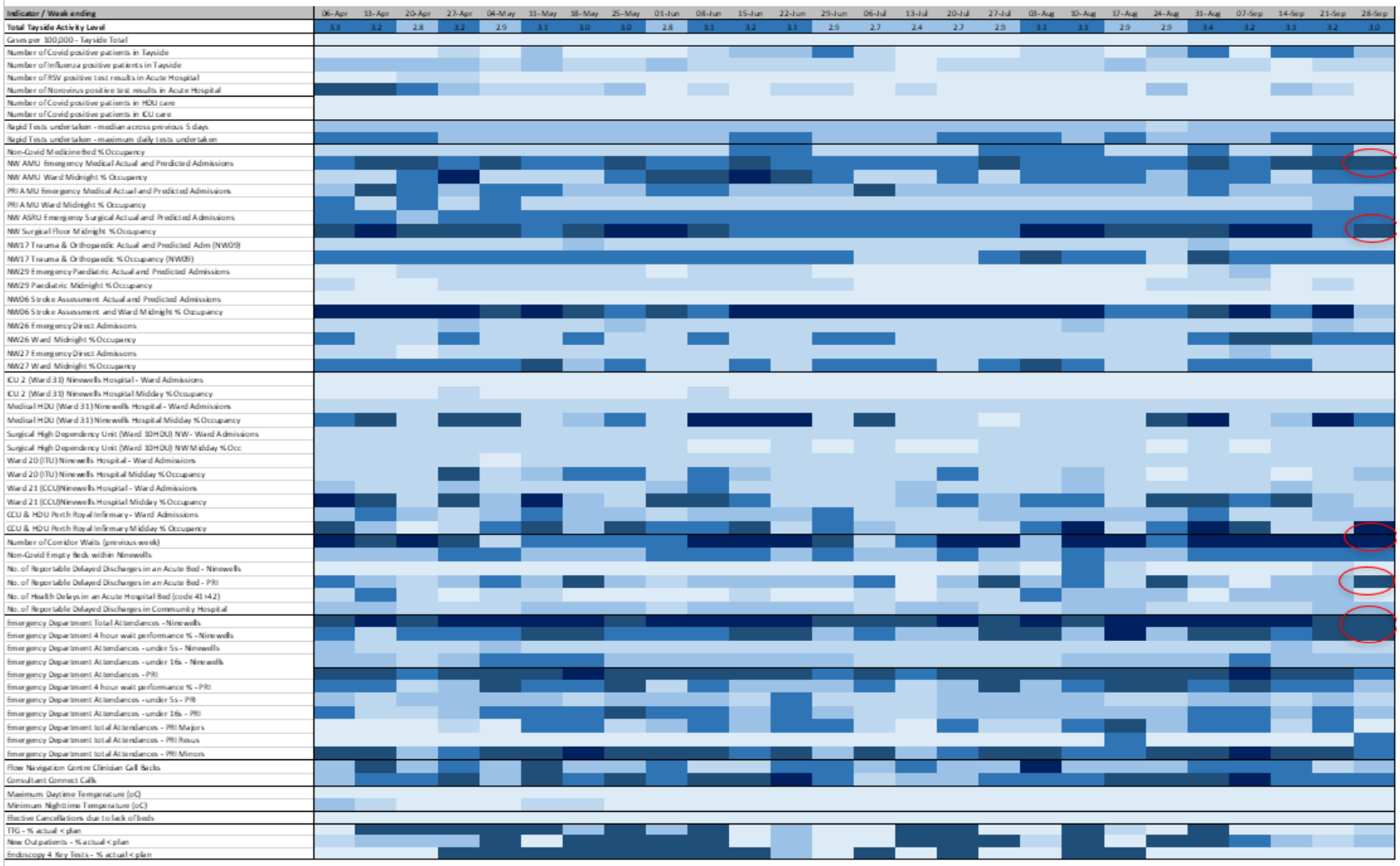
Activity Level / Week ending	06-Apr	13-Apr	20-Apr	27-Apr	04-May	11-May	18-May	25-May	01-Jun	08-Jun	15-Jun	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug	17-Aug	24-Aug	31-Aug	07-Sep	14-Sep	21-Sep	28-Sep
Community Covid Rate																								1.0	1.0	1.0
GP/OOH Heat Map Activity Level																								1.8	1.8	1.4
Acute Heat Map Activity Level																								3.1	3.2	3.0
Acute Nursing Absence Activity Level																								2.4	2.4	2.0
WC&F Heat Map Activity Level																								2.6	2.3	2.3
Delayed Discharge Activity Level																								2.0	3.0	3.0
Mental Health Activity Level																								2.5	2.1	2.3
Dundee H&SCP Activity Level																								2.3	2.3	2.2
P&K H&SCP Activity Level																								2.2	2.2	2.2
Angus H&SCP Activity Level																								2.6	2.6	2.6

Appendix 4 – Example Heat Maps *ii: Acute Heat Map*

DRAFT

NHS Tayside Acute Heat Map

Activity level = 3.0

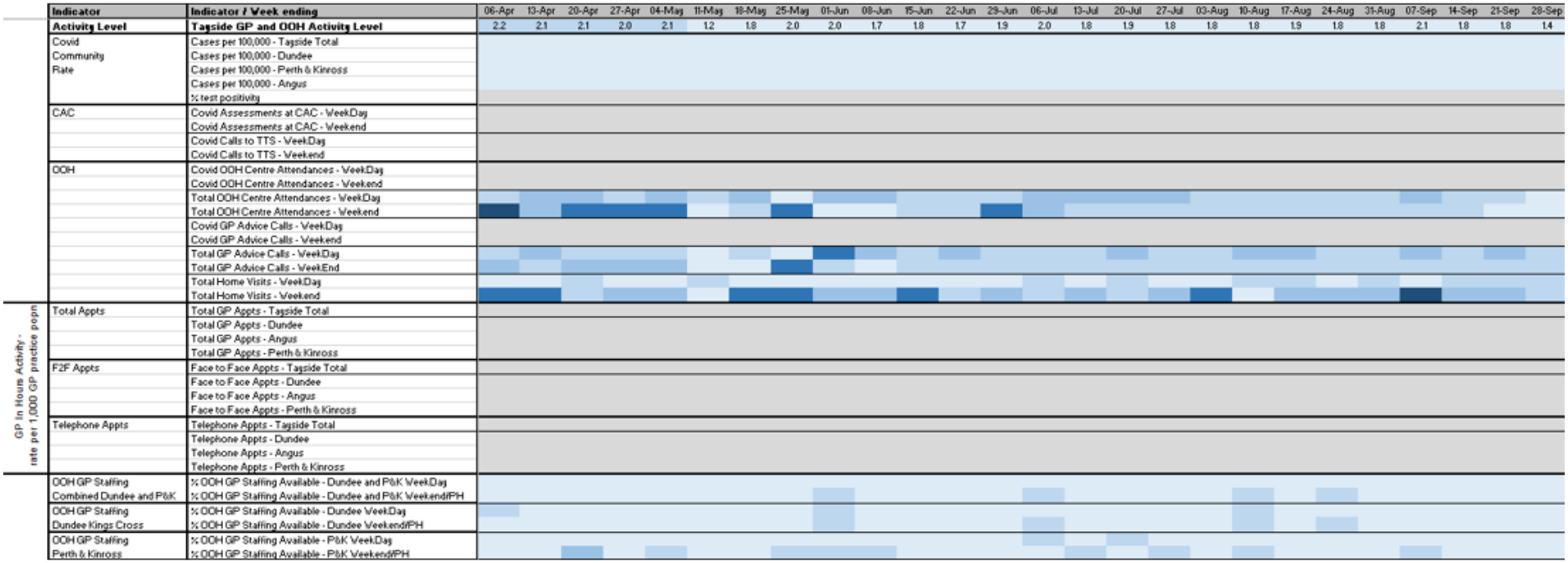


Ongoing Areas of Activity

Appendix 4 – Example Heat Maps *iii: GP and Out of Hours (OOH) Heat Map*

NHS Tayside GP and OOH Heat Map **Activity level = 1.4**

NHS Tayside
Health & Business Intelligence Team



	Indicator	Indicator / Week ending	06-Apr	13-Apr	20-Apr	27-Apr	04-May	11-May	18-May	25-May	01-Jun	08-Jun	15-Jun	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug	17-Aug	24-Aug	31-Aug	07-Sep	14-Sep	21-Sep	28-Sep
	Activity Level	**Tayside GP and OOH Activity Level**	2.2	2.1	2.1	2.0	2.1	1.2	1.8	2.0	2.0	1.7	1.8	1.7	1.9	2.0	1.8	1.9	1.8	1.8	1.8	1.9	1.8	1.8	2.1	1.8	1.8	1.4
	Covid Community Rate	Cases per 100,000 - Tayside Total																										
		Cases per 100,000 - Dundee																										
		Cases per 100,000 - Perth & Kinross																										
		Cases per 100,000 - Angus																										
		% test positivity																										
	CAC	Covid Assessments at CAC - WeekDay																										
		Covid Assessments at CAC - Weekend																										
		Covid Calls to TTS - WeekDay																										
		Covid Calls to TTS - Weekend																										
	OOH	Covid OOH Centre Attendances - WeekDay																										
		Covid OOH Centre Attendances - Weekend																										
		Total OOH Centre Attendances - WeekDay																										
		Total OOH Centre Attendances - Weekend																										
		Covid GP Advice Calls - WeekDay																										
		Covid GP Advice Calls - Weekend																										
		Total GP Advice Calls - WeekDay																										
		Total GP Advice Calls - WeekEnd																										
		Total Home Visits - WeekDay																										
		Total Home Visits - Weekend																										
GP In Hours Activity - rate per 1,000 GP practice popn	Total Appts	Total GP Appts - Tayside Total																										
		Total GP Appts - Dundee																										
		Total GP Appts - Angus																										
		Total GP Appts - Perth & Kinross																										
	F2F Appts	Face to Face Appts - Tayside Total																										
		Face to Face Appts - Dundee																										
		Face to Face Appts - Angus																										
		Face to Face Appts - Perth & Kinross																										
	Telephone Appts	Telephone Appts - Tayside Total																										
		Telephone Appts - Dundee																										
		Telephone Appts - Angus																										
		Telephone Appts - Perth & Kinross																										
	OOH GP Staffing Combined Dundee and P&K	% OOH GP Staffing Available - Dundee and P&K WeekDay																										
		% OOH GP Staffing Available - Dundee and P&K Weekend/PH																										
	OOH GP Staffing Dundee Kings Cross	% OOH GP Staffing Available - Dundee WeekDay																										
		% OOH GP Staffing Available - Dundee Weekend/PH																										
	OOH GP Staffing Perth & Kinross	% OOH GP Staffing Available - P&K WeekDay																										
		% OOH GP Staffing Available - P&K Weekend/PH																										

Ongoing Areas of Activity

Appendix 4 – Example Heat Maps *iv: Women, Children and Families (WCF) Heat Map*

NHS Tayside WC&F Heat Map

Activity level = 2.3

NHS Tayside
Health & Business Intelligence Team

	week ending																	
	01-Jun	08-Jun	15-Jun	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug	17-Aug	24-Aug	31-Aug	07-Sep	14-Sep	21-Sep	28-Sep
Paediatric Activity Level	2.7	2.9	2.7	3.0	2.3	1.9	2.0	2.2	2.2	2.2	2.2	2.4	2.5	3.0	3.3	2.6	2.3	2.3

