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

City Chambers
DUNDEE
DD1 3BY

7th April, 2026

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 on Wednesday 15th April, 2026 at 10.00 am in Committee Room 1, 14 City Square.

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 13th April, 2026.

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 MINUTES OF PREVIOUS MEETINGS - Page 1 and 7

(a) The minutes of previous meetings of the Integration Joint Board held on 18th February, 2026 and 31st March, 2026 are submitted for approval.

(b) ACTION TRACKER **- Page 11**

The Action Tracker (DIJB15-2026) for meetings of the Integration Joint Board is submitted for noting and updating accordingly.

4 JOINT INSPECTION OF ADULT SERVICES IN THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - FINDINGS AND IMPROVEMENT PLAN - Page 13

(Report No DIJB13-2026 by the Chief Officer, copy attached – for noting).

5 STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE – ANNUAL REVIEW - Page 73

(Report No DIJB14-2026 by the Chief Officer – copy attached – for a decision).

6 STATUTORY CHILDREN'S RIGHTS REPORT - Page 83

(Report No DIJB12-2026 by the Chief Officer, copy attached – for a decision).

7 AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2025/26 - Page 89

(Report No DIJB16-2026 by the Chief Finance Officer, copy attached – for a decision).

8 FINANCIAL MONITORING POSITION AS AT FEBRUARY 2026 - Page 111

(Report No DIJB17-2026 by the Chief Finance Officer, copy attached – for noting).

9 MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES - Page 127

A copy of the attendance return (DIJB18-2026) for meetings of the Integration Joint Board held over 2026 is attached for information.

10 IJB DEVELOPMENT SESSIONS

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

6th May – Strategic Commissioning Plan
9th September – Topic TBC
28th October – Budget Development
4th November – Budget Development
16th December – Budget Development

All sessions will be held between 10am – 12 noon.

11 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held on Wednesday 24th June, 2026 at 10.00am – venue to be confirmed.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED MARCH 2026)

(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	Nicola Stevens
Person providing unpaid care in the area of the local authority	Martyn Sloan
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)	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
Dundee Health and Social Care Partnership	Matthew Kendall
Audit Scotland	Ross Reid
Dundee City Council (Members' Support)	Susan Young

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 18th February, 2026.

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)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Officer
Christina COOPER	Third Sector Representative
Christine JONES	Acting Chief Finance Officer
Glyn LLOYD	Chief Social Work Officer
Raymond MARSHALL	Staff Partnership Representative
Dr David SHAW	Clinical Director
Jayne SMITH	Registered Nurse
Nicola STEVENS	Service User Representative
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:-

Joyce BARCLAY	Health and Social Care Partnership
Fiona BARNETT	Heath and Social Care Partnership
Katie GEARY	NHS Tayside
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

Ken LYNN, Chairperson, in the Chair

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Member	**Role**
Jim McFARLANE	Trade Union Representative
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

(a) The minute of meeting of the Integration Joint Board held on 10th December, 2025 was submitted and approved.

Councillor McHugh reported that she was still awaiting information on supplementary staffing costs as requested at the last meeting and it was noted that this would be provided.

(b) ACTION TRACKER

The Action Tracker (DIJB1-2026) for meetings of the Integration Joint Board was submitted and noted.

IV MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - SERVICE USER REPRESENTATIVE

It was reported that the new service user representative on Dundee City Health and Social Care Integration Joint Board had been identified as Nicola Stevens.

The Integration Joint Board agreed the appointment.

V PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB9-2026 by Bob Benson, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

VI STRATEGIC COMMISSIONING FRAMEWORK 2023-2033 – STATUTORY REVIEW

There was submitted Report No DIJB8-2026 by the Chief Officer informing that the Strategic Planning Advisory Group had completed their work to review the Strategic Commissioning Framework 2023-2033 and to recommend the current plan be retained and revised.