															Predicted						
Indicator	Indicator / Week ending	15-Sep	16-Sep	17-Sep	18-Sep	19-Sep	20-Sep	21-Sep	22-Sep	23-Sep	24-Sep	25-Sep	26-Sep	27-Sep	28-Sep	29-Sep	30-Sep	01-Oct	02-Oct	03-Oct	04-Oct	05-Oct
	Paediatric Activity Level	2.0	2.6	1.9	2.1	3.0	2.2	2.3	2.6	2.1	2.0	2.3	2.4	2.1	2.3	2.9	2.7	2.6	2.4	2.4	2.3	2.5
Covid Position	Number of Covid positive patients in Ward 29 Paediatrics																					
	Number of Covid suspect patients in Ward 29 Paediatrics																					
	Number of Covid close contact patients in Ward 29 Paediatrics																					
	Number of Covid positive patients in Ward 29 Paeds HDU																					
	Number of Covid close contact patients in Ward 29 Paeds HDU																					
	Number of Covid positive patients in Ward 29 Paeds Assess2																					
	Number of Covid close contact patients in Ward 29 Paeds Assess2																					
	Number of Covid positive patients in Ward 30																					
	Number of Covid positive patients in Ward 36 Maternity																					
	Number of Covid close contact patients in Ward 36 Maternity																					
	Number of Covid positive patients in NICU (NWSBU)																					
Inpatient Activity	Ward 29 Paediatrics Actual and Predicted Admissions																					
	Ward 29 Paediatrics Midnight % Occupancy																					
	Ward 29 Paeds HDU Actual and Predicted Admissions																					
	Ward 29 Paeds HDU Midnight % Occupancy																					
	Ward 29 Paeds Assess1 Actual and Predicted Admissions																					
	Ward 29 Paeds Assess1 Midnight % Occupancy																					
	Ward 30 Actual and Predicted Admissions																					
	Ward 30 Gynaecology Suite Actual and Predicted Admissions																					
	Ward 30 Gynaecology Suite Midnight % Occupancy																					
	NICU Ward Midnight % Occupancy																					
Emergency Department - Ninewells	Emergency Department Total Attendances - Ninewells																					
	Emergency Department 4 hour wait performance % - Ninewells																					
	Emergency Department Attendances - under 5s - Ninewells																					
	Emergency Department Attendances - under 16s - Ninewells																					
Emergency Department - PRI	Emergency Department Attendances - PRI																					
	Emergency Department 4 hour wait performance % - PRI																					
	Emergency Department Attendances - under 5s - PRI																					
	Emergency Department Attendances - under 16s - PRI																					

Ongoing Areas of Activity

Appendix 4 – Example Heat Maps *v: Mental Health Heat Map*

NHS Tayside Mental Health Heat Map

Activity level = 2.3

Indicator Group	Indicator / Week ending	06-Apr	13-Apr	20-Apr	27-Apr	04-May	11-May	18-May	25-May	01-Jun	08-Jun	15-Jun	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug	17-Aug	24-Aug	31-Aug	07-Sep	14-Sep	21-Sep	28-Sep
Activity Level	Total Tayside Activity Level	3.1	3.1	2.5	2.6	2.6	2.8	3.3	3.1	2.7	2.4	2.6	3.1	2.6	3.0	2.7	2.9	2.7	2.6	2.7	2.7	3.0	2.7	3.2	2.5	2.1	2.3
GAP Wards	Carseview Ward 1 Actual Admissions																										
	Carseview Ward 1 Midnight % Occupancy																										
	Carseview Ward 2 Actual Admissions																										
	Carseview Ward 2 Midnight % Occupancy																										
	Carseview IPCU Actual Admissions																										
	Carseview IPCU Midnight % Occupancy																										
	Mulberry Unit Carseview Actual Admissions																										
	Mulberry Unit Carseview Unit Midnight % Occupancy																										
	Amulree Ward Murray Royal Actual Admissions																										
	Amulree Ward Murray Royal Midnight % Occupancy																										
	Moredun Ward Murray Royal Actual Admissions																										
	Moredun Ward Murray Royal Midnight % Occupancy																										
GAP Surge Beds	Carseview Ward 1 Surge Beds Midnight Average Occupied Beds																										
	Carseview Ward 2 Surge Beds Midnight Average Occupied Beds																										
	Mulberry Unit Carseview Surge Beds Midnight Average Occupied Beds																										
	Amulree Ward Murray Royal Surge Beds Midnight Average Occupied Beds																										
	Moredun Ward Murray Royal Surge Beds Midnight Average Occupied Beds																										
Delayed Discharges	Number of Delayed Discharges in a Mental Health Bed																										
	General Adult Psychiatry Delayed Discharges																										
	Learning Disability Delayed Discharges																										
	Psychiatry of Old Age Delayed Discharges																										
	Forensic Psychiatry Delayed Discharges																										
Emergency	NW Emergency Department Attendances - Mental Health Presentation																										
Department -	MH Emergency Department 4 hour wait performance % - Ninewells																										
Ninewells MH	MH Emergency Department Attendances Waited > 4 Hours - Ninewells																										
Emergency	PRI Emergency Department Attendances - Mental Health Presentation																										
Department -	MH Emergency Department 4 hour wait performance % - PRI																										
PRI MH	MH Emergency Department Attendances Waited > 4 Hours - PRI																										
Crisis Team / Liaison	Crisis Team Activity																										
Activity and	Crisis Team % Performance																										
Breaches	Crisis Team Breaches																										
Adverse Events	Adverse Events																										
	Home Treatment																										
	Enhanced Interventions																										

Ongoing Areas of Activity

ITEM No …13……

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10 DECEMBER 2025**

REPORT ON: **TAYSIDE IJBs RISK MANAGEMENT STRATEGY**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB89-2025**

1.0 PURPOSE OF REPORT

1.1 This report provides the Integration Joint Board with an overview and seeks approval to endorse the revised Tayside IJBs Risk Management Strategy.

2.0 RECOMMENDATIONS

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

2.1 Notes and approves the revised Tayside Risk Management Strategy as attached as Appendix 1 of this report

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board (IJB) is required to maintain robust governance arrangements, including an effective approach to risk management. The existing Risk Management Strategy was last reviewed in February 2021. A scheduled review has now been completed to ensure continued alignment with best practice and to reflect changes in the operating environment.

4.2 This review has been undertaken collaboratively by NHS Tayside, the three Health & Social Care Partnerships (HSCPs) and Local Authorities to produce an updated strategy that promotes a consistent and comprehensive approach to risk management. The strategy applies to all functions delegated to the IJB under the integration schemes and aims to embed risk management within strategic planning and operational delivery.

4.3 The key objectives of the strategy are to:

- Increase awareness of risk and clearly define roles and responsibilities for managing it across the IJBs.
- Facilitate effective communication and sharing of risk-related information throughout the organisation.
- Minimise exposure to risk and potential loss through strong internal controls.
- Establish clear standards and principles for managing risk efficiently, including regular monitoring, reporting, and review.

4.4 The strategy adopts a positive and integrated approach to risk management. It covers all categories of risk that may impact the IJBs, including clinical and care risks, staff safety and

wellbeing, and strategic risks, both opportunities and threats, that could influence the achievement of long-term objectives.

4.5 Each IJB will develop a supporting Risk Management Framework that sets out how the strategy will be applied in practice. The framework will describe the processes, responsibilities, and governance arrangements that underpin risk management across the organisation. It will ensure that the principles outlined in the strategy are consistently embedded into day-to-day operations, strategic planning, and decision making. The framework will also reflect the unique context of each IJB, including its structure, delegated functions, and partnership arrangements.

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

This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

Risk 1 Description	Risk of not having robust risk management arrangements in place will undermine governance and quality of care
Risk Category	Governance / Quality of care
Inherent Risk Level	Likelihood (3) x Impact (5) = Risk Scoring 15 High Risk Level
Mitigating Actions (including timescales and resources)	The implementation of the strategy and developing framework
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring 8 Moderate Risk Level
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring 6 Moderate Risk Level
Approval recommendation	Given the implementation of the strategy the and the resultant moderate risk level this should be accepted

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report which has been developed in collaboration between the three Tayside Integration Joint Boards, the three Tayside local authorities and NHS Tayside.

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: 17 November 2025

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Risk Management Strategy

Integration Joint Boards

Version Number:	2	**Owner:**	Tayside Risk Management Group
Issue Date:	December 2025	**Review Date:**	April 2027

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Version History

Version	Issue Date	Description	Author
1	June 2021	Strategy developed.	Tayside Risk Management Group
2	December 2025	Strategy reviewed and updated.	Tayside Risk Management Group

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1. Executive Summary 4
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3. Governance and Accountability 6
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6. Risk Tolerance 12
7. Training and Culture 13
8. Monitoring and Reporting 13

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1. Executive Summary

This strategy outlines the approach to risk management for the Tayside Integration Joint Board's (IJB), supporting the delivery of integrated health and social care services in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014. It sets out the principles, governance arrangements, and processes to ensure risks are effectively identified, assessed, managed, and monitored.

The Integration Joint Boards (IJBs) are committed to supporting a working environment where staff feel confident to explore new ideas, improve how services are delivered, and work towards shared goals. This is supported by the consistent use of a risk management framework to ensure decisions are made safely and responsibly.

The aim is to deliver safe, effective care and support for those who use health and social care services, while also ensuring a safe and positive environment for staff and others involved in service delivery.

Each IJB will develop a supporting Risk Management Framework that sets out how this strategy will be applied in practice. This framework will describe the processes, responsibilities, and governance arrangements that underpin risk management across the organisation. It will ensure that the principles outlined in this strategy are consistently embedded into day-to-day operations, strategic planning, and decision making. The framework will also reflect the unique context of each IJB, including its structure, delegated functions, and partnership arrangements.

2. Purpose and Scope

The purpose of this strategy is to embed a consistent and robust approach to risk management in relation to the planning of all functions that are delegated to the IJB as described in the integration schemes.

The key aims of this strategy are to:

- Raise awareness of risk and clearly define roles and responsibilities for managing it across the IJBs.
- Support effective communication and sharing of risk-related information throughout all areas of the organisation.
- Reduce the IJBs' exposure to risk and potential loss by implementing strong internal controls; and
- Set out clear standards and principles for managing risk efficiently, including regular monitoring, reporting, and review.

This strategy takes a positive and integrated approach to risk management. It applies to all types of risk that may affect the IJBs. It considers strategic risks, both opportunities and threats, which may influence the IJBs' ability to deliver their long-term objectives. These include factors such as risks arising in clinical and care settings, changes in policy, funding, workforce availability, safety and wellbeing, technological developments, and partnership working, all of which can either support or hinder the successful delivery of strategic and commissioning plans.

The IJBs are responsible for managing strategic risks associated with the delivery of the delegated functions. NHS Tayside and the relevant Local Authority remain responsible for managing operational and service risks associated with the delivery of services that support the delegated functions.

Strategic risks refer to factors that could either support or hinder the IJBs in achieving the outcomes and objectives set out in their Strategic Plans. These risks typically require oversight and direction from senior leadership, along with the development of appropriate actions and controls to manage them effectively.

Operational/Service level risks relate to the day-to-day delivery of health and social care services by the Local Authority and NHS Tayside, as commissioned through the IJBs Strategic Commissioning Plan and subsequent issuing of Directions. Responsibility for managing these risks lies with the statutory service providers, who do so within their own organisational risk management frameworks. These risks are overseen by the IJBs Chief Officer, acting in their role as Executive Director for Health & Social Care services within the Local Authority and NHS Tayside. However, where an operational risk has the potential to affect the delivery of the IJBs strategic objectives, it should be considered as part of the relevant strategic risk within the IJBs risk management framework.

3. Governance and Accountability

Risk management is overseen by the IJB and its appropriate standing committees. The Chief Officer is responsible for implementing the strategy, supported by the Chief Finance Officer and wider Senior Management Team. Risk owners are accountable for managing individual risks. Regular reporting and escalation procedures are in place.