The Integration Joint Board agreed:-

(i) to note the work undertaken by the Strategic Planning Advisory Group to progress the statutory review of the Strategic Commissioning Framework 2023-2033, including engagement with partners and the public (section 4.2 of the report);

(ii) to complete the statutory review of the strategic plan, required under Section 37 of the Joint Working (Public Bodies) (Scotland) Act 2014, by approving the Strategic Planning Advisory Group's recommendation to retain and revise the Strategic Commissioning Framework 2023-2033 (retaining the current ambition, values and strategic priorities but including revised strategic shifts) (section 4.4 of the report);

(iii) to approve the Strategic Planning Advisory Group's recommendation that as part of the plan revision process, the IJB's Equality Outcomes should also be reviewed and updated where required (section 4.4.2 and 4.4.3 of the report);

(iv) to instruct the Chief Officer to support the Strategic Planning Advisory Group to revise the strategic shifts associated with each strategic priority, undertake any other minor revisions required and submit the revised Strategic Commissioning Framework 2023-2033 to the Integration Joint Board for approval on 26th June, 2026 (section 4.5 of the report); and

(v) to note that until such times as a revised strategy had been produced, submitted and approved that the current Strategic Commissioning Framework 2023-2033 would

remain in place and continue to direct the work of Dundee Health and Social Care Partnership.

Following questions and answers the Integration Joint Board agreed:-

(vi) to note that if it was agreed that revisions were required to the Strategic Commissioning Framework, IJB members would be part of the process.

VII CARERS STRATEGY 2026-2032

There was submitted Report No DIJB2-2026 by the Chief Officer seeking approval of the proposed Dundee Carers Strategy 2026-2032 and revised Carers Short Breaks Statement developed by the Dundee Carers Partnership.

The Integration Joint Board agreed:-

(i) to note the work undertaken by the Dundee Carers Partnership, supported by the Strategic Planning Advisory Group to develop a revised Carers Strategy 2026-2032 and Carers Short Breaks Statement (section 4.2 of the report);

(ii) to approve the updated Carers Strategy 2026-2032 for their interests. The revised Strategy (as at appendix 1 of the report) would also be submitted to Dundee City Council in due course and the IJB would be advised of their decision thereafter;

(iii) to approve the revised Carers Short Breaks Services Statement (appendix 2 of the report); and

(iv) to note that the associated delivery plan would continue to be reviewed throughout the duration of the strategy with a formal review every three years in line with the statutory review of the Strategy.

Following questions and answers the Integration Joint Board agreed:-

(v) that impacts on marriage and civil partnerships would be considered further;

(vi) to note that relationships with Leisure and Culture Dundee etc would be further explored;

(vii) that areas marked as no impact on the Impact Assessment would be reviewed to identify if these should be noted as not known; and

(viii) to note that once the new legilsation was received in May and the documents refreshed, Nicola would be asked to check over to ensure areas relating to eligibility were clear.

VIII STRATEGIC RISK MANAGEMENT ARRANGEMENTS

There was submitted Report No DIJB7-2026 by the Chief Officer submitting the revised IJB Strategic Risk Management Framework for approval, and providing an update on work completed to revise the content of the IJB's Strategic Risk Register and associated reporting arrangements.

The Integration Joint Board agreed:-

(i) to note the work undertaken by the Senior Management Team to review arrangements for strategic risk management; and

(ii) to approve the revised Dundee IJB Strategic Risk Management Framework.

Following questions and answers the Integration Joint Board agreed:-

(iii) to note that the reporting template to the IJB would be revised to ensure that it reflected how the content of a report actually impacted on the IJB strategic risks;

(iv) to note that in relation to leadership capacity, collaborative opportunities were being considered across all Tayside IJBs; and

(v) that consideration would be given to including risk in a future Development Session.

IX APPLICATION FOR TRANSFORMATION FUNDING FOR STOCK CONTROL TEST OF CHANGE

There was submitted Report No DIJB3-2026 by the Chief Finance Officer seeking approval of the request for £80k of IJB Transformation Funding to enable a test of change for a Stock Controller role within Community Specialist Nursing Service and on the Royal Victoria Hospital site to improve stock governance and procurement.

The Integration Joint Board agreed:-

(i) to approve the request for £80k funding from the IJB Transformation Fund to support tests of change on stock control processes;

(ii) to instruct updates on progress to be provided as part of budget update reports to the IJB; and

(iii) to remit the Chief Officer to issue directions as set out in Section 8 of the report.