Integration Joint Board and Standing Committees
Members of the IJB, including those serving on standing committees (i.e., Audit committees), are responsible for:

- Providing oversight of the IJBs risk management arrangements and seeking assurance that these are effective and proportionate.
- Receiving, reviewing, and scrutinising reports on strategic risks that may affect the delivery of the IJBs Strategic Commissioning Plan.
- Ensuring that all IJB and committee papers clearly outline relevant risks and, where appropriate, reference the IJBs Risk Register.
- Set and review the IJBs risk appetite.
- Align governance with national good practice.
- Strengthen governance by applying risk appetite effectively to support decision making, engaging stakeholders, and embedding risk culture.

Chief Officer
The Chief Officer holds overall responsibility for the IJBs risk management framework. They must ensure that appropriate and effective arrangements are in place, using the resources available through the partner bodies. The Chief Officer will keep the Chief Executives of the partner organisations informed of any significant or emerging risks that could affect the delivery of the Strategic Commissioning Plan or the reputation of the IJB and vice versa.

Chief Finance Officer
The Chief Finance Officer is responsible for identifying financial risks and proposing mitigating actions for consideration by the IJB and its committees. This role is aligned with statutory responsibilities under Section 95 of the Local Government (Scotland) Act 1973 and includes accountability for the financial governance of the IJB.

Partner Bodies
NHS Tayside and the relevant Local Authority remain responsible for managing service/operational risks associated with the delivery of services that support the delegated functions, using their own organisational risk management frameworks. Their Chief Executives are responsible for ensuring that any strategic, operational, or service risks likely to impact the delivery of the IJBs Strategic Plan are communicated to the IJB. Partner bodies are responsible for providing formal assurance to the IJB on the effectiveness of their risk management arrangements. In turn, the IJB provides assurance to its partner bodies, and to other IJBs where it acts as Lead Partner, on its own risk management processes. These mutual assurances are reflected in each organisation's Annual Governance Statement.

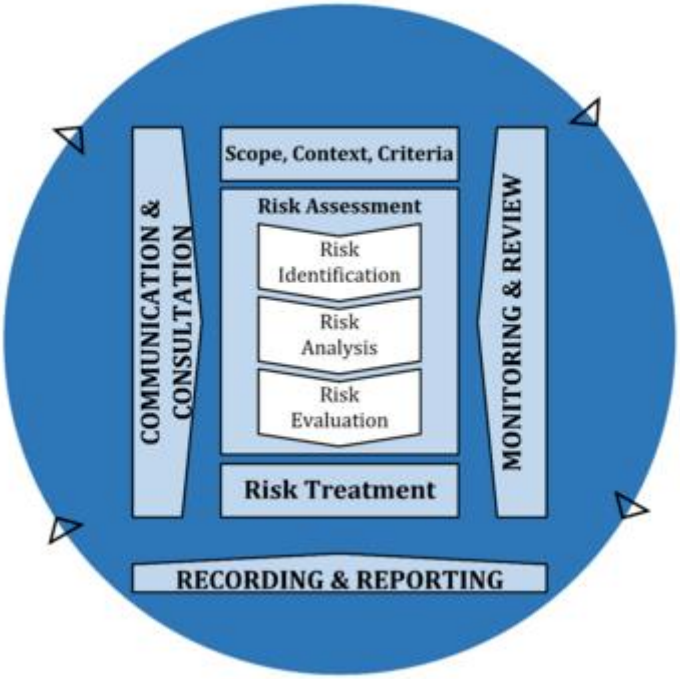
Each IJB will share its Strategic Risk Register through the Tayside Risk Management Group, ensuring that strategic risks are communicated, monitored, and managed effectively and consistently across all Partnerships. Service-level and operational risks will continue to be managed through each HSCP's local governance arrangements.

4. Risk Management Process

The IJBs take a proactive and structured approach to risk management, recognising it as a key part of good governance and effective decision making. Risk management is embedded across all areas of service delivery and strategic planning, helping the IJBs to identify and respond to uncertainty, take informed risks, and make the most of opportunities.

A consistent risk management process is applied, supported by regular reporting, monitoring, and review. This ensures risks are not only identified and controlled but also used to inform planning and improve performance.

The IJBs adopt the following risk management process:



ISO 31000:2018(EN) Risk Management - Guidelines

- **Identify Risk** – through strategic planning, operational activity, and stakeholder engagement.
- **Analyse Risk** – use agreed scoring criteria to assess the likelihood and impact or each risk.
- **Evaluate Risk** – compare assessed risks against the IJBs defined risk appetite and tolerance levels to determine appropriate responses.
- **Treat Risk –** Implement proportionate controls to mitigate, reduce, accept, or avoid risks depending on their nature and potential impact.
- **Monitoring and Review** – maintaining up to date risk registers and performance reports, with regular review to reflect changes in context or control effectiveness.

- **Communication and Consultation** – ensuring open and transparent communication of risk information and engaging with partners to support shared understanding and coordinated responses.

The IJBs maintain a Strategic Risk Register and Partners maintain Operational/Service level registers for services that support the delegated services. Risks are recorded and managed via digital platforms.

Scoring criteria – this provides a consistent method for assessing the likelihood and impact of identified risks, typically using a risk matrix. This ensures that risks are evaluated in a structured and comparable way across all areas of the organisation.

Control Measures – this refers to the actions, processes, or safeguards that are in place to reduce the likelihood of a risk occurring or to minimise its impact if it does. These may include policies, procedures, training, system controls, or contingency plans. Each risk entry should clearly document the existing controls, assess their effectiveness, and identify any gaps where further action may be required.

Together, the scoring criteria and control measures support transparency, consistency, and accountability in how risks are assessed, managed, and monitored.

5. Risk Appetite

Risk Appetite is an important part of the IJBs approach to managing uncertainty. It sets out the level of risk the IJB is willing to accept in pursuit of its strategic objectives and helps guide decisions about which risks can be accepted, which require active management, and when escalation is appropriate.

Rather than avoiding risk altogether, the IJB recognises that some level of risk is necessary to deliver meaningful change and improvement. A clearly defined risk appetite supports informed decision-making, encourages consistency across governance processes, and helps focus attention on priority areas.

To have an effective Risk Management Framework the IJB must set a risk appetite. When setting its appetite, the IJB will consider a range of factors, including the nature of health and social care services, the expectations of statutory partners, the operating environment, and the IJBs own capacity to manage risk. It may also define an optimal or target range within which it aims to operate, allowing for flexibility while maintaining control, this is referred to as Risk Tolerance.

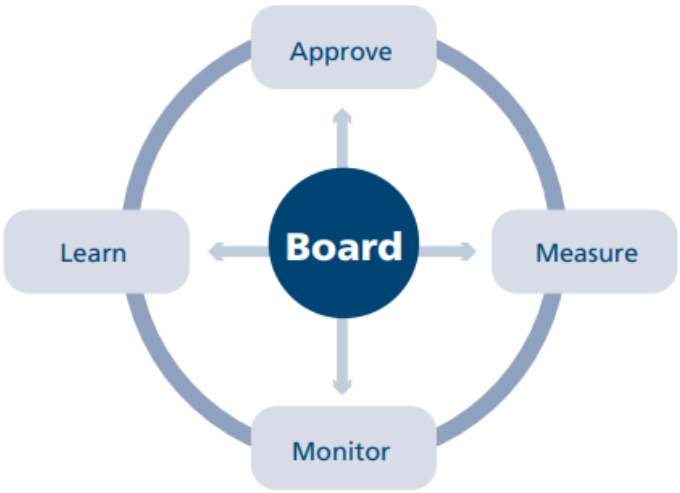


Figure 13 - Governing a Risk Appetite

The Institute of Risk Management Risk Appetite & Tolerance Guidance Paper Figure 13

Governance of Risk Appetite

For a risk appetite process to be meaningful and effective, it must be supported by strong governance. The IJB recognises that risk appetite is not a one-off statement, but a living part of its decision-making and assurance processes. As such, it requires ongoing oversight, challenge, and refinement.

Governance of the risk appetite process should focus on four key areas:

Approval – The IJB, or its standing committee, is responsible for approving the risk appetite statement and ensuring it reflects the organisation's strategic aims, values, and responsibilities.
Measurement – There must be regular and consistent assessment of how the IJB is operating within its stated appetite, with evidence that the framework is being applied in practice.
Monitoring – The IJB will review any breaches of appetite or tensions arising from its implementation. A complete absence of such issues may indicate that the framework is not being used meaningfully.
Learning – The IJB will reflect on how the risk appetite framework is working in practice, using this insight to strengthen its application and embed it more fully into governance and culture.

This approach ensures that risk appetite remains relevant, proportionate, and aligned with the IJBs evolving context and responsibilities.

6. Risk Tolerance

Risk tolerance is the range of risk an organisation is comfortable operating within. It sets the limits for what’s acceptable and often includes an optimal or target range that allows some flexibility while keeping control. If risk moves outside that range, action is needed to bring it back.

7. Training and Culture

Effective implementation of this strategy relies on ensuring that those involved in IJB activities have the skills, confidence, and capacity to manage risk well. This includes being able to make sound judgements, learn from experience, and identify opportunities to strengthen systems and processes.

Training plays a key role in embedding a positive risk culture and supporting the development of risk management maturity across the IJB. Senior Management Teams will regularly review training and development needs and work with partner bodies to identify and access appropriate opportunities. This applies to both officers and IJB members, as relevant to their roles.

Most risk-related training will be delivered through existing resources available via the risk management functions of the partner bodies. This includes training that reflects the integrated nature of service delivery.

8. Monitoring and Reporting

Effective risk management is essential to achieving the IJBs strategic objectives. Risks must be identified, assessed, and monitored over time to reflect changes in context,

likelihood, and impact. Given the complexity and evolving nature of the environment in which the IJB operates, a flexible and proportionate approach is required.

Each IJB will set out its own arrangements for monitoring and reporting within its local risk management framework, ensuring these processes are aligned with its governance structures.

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ITEM No …14……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10 DECEMBER 2025**

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

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB90-2025**

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 October 2025 as outlined in Appendices 1, 2, and 3 of this report.

2.2 Note the continuing actions being led by Officers and Senior Management to deliver planned savings and address the current projected financial overspend position (as detailed in section 4.5 and 4.6).

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 £5,273k after the utilisation of £2,429k from IJB Reserves as agreed at the IJB's budget setting meeting in March 2025. The latest monitoring represents a small improvement in the position, compared to previous reported projected overspend of £5,996k as at 31st August 2025 (DIJB71-2025).

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 and longer-term financial sustainability.

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 and further details of specific savings initiatives and service reviews are detailed in section 4.5.

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 £6,009k for the financial year.

4.3.2 Older People Services contribute a significant portion of this, with a projected overspend of £2,421k.

- 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). It had been hoped to see this trend of continued reduction throughout the remainder of the financial year, however the effects of the reduction over the summer showed signs of impacting capacity and flow with a small decline in delayed discharge performance and increase in unmet need during this period. Following the pause in further spend reductions, the hospital capacity and flow performance stabilised and has more recently shown an improvement in delayed discharge performance again with commissioned hours remaining at around 23.5k per week. A further modest reduction during the remaining months of 25/26 has been built into projected spend and it is hoped this can be delivered in a managed way.

- Alternative opportunities to reduce the expenditure and demand continue to be explored, through reviewing how inter-departmental budgets can be pooled 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 year and assumptions relating to challenges to delivery £500k of savings through reduced overall placement levels.

- Psychiatry of Old Age (In Patient) 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 £554k 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 £1,948k 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 £616k, 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 underspend of £174k, which includes an overspend of £556k linked to ongoing over-recruitment in Community Nursing Teams 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 £353k and Psychological Therapies of £250k. 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 noted as a cost pressure in the financial position.

4.3.8 Other Support and Centralised Management budgets is showing an overspend of £1,737k – this is split between a projected underspend of £533k due to vacancies in services and the net impact of £2,270k relating to budget adjustment balances, unmet savings and anticipated reserves funding currently held in a centralised code pending final clarification about how these savings will be delivered and which specific budget values will be reduced.

4.3.9 Other Contractors includes General Medical Services and Family Health Services and is currently projecting a combined overspend of £723k. 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 7 months of 2025/26 totals £3,613k. This includes £622k on additional part-time hours and overtime, £1,076k on agency, and £1,914k on bank nursing / sessional staffing. There continues to be an improvement in spend compared to the comparable period in 2024/25 where the spend was £4,419k for the first 7 months (c.82% of previous year before adjusting for inflation / pay award increases). Absence rates for NHS employed staff within HSCP have averaged at 7.06% during the 7 months of 25/26. The cumulative working days lost for DCC employed staff within the HSCP for 7 months to October 2025 was 10.58%. While the overall position continues to show a downward trend in both absence levels and supplementary spend, efforts are ongoing to support staff wellbeing through return-to-work policies where possible and appropriate, which in turn should further address some of the spend relating to supplementary staffing. Specific service areas that continue to experience high levels continue to be challenged to understand and address their gaps. Graphs detailing the monthly spend on supplementary staffing and monthly absence levels are included in Appendix 6.

4.3.13 GP and Other Family Health Services Prescribing continues to be monitored at 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 stage of the financial year, projected spend is reporting a considerably better position at £883k underspend with 5 months of confirmed data. (It is normal for data to be received 2 months in arrears to allow for national review and verification).

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£2.175m. This is largely due to workforce challenges and the need to deploy additional staff to meet service demand. The current year projected overspend will largely be offset by local non-recurring funding support held in 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 Progress to deliver 2025/26 Budget and Planned Savings

4.5.1 Following the IJB's budget being set (as detailed in section 4.1), an updating report on progress was presented to August 2025 meeting (report DIJB46-2025, Article V on the meeting of 20 August 2025 refers). A further update was to be provided to IJB no later than 31 December 2025, including progress towards delivering savings from planned service reviews.

4.5.2 Anticipated delivery of 2025/26 planned savings is summarised in Appendix 4 of this report. This highlights areas where the planned savings is expected to be delivered in full this year (green RAG status), where there is only partial delivery anticipated this year (amber RAG status) and where there is only minimal anticipated delivery this year (red RAG status).

4.5.3 The planned service reviews include :

Housing with Care Review (£300k recurring savings - green)
This review has been completed (as was reported to August meeting) and work has commenced to deliver recurring savings through revised commissioning arrangements for Housing with Care sites.

Community Meals Review (£100k recurring savings - green)
Operational efficiency savings of £54k have been identified and implemented following a service review. This includes optimising delivery routes to minimise travel time and avoid duplication, which has also allowed the service to reduce its fleet and transport costs; review of separate delivery arrangements to sheltered housing sites and incorporating these deliveries into existing runs; successful reduction of tester meal arrangements due to service's strong track record of adherence to food hygiene protocols and presence of robust monitoring systems. The service remains committed to an ongoing review of staffing and resourcing to meet existing and projected demand. Work continues in the service, and in collaboration with wider Care at Home teams and Tayside Cuisine to deliver the balance of planned savings.

Palliative Care Review (£100k recurring savings - amber)
The project officer (funded from IJB Transformation Reserves) is in post and day of care audits and data analysis have been completed to understand admission rates, length of stay and bed occupancy levels. Work is progressing with key stakeholders to explore and roll-out alternative models of day care across Tayside. In-patient bed modelling and shifting balance of care to community settings are anticipated to release staffing (including current reliance on supplementary staffing) through non-operationalising a small number of beds. Further engagement and data analysis are required as the work progresses.

Medicine for the Elderly Review (£100k recurring savings - amber)
A Test of Change has recently been undertaken to step down 4 beds within RVH wards which was successfully managed without wider impact to in-patient capacity and flow. Longer term agreement to reducing the bed base will result in a reduction in staffing requirements and reliance on supplementary spend (with flexibility to re-open the beds as temporary surge beds if required due at time of high-demand). Further work continues in the wards to improve length of stay and embedding discharge without delay principles to deliver further efficiencies.

Charging Policy and Income Maximisation Review (£700k recurring income benefit - red)
The core working group (incorporate HSCP services and wider Council teams) continues to meet regularly to develop detailed process mapping to establish a full understanding of the various processes currently undertaken in relation to chargeable services, including data capture and communication with service users and families. A number of smaller improvements have been identified and implemented when these have been recognised, and it is anticipated that further wider-scale improvements will be progressed as the analysis work is completed. A review of charging rates and arrangements for 2026/27 has also been drafted and will be presented to Dundee City Council for consideration and decision in due course.

Third Party Commissioned Service Review (£1000k recurring savings - green)
£442k current year (and £512k recurring) savings from Third Party Commissioned Service arrangements has already been approved. Further work has progressed in the meantime with end of year surpluses being agreed with providers and returned to the Partnership and progress being made relating to management charges. Identifying and formalising the remaining recurring savings balance remains a priority.

4.6 Actions to resolve Projected Financial Gap

4.6.1 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 £5.3m, indicating that around 82% of savings and efficiencies are currently anticipated to be met (breakdown included in Appendix 4).

4.6.2 At this stage of the financial year, the projected position is based on known spend and activity during the first 7 months of the year only, with projections based on anticipated trends and spend patterns for the remaining 5 months, including some assumptions around winter pressure demand. There obviously continues to be a degree of uncertainty and estimation in the projections, but this also allows time for further actions to be taken to help address some of the financial challenges in a planned and managed way.

4.6.3 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.

4.6.4 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 Financial Recovery Plan 2025/26 was approved IJB on 22 October 2025 (DIJB73-2025, Article XIV on the minute of meeting refers). The Plan listed and highlighted a number of in-year actions that were being taken across services in the HSCP to manage spend and reduce the projected overspend, while also trying to minimise any detrimental impact to performance or capacity and flow for Dundee patients and service users.

4.6.5 A summary of the Financial Recovery Plan actions along with an updated assessment of the additional financial implications during the remaining months of 2025/26 is provided in the table in Appendix 5. At this stage, the planned actions continue to remain insufficient to fully cover the projected overspend, with a residual balance of c.£2.1m remaining. Should this remain at the end of the financial year, the Risk Share arrangements with Dundee City Council and NHS Tayside will then crystalise with additional funding being required to offset the resulting overspend balance.

4.6.6 Further to the previous Financial Recovery Plan report, it was proposed to utilise uncommitted funding from earmarked Reserves to partially offset the projected deficit. Following the discussion, the balance relating to Drug and Alcohol reserve has been removed from the Recovery Plan. Officers continue to review all Earmarked and Ring-fenced reserves to consider if further opportunities to utilise the balances can be recommended to IJB.

4.7 Reserves Position

4.7.1 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	Anticipated Closing Reserves @ 31/3/26
	£k	£k

Mental Health	240	0
Primary Care	1,933	738
Drug & Alcohol	926	274
Strategic Developments	1,998	1,058
Revenue Budget Support	2,429	0
Service Specific	449	0
Systems Pressures funding	2,959	0
Other Staffing	155	55
Total committed	**11,091**	**2,127**
General	644	0
TOTAL RESERVES	**11,734**	**2,127**

4.7.2 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.

4.7.3 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.

4.7.4 As part of the Financial Recovery Plan, a review of earmarked and committed reserves balances has been undertaken and the approved Plan includes some balances being decommitted and made available to support the current year overspend position.

4.7.5 An additional column has been added to the above table to note the anticipated closing Reserves available to the IJB, including planned and anticipated spend in-year against brought forward allocation and project funding and planned and approved use of funding to support the financial plan and financial recovery 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

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: 28 November 2025

Appendix 1

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

Oct-25

	Partnership Total	
	Net Budget £,000	Year End Overspend / (Underspend) £,000
Older Peoples Services	86,412	2,421
Mental Health	14,356	554
Learning Disability	38,413	1,948
Physical Disabilities	9,194	(616)
Drug and Alcohol Recovery Service	6,742	(29)
Community Nurse Services/AHP/Other Adult	20,258	(146)
Lead Partner Services	30,251	140
Other Dundee Services / Support / Mgmt	24,876	(533)
Centrally Managed Budgets	6,666	2,270
Total Health and Community Care Services	**237,168**	**6,009**
Prescribing & Other FHS Prescribing	35,988	(756)
General Medical Services	35,833	709
FHS - Cash Limited & Non Cash Limited	27,586	(113)
Large Hospital Set Aside	21,850	0
In-Patient Mental Health	0	0
Total	**358,425**	**5,849**
Net Effect of Lead Partner Services*	(5,866)	(576)
Grand Total	**352,559**	**5,273**

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

			Appendix 2
	DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2025/26		**Oct-25**
		Partnership Total	
		Annual Budget £,000	**Projected Year End Overspend / (Underspend) £,000**
1			
	Psych Of Old Age (In Pat)	5,218	550
	Older People Serv. - Ecs	312	-45
	Integrated Discharge Team	1,146	-70
	Ijb Medicine for Elderly	5,925	260
	Stoke Neuro Rehab Unit (ward 4)	1,457	-20
	Medical (P.O.A)	964	100
	Psy Of Old Age - Community	3,043	-60
	Medical (MFE)	2,797	-150
	Care at Home	35,163	1,882
	Care Homes	31,579	627
	Day Services	1,377	-387
	Respite	596	-586
	Accommodation with Support	199	30
	Other	-3,364	289
	Older Peoples Services	86,412	2,421
2			
	Community Mental Health Team	4,924	60
	Tayside Adult Autism Consultancy Team	406	100
	Care at Home	1,229	26
	Care Homes	691	733
	Day Services	65	-4
	Respite	-3	52
	Accommodation with Support	6,048	23
	Other	996	-435
	Mental Health	14,356	554
3			
	Learning Disability (Dundee)	1,809	-55
	Care at Home	-543	613
	Care Homes	3,540	442
	Day Services	10,309	615
	Respite	549	-156
	Accommodation with Support	24,708	481
	Other	-1,959	8
	Learning Disability	38,413	1,948
4			
	Care at Home	1,098	491
	Care Homes	2,390	-733
	Day Services	45	-36
	Respite	-10	-58
	Accommodation with Support	816	-26
	Other	4,855	-253
	Physical Disabilities	9,194	-616
5			
	Dundee Drug Alcohol Recovery	5,148	40
	Care at Home	0	0
	Care Homes	401	107
	Day Services	70	-56
	Respite	0	0
	Accommodation with Support	364	-143
	Other	759	23
	Drug and Alcohol Recovery Service	6,742	-29