X FINANCIAL MONITORING POSITION AS AT DECEMBER 2025

There was submitted Report No DIJB4-2026 by the Chief Finance Officer providing the 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 December, 2025 as outlined in Appendices 1, 2, and 3 of the report; and

(ii) to 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 of the report).

Following questions and answers the Integration Joint Board agreed:-

(iii) to note the assurance given that the three Chief Officers across Tayside were recognising the recruitment challenges and considering opportunities available; and

(iv) that consideration would be given to including workforce planning in a future Development Session.

XI DUNDEE IJB 2026/27 BUDGET OUTLOOK UPDATE

There was submitted Report No DIJB6-2026 by the Chief Finance Officer providing an update 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 anticipated cost pressures impacting on the IJB's delegated budget 2026/2027 including implications from the Scottish Government draft Budget statement, assumed funding levels from the partner bodies and resultant projected budget shortfall; and

(ii) to note the budget development progress including provisional savings actions and consultation process as detailed in sections 4.7 & 4.8 of the report.

Following questions and answers the Integration Joint Board agreed:-

(iii) to note that information was awaited on additional funding to be received by the IJB in relation to the real living wage cost pressures;

(iv) to note that reserves could be directed to organisational redesign;

(v) to note that ring-fenced funding in reserves from the Scottish Government for particular initiatives and projects could only be redirected if permission was sought and received from the Scottish Government;

(vi) to note that managers' views would be included in the Impact Assessment and they had also been encouraged to participate in the budget consultation;

(vii) to note that a session would be arranged for voting members in relation to roles, responsibilities, process etc at the budget setting meeting;

(viii) to note that there would be exploration of whether other Partnerships had included the implications of not agreeing the budget in their Integration Schemes or Standing Orders;

(ix) to note that updates would be provided to IJB members as they were received between now and the Development Session on 11th March, 2026; and

(x) to note if additional funding was provided to the IJB, certain caveats could apply.

XII MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB5-2026 for meetings of the Integration Joint Board held to date over 2025.

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

XIII IJB DEVELOPMENT SESSIONS

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

11th March – Budget Development
13th March – Joint IJB Session – Mental Health and Learning Disability Services (10.30am start)
1st April – Mental Health Update
6th May – Strategic Commissioning Plan
9th September – Topic TBC
28th October – Budget Development
4th November – Budget Development
16th December – Budget Development

All sessions would be held between 10am – 12 noon unless otherwise stated.

XIV DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held on Tuesday 31st March, 2026 at 10.00am in Committee Room 1, 14 City Square and also remotely.

Councillor Ken Lynn, Chairperson.

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 31st March, 2026.

Present:-

Members	**Role**
Ken LYNN (Chair)	Nominated by Dundee City Council (Elected Member)
Bob BENSON (Vice Chair)	Nominated by Health Board (Non Executive Member
Colleen CARLTON	Nominated by Health Board (Non Executive Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Officer
Christina COOPER	Third Sector Representative
Christine JONES	Acting Chief Finance Officer
Glyn LLOYD	Chief Social Work Officer
Raymond MARSHALL	Staff Partnership Representative
Jim McFARLANE	Trade Union Representative
Dr David SHAW	Clinical Director
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Jayne SMITH	Registered Nurse

Non-members in attendance at request of Chief Officer:-

Matthew KENDALL	Health and Social Care Partnership
Duane PATTERSON	Health and Social Care Partnership
Krista REYNOLDS	Health and Social Care Parntership
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership
Andy SUTTIE	Health and Social Care Parntership

Ken LYNN, Chairperson, in the Chair

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Member	**Role**
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)
Nicola STEVENS	Service User Representative
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)

II DECLARATION OF INTEREST

There were no declarations of interest.

III DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2026/2027

The Integration Joint Board acceded to a request for a deputation from Mr Neil Campbell, Chief Executive Officer of Dundee Carers Centre to address members relative to this item. After the deputation had stated their case and answered questions from members, they were thanked for their attendance and withdrew.

There was submitted Report No DIJB10-2026 by the Chief Finance Officer advising of the implications of the proposed delegated budget for 2026/2027 from Dundee City Council and indicative budget from Tayside NHS Board and to seek approval for the range of investments and expenditure proposed to set a balanced budget for Dundee Health and Social Care Partnership for 2026/2027.

The Integration Joint Board agreed:-

(i) to note the implications of the proposed delegated budget to Dundee Integration Joint Board from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2026/2027 as set out in sections 4.2 and 4.4 of the report;

(ii) to accept the delegated budget proposed by Dundee City Council as set out in section 4.4 and Table 3 within the report;

(iii) to instruct the Chief Finance Officer to report back to the IJB following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implications of the finalisation of lead partner budgets on the IJB's net budget position;

(iv) to note the range of estimated cost pressures and funding uplifts anticipated to impact on the IJB's 2026/2027 delegated budget (Appendix 1);

(v) to approve an uplift to staff pay element of Adult Social Care Providers' Contract Value to enable the increased hourly wage payment to staff providing direct care with effect from April 2026 (as detailed in 4.6.2);

(vi) to note the Operational Efficiencies and Management Actions detailed in Appendix 2 to the report;

(vii) to approve the Budget Savings proposals as summarised in Appendix 3 and detailed in Appendices 6-11 to the report;

(viii) to remit the Chief Officer to review the Strategic Risk Register with reference to the information contained within section 6 of the report; and

(ix) to remit the Chief Officer to issue Directions as set out in Section 8 of the report.

Councillor McHugh intimated her dissent from the foregoing conclusion.

Following questions and answers the Integration Joint Board agreed:-

(x) to note that the Chief Officer would work with colleagues in Dundee City Council around the timing of the budget consultation to improve response rates;

(xi) to note that any emerging risks would be added to the risk register;

(xii) to note that vacancy management continued to be closely monitored and risk assessed; and

(xiii) to pass on their thanks to the teams involved in the budget process.

IV DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held on Tuesday 15th April, 2026 at 10.00am in Committee Room 1, 14 City Square and also remotely.

Councillor Ken Lynn, Chairperson.

ITEM No …3(b)……..

DIJB15-2026

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETINGS ON 18TH FEBRUARY & 31ST MARCH 20206

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	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~~ April 2026	In progress	Originally intended to be incorporated into a budget development session, however this has not been possible. This will now be considered for scheduling as a joint session with action 9 below. In the meantime the financial monitoring report now includes further info on absence levels.
2	20/08/25	XIII	REDUCING HARM FROM DRUG AND ALCOHOL USE – UPDATE REPORT	That further information would be provided to a future IJB meeting in relation to residential rehab and the alcohol pathway review.	Acting Head of Service, Strategic Services	June 2026	In progress	Work is continuing, led by the ADP on both aspects and a report will be provided in due course.
3	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	Complete	Positions continue to be monitored but no direct correlation between vacancy management arrangements and supplementary staffing spend has been identified.
4	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	June 2026	Complete	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 has been issued to IJB members.
5	18/02/26	VII	CARERS STRATEGY 2026-2032	That impacts on marriage and civil partnerships would be considered further.	Interim Head of Health & Community Care	April 2026	Complete	The Equality Act 2010 provides protection against discrimination in employment for individuals who are married

								or in a civil partnership. This protection is specifically limited to the workplace and does not extend to discrimination in the provision of goods and services. Nonetheless the Carers Partnership will have a further discussion about the interaction between marriage and civil partnership and caring responsibilities / impacts to identify if any further actions might be helpful in this area.
6	18/02/26	VII	CARERS STRATEGY 2026-2032	That relationships with Leisure and Culture Dundee etc would be further explored	Interim Head of Health & Community Care	April 2026	Complete	Leisure and Culture Dundee will be invited to nominate a representative to the Carers Partnership. There are existing links between them and Dundee Carers Centre.
7	18/02/26	VII	CARERS STRATEGY 2026-2032	That areas marked as no impact on the Impact Assessment would be reviewed to identify if these should be noted as not known	Interim Head of Health & Community Care	April 2026	Complete	All No Impacts have been reviewed and confirmed as accurate. There are no actions or proposals within the Carers Strategy with a specific impact for the groups.
8	18/02/26	VIII	STRATEGIC RISK MANAGEMENT ARRANGEMENTS	That consideration would be given to including risk in a future Development Session.	Chief Officer	April 2026	Ongoing	Date to be scheduled.
9	18/02/26	X	FINANCIAL MONITORING POSITION AS AT DECEMBER 2025	That consideration would be given to including workforce planning in a future Development Session.	Chief Officer	April 2026	Ongoing	Date to be scheduled.
10	31/03/26	III	DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2026/2027	That the Chief Officer would work with colleagues in Dundee City Council around the timing of the budget consultation to improve response rates.	Chief Officer			