		Partnership Total	
		Annual Budget £,000	Projected Year End Overspend / (Underspend) £,000
6			
	A.H.P.S Admin	424	-28
	Physio + Occupational Therapy	8,539	-535
	Nursing Services (Adult)	10,396	556
	Community Supplies - Adult	343	75
	Anticoagulation	531	-105
	Other Adult Services	24	-109
	Community Nurse Services / AHP / Other Adult Services	20,258	-146
7			
	Palliative Care - Dundee	3,892	270
	Palliative Care - Medical	1,962	100
	Palliative Care - Angus	493	-8
	Palliative Care - Perth	2,336	-10
	Stroke Neuro Rehab Unit (ward 5)	2,245	-55
	Dietetics (Tayside)	4,860	180
	Sexual & Reproductive Health	2,898	54
	Medical Advisory Service	88	-8
	Homeopathy	45	-15
	Tayside Health Arts Trust	88	0
	Psychological Therapies	7,960	250
	Psychotherapy (Tayside)	1,390	-90
	Perinatal Infant Mental Health	515	0
	Learning Disability (Tay Ahp)	987	-155
	Lead Partner Centrally Managed	493	-374
	Lead Partner Services	30,251	140
8			
	Working Health Services	0	35
	The Corner	746	-1
	Ijb Management	1,009	-65
	Partnership Funding	25,000	0
	Urgent Care	2,189	-120
	Community Health Team	213	-23
	Health Inclusion	1,482	-220
	Primary Care	966	-63
	Support Services / Management Costs	-6,728	-76
	Other Dundee Services / Support / Mgmt	24,876	-533
	Centrally Managed Budget	6,666	2,270
	Total Health and Community Care Services	**237,168**	**6,009**
	Other Contractors		
	FHS Drugs Prescribing	36,130	-883
	Other FHS Prescribing	-142	127
	General Medical Services	35,363	431
	Dundee 2c (gms) Services	470	278
	FHS - Cash Limited & Non Cash Limited	27,586	-113
	Large Hospital Set Aside	21,850	0
	In-Patient Mental Health	0	0
	Grand H&SCP	**358,425**	**5,849**
	Lead Partner Services Recharges Out	-18,332	-85
	Lead Partner Services Recharges In	12,366	397
	Hosted Recharge Cost Pressure Investment	100	-888
	Hosted Services - Net Impact of Risk Sharing Adjustment	**-5,866**	**-576**
	Grand Total	**352,559**	**5,273**

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - Oct 25			
	Annual Budget £000s	Projected End Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,378	(3)	(1)
Out of Hours	10,391	2,175	857
Tayside Continence Service	1,627	430	169
Locality Pharmacy	2,991	0	0
Speech Therapy (Tayside)	1,817	(79)	(31)
Sub-total	**18,204**	**2,523**	**994**
Apprenticeship Levy & Balance of Savings Target	18	50	20
Total Lead Partner Services - Angus	**18,223**	**2,573**	**1,014**
Lead Partner Services - Perth & Kinross			
Prison Health Services	5,718	(570)	(224)
Public Dental Service	3,246	(610)	(240)
Podiatry (Tayside)	4,121	(385)	(152)
Sub-total	**13,086**	**(1,565)**	**(616)**
Apprenticeship Levy & Balance of Savings Target	78	(1)	(0)
Total Lead Partner Services - Perth&Kinross	**13,163**	**(1,565)**	**(617)**
Total Lead Partner Services from Angus and P&K	**12,366**		**397**

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	Low	500	100%	
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	380	75%	
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**		**4,724**	84%	

	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	Low	842	84%	
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**		**9,680**	81%	
	Total	**17,548**		**14,404**	82%	

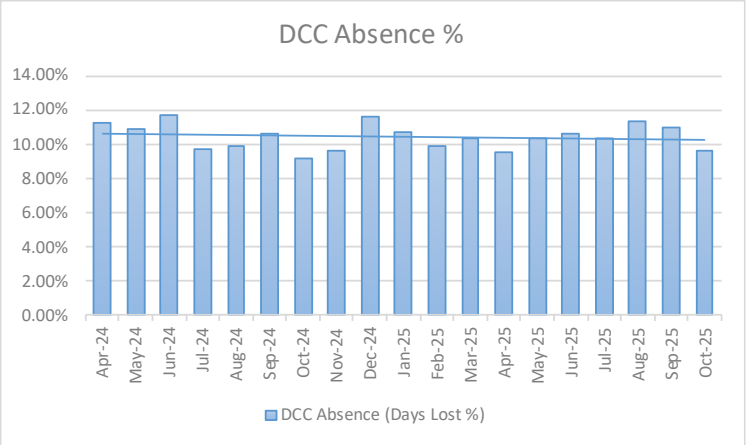
Unmet savings - Non-Recurring	-886
Unmet savings - Recurring	-2,258
	-3,144

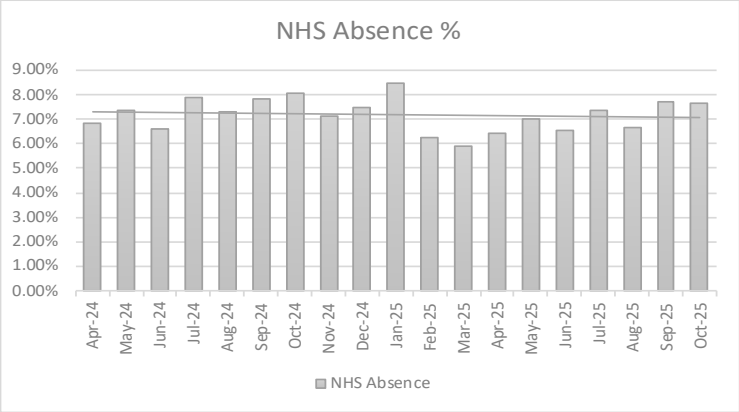
Appendix 5

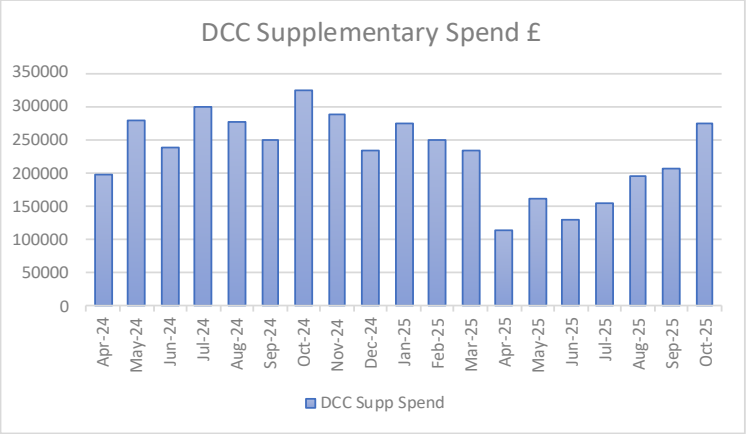
Financial Recovery actions - estimated additional impact during remainder of 2025/26			@ 31/8/25
	£k		£k
Projected 25/26 Shortfall (as at 31/10/25)	5,273		*5,996*
Use of General Reserves	-644		*-644*
Decommitment of earmarked and ring-fenced reserves	-425		*-500*
	4,204		*4,852*
Continued close scrutiny of recruitment requests*	nil		*nil*
Discretionary Spend controls	-100		*-100*
Supplementary Staffing spend	-200		*-300*
Absence levels reduction	-100		*-100*
Delivery of savings balance, including income maximisation	-1,000		*-1,500*
Further reduction in Care at Home spend	-500		*-500*
Overspending service areas to be brought back within budgets	tbc		*tbc*
Enhanced vacancy management criteria	-144		*-208*
Collaborative working to address Tayside-wide pressures and explore opportunities	tbc		*tbc*
Opportunities within individual service areas	tbc		*tbc*
Digital opportunties to further drive efficiencies	tbc		*tbc*
Ongoing review of earmarked reserves	tbc		*tbc*
Estimated Residual Financial Deficit	2,160		*2,144*
* Financial impact already incorporated into projections			

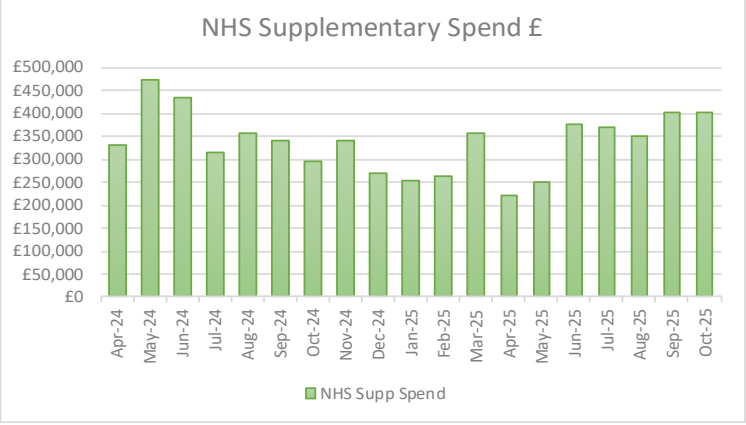
Appendix 6

Supplementary Staffing Spend and Absence Data Monitoring









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ITEM No …16……

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10 DECEMBER 2025**

REPORT ON: **FINANCIAL REGULATIONS - 2025/26**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB80-2025**

1.0 PURPOSE OF REPORT

The purpose of this report is to present the Integration Joint Board with updated Financial Regulations for consideration and requests that these are adopted as a key element of the Integration Joint Board's governance arrangements.

2.0 RECOMMENDATIONS

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

2.1 Notes and adopts the updated Financial Regulations for officers which is detailed in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 The Public Bodies (Joint Working) (Scotland) Bill was enacted in April 2014. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) establishes the framework for the integration of health and social care in Scotland. The Scottish Government established the Integrated Resources Advisory Group (IRAG) to consider the financial implications of integrating health and social care, and to help develop professional guidance.

4.2 The IRAG guidance requires IJBs to establish good governance arrangements by producing Financial Regulations. These Financial Regulations are intended to provide the financial governance framework within which the IJB will operate. The Chief Officer, supported by the Chief Finance Officer must ensure there are adequate systems and controls in place for the proper management of its financial affairs.

4.3 The purpose of Financial Regulations is to assist organisations in fulfilling their obligations in respect of corporate governance, ensuring that stakeholders have an understanding of their responsibilities and a framework within which to discharge them.

4.4 Both Dundee City Council (DCC) and NHS Tayside (NHST) operate under Financial Regulations/Standing Orders for the operational delivery of services. As this direct service delivery will continue to be carried out within NHST and DCC, these Financial Regulations relate specifically to the affairs of the IJB, and, therefore are more limited and focused in scope. All operational and transactional finance matters for the delivery of the IJB will comply with DCC Financial Regulations and NHST Standing Financial Instructions.

4.5 Dundee IJB adopted financial regulations at its meeting of DIJB3-2016 (Article VI of the meeting of 4th May 2026 refers) and were based on the Integration Scheme in place at the time and prior to the development of a range of other governance arrangements supporting the IJB and integrated health and social care services. The attached Financial Regulations have been revised to reflect the revised Integration Scheme and learned experience of health and social care integration. The Financial Regulations reflect and are consistent with a number of specific provisions made within the Revised Integration Scheme in relation to financial governance issues.

4.6 The IJB may revise the Financial Regulations at any time but any changes to the Regulations must be approved by the IJB and an updated version encompassing such amendments must be issued.

4.7 The Financial Regulations are also subject to annual review. Following this review, we note that no updated is needed from previous version

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 1 Description	Failure to have adequate Financial Regulations will undermine the IJB's governance arrangements
Risk Category	Governance risk
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	Regular update of Financial Regulations to reflect the current organisational structure.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 1 x Impact 2 = Risk Scoring 2 (which is a Low Risk Level)
Assessment of Risk Level	The mitigating actions set out above will ensure the Financial Regulations remains relevant and appropriate and therefore the risk to poor governance is low.

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	X
	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: 22 May 2024

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Dundee Integration Joint Board

Financial Regulations

Document Title:	Financial Regulations		
Owner:	Chief Finance Officer	Current Status	V1
Date First Approved	30-03-2016	Date of last review	N/A
Approved By:	Dundee IJB	Date of Next Review	
Revision History			
Version	Date Effective	Author & Changes	
1.0	2016	Dave Berry, Chief Finance Officer	
2.0	2024	Christine Jones, Acting Chief Finance Officer, Full Review	
3.0	2025	Christine Jones, Acting Chief Finance Officer, Full Review	

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1 WHAT THE REGULATIONS COVER

1.1 The Integration Joint Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the Integration Joint Board.

1.2 The Regulations set out the respective responsibilities of the Chief Officer and the Chief Finance Officer of the Integration Joint Board.