ITEM No …4……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 APRIL 2026**

REPORT ON: **JOINT INSPECTION OF ADULT SERVICES IN THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - FINDINGS AND IMPROVEMENT PLAN**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB13-2026**

1.0 PURPOSE OF REPORT

1.1 To inform the Integration Joint Board of the findings of the Joint Inspection of Adult Services for Dundee Health and Social Care Partnership, published by the Care Inspectorate and Healthcare Improvement Scotland on 10 March 2026, and to outline improvement activity arising from these findings.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the inspection report published by the Care Inspectorate and Healthcare Improvement Scotland (attached as appendix 1).

2.2 Note the summary of inspection findings, including positive gradings, seven areas of strength, two good practice examples and areas for improvement (section 4.4).

2.3 Note that improvement activity relating to the four areas for improvement has already begun, and that future plans will be overseen by the Dundee Mental Health and Wellbeing Strategic Planning and Commissioning Group (section 4.4.5 and appendix 2).

2.4 Instruct the Chief Officer to make arrangements for a further update on the implementation and impact of improvement plans to be provided to the IJB no later than 31 December 2026.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 INSPECTION SCOPE AND PROCESS

4.1 In early August 2025 the Care Inspectorate and Healthcare Improvement Scotland notified the Chief Officer of their intention to undertake a joint inspection of adult service in the Dundee Health and Social Care Partnership under Section 115 of Part 8 of the Public Services Reform (Scotland) Act 2010. The inspection in Dundee was the seventh if the rolling programme of themed inspections currently being undertaken by the scrutiny bodies.

4.2 The joint inspection focused on the key inspection question; *How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?*

For Dundee, the inspection question was considered through the lens of people living with a mental illness (aged 18 to 65 years) and their unpaid carers. Themed inspections consider how well integration of services is supporting people's experience and outcomes. They do not consider the quality of specialist care for the specific group but rather seek to understand if health and social care integration arrangements are resulting in good outcomes. Through consideration of the experiences and outcomes of people living with a mental illness the scrutiny bodies build a picture of what is happening more broadly in health and social care integration and how well that is supporting experiences and outcomes for the wider population. The inspection scope included functions delegated to the IJB and related services delivered by health and social care partnerships.

4.3 The inspection process commenced mid-August 2025, with evidence gathering / field work phases finishing in late December 2025. Activity undertaken included submission of a position statement by the Partnership, a workforce survey, case file reading, engagement with service users and carers through a survey and variety of meeting formats, and focus groups with members of the workforce, including practitioners, managers and senior leaders.

4.4 INSPECTION FINDINGS

4.4.1 The inspection report for the Dundee Health and Social Care Partnership was published on 10 March 2026 (contained within appendix 1). Overall, ten quality indicators were considered in the inspection process and grades of Good or above were awarded for all aspects:

Key Area	Evaluation
Key performance outcomes	Good[1]
Experiences of people who use our services	Good
Delivery of key processes	Good
Strategic planning, policy, quality and improvement	Very Good[2]
Leadership and direction	Good

Overall, the inspection report reflects very positively on work undertaken over the last ten years within integrated community-based services to strengthen access to mental health and wellbeing supports, with subsequent positive impact on service user outcomes and experiences. Benchmarked against the four Partnership areas inspected through the lens of people living with mental illness, Dundee achieved the highest evaluations.

4.4.2 The joint inspection team identified seven key strengths within the Dundee Health and Social Care Partnership:

- Health and social care partnership leaders demonstrated a clear vision and commitment to improving services and outcomes for people living with a mental illness. There was a positive focus on service transformation which included collaboration with people.

"Leaders demonstrated a clear vision and commitment to improvement. They were aware of the level of service transformation required and worked together to produce good outcomes for people living with a mental illness."

[1] An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.
[2] An evaluation of very good will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement.