1.3 It will be the duty of the Chief Officer assisted by the Chief Finance Officer to ensure that these Regulations are made known to the appropriate persons within the Integration Joint Board and to ensure that they are adhered to.

1.4 If it is believed that anyone has broken, or may break, these Regulations, this must be reported immediately to the Chief Finance Officer, who may then discuss the matter with the Chief Officer, NHS Tayside Chief Executive, Dundee City Council Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

1.5 These Regulations will be the subject of regular review by the Integration Joint Board Chief Financial Officer in consultation with the NHS Tayside Director of Finance and the Dundee City Council's Section 95 Officer, and where necessary, subsequent adjustments will be submitted to the Integration Joint Board for approval.

1.6 These Financial Regulations are an essential component of the corporate governance of the Health & Social Care Partnership Integration Joint Board.

2 ROLES AND RESPONSIBILITIES

2.1 SCOPE AND OBSERVANCE

2.1.1. Voting members of the IJB together with non-voting members of the IJB have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.

2.1.2. The key controls and control objectives for financial management standards are: -

- the promotion of the highest standards of financial management by the IJB;
- a monitoring system to review compliance with the financial regulations;
- comparisons of actual and forward projection of financial performance with planned/budgeted performance that are reported to the IJB;
- preparation and approval of an annual budget;
- preparation of annual accounts which will be submitted for external audit; and
- provision for performance monitoring and scrutiny of the IJB to fulfil its duties under its Terms of Reference.

2.1.3. In all matters to do with the management and administration of the Integrated Budget by the IJB and its officers exercising such delegated powers as the IJB has agreed, these Financial Regulations will apply in all circumstances.

2.1.4. Prior to any funding being passed by one of the Parties to the IJB as part of the Integrated Budget, the Financial Regulations or Standing Financial Instructions of the relevant Party will apply. Similarly, once funding has been approved from the Integrated Budget by the IJB and directed by it to the Council or the NHS for the purposes of service delivery, the Standing Financial Instructions or Financial Regulations of the relevant Party will then apply to the directed sum, which will be utilised in accordance with the priorities determined by the IJB in its Strategic Plan.

2.2. INTEGRATION JOINT BOARD MEMBERS RESPONSIBILITIES

2.2.1. The members of the IJB are responsible for ensuring that, through the IJB's Chief Finance Officer, there is proper administration of the IJB's financial affairs, and that proper accounting records are kept for the IJB, which disclose the true and fair financial position and enable the preparation of financial statements that comply with the applicable Code of Practice.

2.2.2. The members of the IJB are responsible for ensuring the IJB's Strategic Plan can be delivered on a financially sustainable basis.

2.3. CHIEF OFFICER (IJBCO)/ FINANCE OFFICER (IJBCFO) RESPONSIBILITIES

Joint Responsibilities

2.3.1. The IJBCO and IJBCFO shall comply with the internal control procedures prevailing within the host organisation responsible for Service Delivery with regard to their operational activities e.g. segregation of duties, procurement of goods / services, control of assets, etc.

2.3.2. The IJBCO and IJBCFO shall comply with the internal control procedures prevailing within their host organisation with regard to their personal work-related activities e.g. travel and subsistence, codes of conduct, declarations, etc.

2.3.3. Where the IJBCO or IJBCFO delegate any of their responsibilities, the nature and extent of this should be set out in a Scheme of Delegation.

Chief Officer Responsibilities

2.3.4. The IJBCO will ensure that the decisions of the IJB are carried out and has a direct line of accountability to the Chief Executive of NHS Tayside and the Chief Executive of Dundee City Council for the delivery of integrated services. The IJBCO is responsible for ensuring that service delivery is in accordance with the Strategic Plan to support the national outcomes, any locally delegated responsibilities for health and wellbeing and for measuring, monitoring and reporting on the underpinning measures and indicators (including financial) that will demonstrate progress.

2.3.5. The IJBCO is the accountable officer for Delegated Functions to the Integration Joint Board. The Parties agree that the IJBCO is responsible for: -

- the Operational Management and performance of Integrated Services including Lead Partner services with the exception of Acute Services, adult mental health inpatient, learning disability inpatient and drug and alcohol inpatient services

- ensuring that the Strategic Plan meets the requirement for economy, efficiency and effectiveness in the use of the IJB resources; and
- giving directions to NHS Tayside and Dundee City Council that are designed to ensure resources are spent according to the Strategic Plan. The IJBCO will report directly to the Chief Executive of the Council and the Chief Executive of NHS Tayside on Operational Management. Having in place management structures that ensure accountability and responsibility for professional, clinical and care governance in respect of the Integrated Services for which they have direct Operational Management responsibility.

2.3.6. In their operational role within the NHS and the Council, the IJBCO has no "accountable officer" status but is: -

- accountable to the Chief Executive of the Council and Chief Executive of the NHS for the operational performance of the services managed by the IJBCO.
- accountable to the Chief Executive of the NHS for the proper financial management of the operational budget, and is advised by the NHS Director of Finance;
- accountable to the Chief Financial Officer (Section 95 Officer) of the Council for the proper financial management of the operational budget, and is advised by the Chief Financial Officer of the Council

Chief Finance Officer Responsibilities

2.3.7. The Integration Scheme notes that the IJBCFO "will be accountable to the IJBCO and the IJB for the Annual Accounts, Financial Plan (including the Annual Financial Statement as required under section 39 of the Act) and providing financial advice to the Integration Joint Board. The IJBCFO will provide financial advice and support to the IJBCO and the IJB on the financial resources used for operational delivery." The IJBCFO will be responsible for preparing the IJB's medium term financial plan to be incorporated into the Strategic Plan.

The IJBCFO is responsible for the administration of the financial resources delegated to the IJB and will discharge this duty by:

- establishing and maintaining financial governance systems for the proper use of the delegated resources
- ensuring that the Strategic Plan meets the requirement for best value in the use of the IJB's financial resources
- ensuring that financial resources are utilised in accordance with the Strategic Plan

2.3.8. At the point when the IJB provides Direction to the Parties, for the operational delivery of services, the Director of Finance (NHS) and Council's Section 95 Officer are responsible for ensuring governance of these resources in accordance with their own organisation's financial governance documents.

3 **FINANCIAL PLANNING AND MANAGEMENT**

3.1 BUDGET PREPARATION

3.1.1. The Integrated Budget - The resources within scope of the IJB's Integrated Budget are those local authority social care services, health IJB primary, community healthcare and

hospital services delegated in accordance with the Integration Scheme. The Integrated Budget will be the aggregate of payments to the IJB for services delegated by DCC and NHST.

3.1.2. The Strategic Budget - The resources within scope of the IJB's Strategic Budget are those within the Integrated Budget together with those in respect of large hospitals set aside in accordance with the Integration Scheme, termed "Large Hospital Services". The NHS budget for Large Hospital services is included within the IJB's Integrated Budget for direction via the Strategic Plan. Future changes agreed by the IJB and NHST will determine the movement between the Integrated Budget and the Large Hospital "Set Aside".

3.1.3. The Strategic Plan - the IJB is responsible for the production of a Strategic Plan - setting out proposals for the delivery of services within the remit of the IJB over the medium term. This will include a medium-term financial plan for the resources within scope of the strategic plan, incorporating the integrated budget and the notional budget for directed hospital services.

3.1.4. Budget Preparation / Requisitions - In accordance with the Integration Scheme the IJBCFO "will make annual budget Requisitions to the Parties in line with their respective budget setting timetables. The budget Requisitions will be calculated with initial reference to the pertinent year of the latest Strategic Plan agreed by the IJB and in line with agreement by the Parties and will include the costs of the IJB, External Audit, the IJBCO, the IJBCFO and any other relevant costs".

3.1.5. "Where any adjustments are made from the proposals/assumptions contained in the Strategic Plan this will be made clear in the budget Requisition made by the Chief Finance Officer to the Parties ".

3.1.6. "The Parties will engage with the IJBCO and IJBCFO while considering these Requisitions through their respective budget setting processes ".

3.1.7. "The Parties will consider the implications of the Integration Joint Board's planned Requisitions over the period of the Strategic Plan will ensure the services commissioned by the Integration Joint Board are delivered within the available Integrated Budget".

3.1.8. Directions - Following agreement of the Strategic Plan by the IJB, and confirmation of the requisitions from the Parties, in accordance with the Integration Scheme the IJB "will approve and provide Direction to the Parties before the start of the Integration Joint Board financial year, in the relevant year, regarding the services that are commissioned, how they are to be delivered and the resources to be used in delivery". This direction is with a view to ensuring that resources are utilised in accordance with the objectives of the Strategic Plan.

3.1.9. The Integration Scheme notes that in "the event that a material calculation error in the spending Directions provided by the IJB to the Parties is discovered this will be adjusted for and revised Directions issued to the Parties".

3.2. BUDGET MONITORING AND CONTROL

3.2.1. Budget Monitoring in accordance with the Integration Scheme the IJBCFO will "ensure routine financial reports are available to the IJBCO and the IJB on a timely basis and include as a minimum, annual budget, full year outturn projection and commentary on material variances. All IJB reports will be shared with the Parties simultaneously". The frequency, form and content of reports will be agreed by the IJB. These reports will cover the financial performance of the Integrated Budget and the Strategic Budget together

with projections for the full financial year and any implications for the following financial years.

3.2.2. "Where an unplanned year end overspend in the IJB's budget is projected in respect of the Integrated Services for which the IJBCO has Operational Management responsibility the IJBCO and the IJBCFO must present a recovery plan to the IJB and the Parties and the IJB to address in year overspends and any recurring overspends for future financial years".

In the event that the recovery plan is unsuccessful, and an overspend is evident at the year-end, uncommitted Reserves held by the IJB would firstly be used to address any overspend. If after the application of reserves there remains a forecast overspend, a revised Strategic Plan must be developed and agreed by the Parties to enable the overspend to be managed in subsequent years.

In the event that an overspend is evident following the application of a recovery plan, use of reserves or where the Strategic Plan cannot be adjusted, the
the overspend will be allocated based on each Parties' proportionate contribution to the IJB's budget Requisition for that financial year on a like for like basis.

Where the Parties make additional payments to cover an overspend then the Parties will discuss whether recovery of those additional payments in future years from the Integration Joint Board should be pursued.

In the event that further services and their associated budgets are added to the initial scope of the IJB the above timelines will not be adjusted unless the Parties agree otherwise.

3.2.3. In the event that an underspend is evident within the IJB's year-end position, this will be retained by the IJB unless the following conditions apply:

- Where a clear error has been made in calculating the budget Requisition; or
- In other circumstances agreed through a tripartite agreement between the Parties and the IJB

If these conditions apply, the underspend will be returned to each of the Parties in proportion to the spending Direction for each Party for that financial year, adjusting these spending Directions to ensure the Parties budgets are on a like for like basis.

IJB Reports

3.2.4. The IJBCFO will be consulted on all reports being submitted to the IJB to ensure that any financial implications arising have been considered. Each IJB report should include a Financial Implications section.

3.2.5. It is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 that an Annual Performance Report is presented to the IJB and the financial contents therein should comply with the requirements as set out in the Act.

3.2.6. It will be the responsibility of the IJBCO and IJBCFO to provide relevant information and reports to ensure the DCC and NHST performance reporting arrangements are complied with.