"The partnership made good progress in engaging people with a mental illness in its strategic work, resulting in meaningful involvement of people with lived experience in shaping both policy and the development of services."

- Most people had positive experiences of integrated and person-centred health and social care, which supported an improved quality of life.

"Relationships with staff were impactfully positive for people, and some people expressed that their lives had been thoroughly transformed for the better."

"People experienced statutory and third sector services working effectively together to meet their agreed personal plan."

- Most carers were supported to continue in their caring role.

"Carers were acknowledged and supported in their caring role. Support came from both dedicated carers' services and services that worked with the person they cared for."

"Early intervention and prevention support for carers was evident through direct access to short break funding, without requiring assessment from statutory services."

- The partnership demonstrated strong collaboration with third and independent sector services to deliver care, support, and therapeutic interventions for people living with a mental illness and carers.

"Service providers were extremely positive about the support they received and had confidence in the partnership's commitment to ethical, collaborative commissioning."

"The partnership demonstrated effective interagency collaboration, where third sector providers could raise concerns and collectively plan support for individuals, ensuring responses were well informed and tailored to people's needs."

- There was an emphasis on early intervention and prevention with the network of peer support workers and community projects to alleviate the precipitating factors of mental illness.

"The partnership established an impressive range of resources that supported people's mental health, with a strong emphasis on early intervention and prevention."

"Almost all people living with a mental illness in Dundee who had been helped by a peer support worker, experienced this as having a very positive impact on their lives."

- The partnership was committed to investing in direct access, community-based initiatives to support an improvement in mental health and wellbeing outcomes.

"Direct access services offered spaces where people could go without demands or conditions being placed on them."

"Hope Point provided an immediate, compassionate response for people experiencing emotional distress and crisis."

- The partnership had robust commissioning and contract monitoring processes that involved providers and people who use services.

"The partnership was successfully delivering ethical, outcome focused commissioning."

"The partnership had clear strategic commissioning intentions which were focused on delivering high-quality, person-led services for people and carers."

4.4.2 Two good practice examples were also selected by the join inspection team:

- Peer Support Network – the report outlines that this approach has delivered clear positive outcomes for people, improving confidence, hope and engagement with services through support grounded in lived experience. The approach is integrated within statutory and third sector services and has helped to strengthen recovery journeys, reduce isolation, enhance people's ability to navigate services and to participate more fully in their communities.

- Hope Point – the report highlights that Hope Point has improved access to timely mental health support by providing a compassionate 24/7 alternative to traditional crisis pathways, helping people receive support earlier and preventing escalation to crisis. The strong partnership model and peer-led approach were found to have resulted in high uptake, positive experiences and nationally recognised improvement in crisis response and emotional wellbeing outcomes.

4.4.3 The joint inspection team also identified four key areas for improvement:

- The partnership should ensure that people and carers understand their rights and options under the Social Care (Self-Directed Support) Scotland Act 2013 and the Carers (Scotland) Act 2016 and that these rights are met.

- Further work was required to strengthen integration for people with multiple health conditions.

- The partnership should progress work to capture, aggregate and analyse personal outcomes data for people and carers.

- Leaders should ensure consistent evaluation as to the effectiveness and impact of strategic improvement and development.

4.4.4 The areas of strength and for improvement contained within the inspection report are very closely aligned to the Partnership's own position statement submitted as part of the inspection process. The production of the position statement was informed by a range of performance management, quality assurance and self-evaluation activity undertaken by the Partnership and by commissioned services. The statement reflected the significant improvements that have been taken forward across services and supports for adults living with a mental illness since 2016 and the hard-work, dedication and expertise of the frontline mental health workforce despite the very challenging circumstances associated with the post pandemic period, including increased demand for health and social care supports and resource and workforce pressures. Close alignment between the position statement and inspection report suggests that local quality assurance and self-evaluation processes are robust and also means that the areas for improvement are recognised within and being progressed via both mental health specific strategic and delivery plans and the HSCP's overall annual delivery plan.