Virement (Between Financial Years)

3.2.7. The Strategic Plan and budget Requisitions will detail the budget virement that is proposed to be undertaken between each financial year in respect of both the Integrated Budget and large hospital services set aside. The extent of virements will be confirmed following completion of the IJB annual accounts.

Virement (In Year) – Integrated Budget

3.2.8. The IJBCO, in consultation with the IJBCFO, can undertake budget virement of up to and including £2,000,000 under delegated authority subject to this virement not impacting upon current IJB, Council or NHS policies and must be consistent with the aims of the Strategic Plan. Individual virements in excess of £500,000 must subsequently be reported to the IJB for noting through the budget monitoring reports. Budget virement in excess of this sum requires approval of the IJB.

3.2.9. It will be necessary for the IJBCO to issue a revised direction to the Parties in light of in-year budget virement.

Virement (In Year) – Large Hospital Services

3.2.10. All budget virement in respect of Large Hospital services will require approval of the IJB and the NHST and the reasons for this virement will be detailed in such a request e.g. changes in the timing of planned capacity changes from that outlined in the Strategic Plan.

Year End Budget Variances

3.2.11. Any surplus or deficit arising at the financial year end on the Strategic Budget will be addressed in accordance with the provisions for this detailed within the Integration Scheme as follows: -

- Deficit

Uncommitted Reserves held by the IJB would firstly be used to address any overspend;

Via the risk sharing provisions between the Parties as set out in the Integration Scheme.

- Surplus

Retained in Reserves unless either a clear error has been made in calculating the budget Requisition or in other circumstances agreed through a tripartite agreement between the Parties and the IJB.

Reserves

3.2.12. The IJB is able to retain Reserves albeit these will be notional as the IJB will not hold cash balances. The IJB is required to set out and agree, therefore, a Reserves policy and strategy in the Strategic Plan.

3.3. ANNUAL ACCOUNTS

3.3.1. The annual accounts for the IJB are required to be prepared subject to the provisions of Section 106 of the Local Government (Scotland) Act 1973. As such the annual accounts – including a Governance Statement and Best Value Statement will be undertaken in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom.

3.3.2. As part of the process of preparing the Annual Accounts of the IJB, the IJBCFO will be responsible for liaising with the Parties to agree balances between the Integration Joint Board and the Parties at the end of the financial year in accordance with the respective annual account's timescales of the Parties. The IJBCFO will also be responsible for provision of other information required by the Parties to complete their annual accounts including Group Accounts.

3.3.3. The IJBCFO will arrange for the preparation and submission of the IJBs annual accounts by the statutory deadline and sign the annual accounts.

3.3.4. The draft annual accounts and final accounts should be submitted to the IJB and Audit Committee (if applicable) for their scrutiny and review.

4 FINANCIAL SYSTEMS AND PROCEDURES

4.1 TREASURY MANAGEMENT

4.1.1. Legislation, under Section 106 of the Local Government (Scotland) Act 1973 empowers the IJB to hold reserves, which should be accounted for in the financial accounts and records of the IJB.

4.1.2. The IJB will not undertake any cash transactions but rather these will be on a notional basis through the direction of expenditure undertaken by the Parties. Any cash correction arising as a result of variance between the Requisitions from and Directions to the Parties will be undertaken directly between the Parties without any adjustment for interest.

4.1.3. In light of the above the IJB will not operate a bank account although it has the power to do so.

4.2. PROCUREMENT

4.2.1. The Public Bodies (Joint Working) (Scotland) Act 2014 provides that the IJB may be empowered to contract itself to carry out the functions delegated to it. The IJBCO shall consult with the IJBCFO and both Parties' senior finance officers prior to seeking IJB approval for such contracting.

4.2.2. Until such agreement is achieved, procurement activity will be undertaken by the respective Parties and in accordance with the guidance prevailing in the organisation to which the IJB has given operational direction for the use of financial resources. The IJBCO and IJBCFO will consider whether there are financial or other benefits for either of the Parties to be directed to undertake particular areas of spend.

4.3. CHARGES FOR SERVICES

4.3.1. The IJB will not charge for services as any charging will be undertaken by the organisation to which the IJB has given operational Direction to deliver the services for which a charge is made in accordance with local policy and national guidance.

4.4. VALUE ADDED TAX

4.4.1. There is no requirement for a separate VAT registration for the IJB as the IJB will not be delivering any services within the scope of VAT.

4.4.2. The IJBCO and IJBCFO must remain cognisant of possible VAT implications arising from the delivery of the Strategic Plan. The Parties will be consulted in early course on proposals which may have VAT related implications.

4.5. INSURANCE AND RISK MANAGEMENT

4.5.1. The Integration Joint Board will make appropriate insurance arrangements for all activities of the Integration Joint Board in accordance with the risk management strategy.

4.5.2. The Chief Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the

activities of the Integration Joint Board for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of Members of the Integration Joint Board acting in a decision-making capacity.

4.5.3. The Integration Joint Board will use its membership of the Clinical Negligence and Other Risks Scheme (CNORIS) scheme to provide indemnity cover for the Integration Joint Board Members. The cover to be provided is in respect of decisions made by Members in their capacity on the Board. All other cover required should be provided by NHS Tayside and Dundee City Council.

4.5.4. The NHS Tayside Director of Finance and the Section 95 Officer of Dundee City Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

4.5.5. The IJBCO will notify the IJB as soon as reasonably possible of any incidents of loss, damage or injury, which may give rise to a claim by or against the IJB.

4.6. BOARD MEMBERS' ALLOWANCES AND EXPENSES

4.6.1. Payment of IJB Board Members' allowances, travel and subsistence expenses if appropriate will be the responsibility of the Members' individual Council or NHST or employing organisation, and will be made in accordance with their own Schemes as required to reflect the capacity of the role being discharged e.g. Lead Clinician, third sector representative.

5. FINANCIAL ASSURANCE

5.1. EXTERNAL AUDIT

5.1.1. The IJB will be subject of external audit by auditors appointed by the Accounts Commission. The IJB, IJBCO and IJBCFO are required to comply with all reasonable requests made by the auditors in completion of their external audit.

5.1.2. The IJBCFO will be the initial point of contact with external auditors for all matters in relation of the IJB's annual accounts.

5.2. INTERNAL AUDIT

5.2.1. The IJB shall establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the allocated resources, but not the amount or sufficiency of the allocated resources. This will include determining who will provide the internal audit service for the IJB and nominating a Chief Internal Auditor.

5.2.2. The operational delivery of internal audit services within the NHS and the Council will be contained within their respective and established arrangements.

5.2.3. The Internal Audit Service will undertake its work in compliance with the Public Sector Internal Audit Standards.

5.2.4. On or before the start of each financial year, the IJB's Chief Internal Auditor will prepare and submit a strategic risk-based audit plan to the IJB or Performance and Audit Committee for approval. It is recommended this is shared for information with the relevant committee of the NHS and the Council.

5.2.5. The IJB's Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Chief Officer and the IJB or Performance and Audit Committee indicating the extent of audit cover achieved and providing a summary of audit activity during the year. As a minimum the annual audit report and IJB Chief Internal Auditor's opinion will also be reported to the audit committee of the NHS Board and the Scrutiny Committee of the Council.

5.2.6. The IJB, IJBCO and IJBCFO have a duty to inform DCC's Chief Internal Auditor and the NHS Counter Fraud Service of any suspicion of fraud, irregularity or any other matter concerning the contravention of the Financial Regulations affecting assets of the IJB or the Parties.

5.3. BREACH OF THE FINANCIAL REGULATIONS

5.3.1. A breach of these Financial Regulations must be reported immediately to the Chief Officer, who may then discuss the matter with the NHS's Chief Executive, the Council's Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

5.3.2. The Audit Committee will be notified of any material breach of the Financial Regulations.

5.4. AUTHORISATION OF COMMUNITY CARE PACKAGES

5.4.1. The IJBCFO will have delegated authority to authorise expenditure on community care packages for adults as detailed below:

- Level 1 - For individuals who can be supported in their own home with interval support and care packages, the IJBCFO will have delegated authority to agree the cost of care packages for these individuals at a rate equating to the national care home rate for nursing care plus 15%. (NH NCH rate +15%)
- Level 2 - For individuals requiring twenty-four-hour care and support from a specialist provider, the IJBCFO will have delegated authority to agree the cost of care packages for these individuals up to twice the cost of a Level 1 care package per week (i.e 2*NH NCH rate +15%)
- Level 3 - For individuals who present a significant risk to themselves or to others (including people who have forensic needs or severe challenging behaviour), the IJBCFO will have delegated authority to agree the cost of care packages for these individuals up to three times the cost of a Level 1 care package per week (i.e 3*NH NCH rate +15%)

5.4.2. Should a proposed package of care exceed these levels, the proposal will be referred to the IJBCO for consideration in consultation with the Chair and Vice Chair of the IJB. The outcome of the decision will be reported to the next available IJB meeting for information.

5.5. SCHEME of DELEGATION

Detail included in separate documentation.

5.6. GIFTS and HOSPITALITY / REGISTER of INTEREST

5.6.1. Members and employees should comply with their respective codes of conduct when offered gifts, gratuities and hospitality. NHS Tayside and Dundee City Council both maintain a register of gifts and hospitality offered**.**

5.6.2. A central register of gifts and hospitality will be maintained by the Integration Joint Board. For the offers of any hospitality or gift, approval must be sought from the relevant line manager prior to acceptance and for offers exceeding £30 details must be intimated

in writing for including in the register. Reference should be made to the respective codes of conduct.

5.6.3. A separate Register of Interests for board members is to be maintained by the Clerk to the Integration Joint Board.

6. REVIEW OF FINANCIAL REGULATIONS

These Financial Regulations shall be subject to review on an ongoing basis by the Chief Finance Officer and where necessary, subsequent amendments will be submitted to the Integration Joint Board for approval. Financial Regulations should be considered alongside other Governance documents including Standing Orders and Scheme of Delegation.

GLOSSARY

Term	*Meaning*
The Act	the Public Bodies (Joint Working) (Scotland) Act 2014
Integration Scheme	this is a document agreed jointly by Dundee City Council and NHS Tayside which details the joint working procedures to be followed by Integrated Joint IJB Parties – these are Dundee City Council and NHS Tayside
Integrated Functions	those functions and services delegated to the IJB by virtue of this Scheme;
Integration Joint Board Order	the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint IJBs) (Scotland) Order 2014
IJB	the Integration Joint IJB to be established by Order under section 9 of the Act, abbreviated to "IJB"
IJB Chief Officer (IJBCO)	that individual appointed by the Integrated Joint IJB to ensure delivery of the IJB's Strategic Plan
IJB Chief Finance Officer (IJBCFO)	that individual appointed by the Integrated Joint IJB to ensure governance of the IJB's financial resources and provide financial advice to the IJBCO and IJB
Local Authority Section 95 Officer	this is the individual occupying the post within the local authority with responsibility for governance of financial resources in accordance with Section 95 of the Local Government (Scotland) Act 1973
Health Director Of Finance	that individual occupying the post within NHS Tayside with accountability for governance of financial resources
Requisition	the financial resources devolved by each of the Parties to the Integrated Joint IJB
Direction	is the instruction from the IJB to each of the Parties to undertaken operational provision of services and the related financial resource level to undertake this (issued under section 26 of the Act)
Payment	Term used in the legislation to describe the Integrated Budget contribution to the Integration Joint Board and does not require that a bank transaction is made. In addition the term used to describe the resources paid by the Integration Joint Board to the Health Board and the Local Authority for carrying out the directed functions.
Integrated Budget	Budget for the delegated resources for the functions set out in the Integration Scheme as specified in legislation (See "notional budget").
Notional Budget	Activity based budget for commissioned hospital services used by the IJB population as set out in the Strategic Plan. This is the amount required to be set aside by the Health Board for use by the IJB.
Strategic Plan	the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.
Virement	the transfer of an under spend on one budget head to finance additional spending on another budget head. For the purposes of the IJB, represents the transfer of budget one are of "subjective"

Term	*Meaning*
	spend to another, i.e. staff costs, employee costs, property costs, etc. or the transfer of budget between Parties.
Acute services	those services set out in Part 2 of Annex 1 to the Scheme which are delivered within Ninewells Hospital and Perth Royal Infirmary, except medicine for the elderly services delivered at Perth Royal Infirmary (for which the Integration joint IJB will have operational delivery responsibility}
Large Hospitals	those hospitals which fall within the definition set out in section 1(14) of the Act; Means the functions that a Health Board proposes to delegate under an integration scheme which are carried out in the area of the Health Board and are provided for the areas of two or more local authorities. (Section 1 (14)). Note that it is possible that this definition could be interpreted as referring to community hospitals that provide care to people from more than local authority but this is not the intention of the legislation
Outcomes	the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;
Dundee City Council or The Council or DCC	the local government area of Dundee City as defined in the Local Government Etc. (Scotland) Act 1994
VAT – Value Added Tax	Health Boards and Local Authorities have a different VAT status under the VAT Act 1994. Local Authorities have Section 33 status whereby they can recover VAT on non-business activities; and Health Boards have Section 41 status, they can typically only recover VAT incurred on services. Local Authorities typically recover a greater proportion of VAT than Health Boards.

ITEM No …17……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10 DECEMBER 2025**

REPORT ON: **SCHEME OF DELEGATION - 2025/26**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB81-2025**

1.0 PURPOSE OF REPORT

The purpose of this report is to present the revised Scheme of Delegation for officers from the Integration Joint Board for consideration and requests that this is adopted as a key element of the Integration Joint Board's governance arrangements.

2.0 RECOMMENDATIONS

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

2.1 Notes and adopts the updated Scheme of Delegation for officers which is detailed in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 The legislation requires the IJB to direct the Council and Health Board to deliver services pursuant to the delegated functions in a manner consistent with the Strategic Plan. The IJB transfers financial allocations to the Council and Health Board to permit the discharge of these directions. The IJB also places the Chief Officer at the disposal of the Chief Executives of the Council and Health Board to operationally manage these services and the employees engaged in their delivery. It is this element which forms the basis of the delegation to Officers.

4.2 The Scheme of Delegation was approved by the IJB at its meeting of the 23th April 2019 on submission of report DIJB16-2019 (Article V of the minute of the meeting refers). It was noted that Dundee City Council were reviewed their Scheme of Delegation in 2020 so all wording regarding Chief Social Work Officer has now been reflected in updated Scheme of Delegation which is attached as Appendix 1

4.3 The Scheme of Delegation is now subject to annual review. Following this review, we note that no updated is needed from previous version

5.0 POLICY IMPLICATIONS

None.

6.0 RISK ASSESSMENT

Risk 1 Description	Failure to have adequate Scheme of Delegation will undermine the IJB's governance arrangements
Risk Category	Governance risk
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	Regular update of Scheme of Delegation to reflect the current organisational structure.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 1 x Impact 2 = Risk Scoring 2 (which is a Low Risk Level)
Assessment of Risk Level	The mitigating actions set out above will ensure the Scheme of Delegation remains relevant and appropriate and therefore the risk to poor governance is low.

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	X
	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: 22 May 2024

Dundee Integration Joint Board

Scheme of Delegation

CONTENTS

1 INTRODUCTION AND INTERPRETATION

2 CORE PRINCIPLES

3 GENERAL POWERS RESERVED FOR THE IJB

4 SPECIFIC POWERS RESERVED FOR THE IJB

5 DELEGATION TO OFFICERS

1 INTRODUCTION AND INTERPRETATION

1.1 Introduction

The previously revised Scheme of Delegation was approved by Dundee City Integration Joint Board (hereinafter referred to as the "IJB") on 23rd April 2019. The scheme clarifies the remit and responsibilities of the Chief Officer and the Chief Finance Officer in respect of the operational management and deliverability of the integrated services as set out in the Integration Scheme for Dundee, which was approved by Scottish Ministers in October 2022

This scheme of delegation sets out the powers conferred on the Integration Authority (the Dundee City Integration Joint Board) by the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") and what is delegated to the IJB from the Partners and clarifies the remit and responsibilities of the Chief Officer and the Chief Finance Officer in respect of the operational management and deliverability of the integrated services as set out in the Scheme of delegation.

1.2 Interpretation and Definitions

The Interpretation Act 1978 shall apply to the interpretation of the Scheme as it would apply to the interpretation of an Act of Parliament. In this Scheme the following words shall have the meanings assigned to them, that is to say:
"the Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;
"the Board" means Dundee City Integration Joint Board;
"Chief Officer" means the Chief Officer of the Integration Joint Board;
"Chief Finance Officer" means the chief financial officer of the Board appointed by the Board in terms of section 95 of the 1973 Act.
"Clerk" means the Head of Democratic and Legal Services of Dundee City Council
"Integration Scheme" means the Dundee Integration Scheme 2022 made between the Partners under the 2014 Act and approved by Scottish Ministers;

1.3 Alteration of Scheme

1.3.1 The Board shall be entitled to amend, vary or revoke the Scheme from time to time.

1.3.2 The Clerk shall have the power to alter the Scheme to correct any textual or minor errors, or to make any consequential amendments required as a result of a decision of the Board.

2 CORE PRINCIPLES

2.1 Dundee City Council and NHS Tayside (hereinafter referred to as "the Partners") delegated various functions to the IJB on 10th October 2022 under the Dundee City Integration Scheme. The Partners retain overall statutory responsibility for their respective functions delegated to the IJB, as the IJB are responsible for the strategic planning and resources provision for the functions set out in the Scheme.

2.2 The matters reserved to the IJB or its Committees are mainly the strategic policy, the making of Directions and financial or regulatory issues requiring to be decided by the IJB, while the day to day operational matters are assigned to officers. The remit of officers of the IJB detailed in the Scheme are not exhaustive.

3 GENERAL POWERS RESERVED FOR THE IJB

3.1 Delegated powers should not be exercised by officers where any decision would represent:

(i) a departure from Board policy or procedure;
(ii) a departure from the Strategic Plan;
(iii) a significant development of policy or procedure.

4 SPECIFIC POWERS RESERVED FOR THE IJB

4.1 The powers which are reserved to the IJB or its committees, sub-committees and working groups are comprised of those which must, in terms of statute, be reserved, and those which the IJB has, itself, chosen to reserve. Powers which are not reserved are delegated, in accordance with the provisions of the Integration Scheme.

4.2 The following is a list of what powers are reserved to the IJB or any of its committees, this list is not exhaustive:

a) Any other functions or remit which is, in terms of statute or legal requirement bound to be undertaken by the IJB itself;

b) To establish such committees, sub-committees and working groups, as may be considered appropriate to conduct business and to appoint and remove Chair and Vice Chair Persons, members of committees, sub-committees and outside bodies;

c) The approval of the annual Budget;

d) The approval of the Financial Strategy;

e) The approval of the IJBs Annual Accounts;

f) The approval or amendment of the Standing Orders regulating meetings proceedings and business of the IJB and committees, sub-committees and working groups and contracts in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, subject to necessary approvals through the Partners Procurement Standing Orders, Schemes of Delegation and Procurement Regulations;

g) The approval or amendment of the Scheme of Delegation detailing those functions delegated by the IJB to its officers;

h) The decision to co-operate or combine with other Integration Joint Boards in the provision of services other than by way of collaborative agreement;

i) The approval or amendment of the Strategic Plan and associated Financial Framework;

j) To deal with matters reserved to the IJB by Standing Orders, Financial Regulations and other schemes approved by the IJB;

k) To issue Directions to the Partners under sections 26 and 27 of the 2014 Act, in line with the Integration Scheme and legislative framework sitting around the Chief Executive Officers (CEO's) of the Partners, and;

l) The approval of the Clinical and Care Governance Framework.

5 DELEGATION TO OFFICERS

5.1 Chief Officer

5.1.1 The Chief Officer will have delegated responsibility for all matters in respect of the operational management and delivery of integrated functions of the Board, as set out in the Integration Scheme, except where

(i) specifically reserved to the Board; or
(ii) where the Board determines that a particular power should be exercised by the Board, notwithstanding the delegation permitted by this clause.

The Chief Officer or where appropriate the Chief Finance Officer are authorised to take, or make arrangements for, any action required to implement any decision of the Board or any decision taken in the exercise of delegated powers.

5.1.2 The Chief Officer may in urgent circumstances and after consultation with the Chair and Vice Chair Persons of the Board and the Chief Finance Officer and Clerk take such measures as may be required in which case a report will be submitted to the next appropriate meeting of the Board for noting.

5.1.3 If any decision proposed under delegated powers might lead to a budget being exceeded, the Chief Officer or where appropriate the Chief Finance Officer must consult with the Chair and Vice Chair Persons of the Board before exercising the delegated power.

5.1.4 The Chief Officer whom failing the Chief Finance Officer or Clerk is authorised to execute or sign any deed or document to which the Board is a party.

5.1.5 Any deputy of the Chief Officer or where appropriate the Chief Finance Officer is authorised to exercise all powers delegated to the Chief Officer or where appropriate the Chief Finance Officer in the absence of the Chief Officer or the Chief Finance Officer.

5.2 Chief Finance Officer

5.2.1 The Chief Finance Officer has overall responsibility for Finance including Audit and Financial Management.

5.2.2 The Chief Finance Officer shall discharge their duties in accordance with the powers as delegated to them by the Partners under their respective approved Schemes of Delegation. In discharging their duties and in making any recommendation to the IJB, the Chief Finance Officer will demonstrate to the IJB that they have followed relevant Partner procedures and sought approval, where this is required.

5.2.3 The Chief Finance Officer shall:-

a) Act as the Proper Officer responsible for the administration of the financial affairs of the IJB in terms of section 95 of the Local Government (Scotland) Act 1973;

b) adhere to IJB and Partner Financial Regulations and relevant Codes of Practice of the Board for the control of all expenditure and income;

c) monitor of the IJB's capital and revenue budgets during the course of each financial year and reporting thereon to the IJB;

Determine all accounting procedures and financial record keeping of the IJB, to ensure the IJB is fully compliant with the Chartered Institute of Public Finance and Accountancy (CIPFA) Statement of Recommended Practice;

d) Subject to the approval of the Chief Officer and in conformity with any Financial Regulations and any approved policy, authorise the transfer of approved estimates from one head of expenditure to another, within a Service estimate, unless it is considered to materially affect the approved budget, in which case authorisation of the IJB will be sought. It is the Financial Regulations of the Partners which set out the rules in Virement;

5.3 Chief Social Work Officer

5.3.1 The Chief Officer and Chief Finance Officer will support the Chief Social Work Officer in the discharge of their duties as a statutory appointment by virtue of section 3 of the Social Work (Scotland) Act 1968.

5.3.2 The Chief Social Work Officer has the following general responsibilities in their role as a Proper Officer of Dundee City Council:-

(i) To oversee the discharge of the Council's statutory social work duties;
(ii) To ensure the provision of effective professional and objective advice to elected members and officers of the Council in the Council's provision of social work services;
(iii) To oversee the effective provision of social work services.

5.3.3 Further details regarding the specific statutory function can be found within Dundee City Council Delegation of Powers to Officers of the Council

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	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	✓	A	
Clinical Director	Dr David Shaw	✓	A	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
Grey No Longer a Member and has been replaced / Was not a Member at the Time

*Special Meeting