4.4.5 The Health and Social Care Partnership is required to agree with the allocated Care Inspectorate Link Inspector the improvement actions that have been identified the to address the four key areas for improvement. A summary of the identified improvement actions is contained within appendix 2. This includes several actions that were already part of Partnership improvement and delivery plans and that are being progressed by relevant teams and services. Where necessary, additional actions have been agreed and incorporated into relevant plans. The progress of these actions will continue to be monitored via the Dundee Mental Health and

Wellbeing Strategic Planning and Commissioning Group, with an overview of progress being provided to the IJB before the end of 2026.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service Health and Community Care, members of the Inspection Preparation Group and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

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care inspectorate

Healthcare Improvement Scotland

Joint inspection of adult services

Integration and outcomes – focus on people living with mental illness

Dundee Health and Social Care Partnership

March 2026

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PART 1 – About Our Inspection

Background

The Care Inspectorate and Healthcare Improvement Scotland share a common aim that the people of Scotland should experience the best quality health and social care. We work together to deliver programmes of scrutiny and assurance activity that look at the quality of integrated health and social care services and how well those services are delivered. We provide assurance that gives people confidence in services. Where we find that improvement is needed, we support services to make positive changes.

Legislative Context

The Public Services Reform (Scotland) Act 2010 places a duty on a range of scrutiny bodies to cooperate and coordinate their activities, and to work together to improve the efficiency, effectiveness, and economy of their scrutiny of public services in Scotland. Healthcare Improvement Scotland and the Care Inspectorate have been working in partnership under the direction of Scottish Ministers to deliver joint inspections of services for adults since 2013.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets the legislative framework for integrating adult health and social care. The aim of integration is to ensure that people and carers have access to good quality health and care services that are delivered seamlessly and contribute to good outcomes. This is particularly important for the increasing numbers of people with multiple, complex, and long-term conditions. The Care Inspectorate and Healthcare Improvement Scotland have joint statutory responsibility to inspect and support improvement in the strategic planning and delivery of health and social care services by integration authorities under Sections 54 and 55 of the Act.

Ministerial Strategic Group Report

In February 2019, following a review of progress with integration, the Ministerial Strategic Group for Health and Community Care made proposals for improvement. In relation to scrutiny activity, the Ministerial Strategic Group proposed that joint inspections should better reflect integration, and specifically, that the Care Inspectorate and Healthcare Improvement Scotland should ensure that:

- strategic inspections were fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people

- joint strategic inspections examined the performance of the whole partnership – the health board, local authority and integration joint board, and the contribution of non-statutory partners to integrated arrangements, individually and as a partnership.

Inspection Focus

In response to the Ministerial Strategic Group recommendations, the Care Inspectorate and Healthcare Improvement Scotland set out our planned approach to joint inspections. Our inspections seek to address the following question:

> "How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?"

To address the question over the broad spectrum of adult health and social care services, we are conducting a rolling programme of themed inspections. These look at how integration of services positively supports people's experiences and outcomes. These thematic inspections do not consider the quality of specialist care for the specific care group. They are simply a means of identifying groups of people with similar or shared experiences through which to understand if health and social care integration arrangements are resulting in good outcomes. We will examine integration through the lens of different care groups which, taken together, will allow us to build a picture of what is happening more broadly in health and social care integration and how this supports good experiences and outcomes for people.

The inspection in the Dundee Health and Social Care Partnership was the seventh in the series of inspections, and the fourth to consider the inspection question through the lens of people living with a mental illness.

We use the definition of mental illness from the National Mental Health and Wellbeing Strategy, 2023 which is:

"Mental illness is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others.

"Mental illness is a term used to cover several conditions, (for example depression, post-traumatic stress disorder, schizophrenia), with different symptoms and impacts for varying lengths of time for each person. Mental illnesses can range from mild through to severe illnesses that can be lifelong."

National issues and context

The Scottish Government's priorities for improvement in mental health services were set out in the Mental Health Strategy 2017-27 and the Mental Health and Wellbeing Strategy 2023.

Health and social care partnerships across the country, including Dundee, were facing several challenges. These challenges affect the planning and provision of the range of health and care services, including mental health services.

Several recent inspections have highlighted that across the country:

- demand for health and social care is increasing
- the health and social care sector face ongoing challenges with recruitment and retention. This puts the capacity, sustainability, and quality of care services at considerable risk.

Developing systems which support staff to work in a more integrated way is another area where there is a national challenge. This includes sharing information across and between agencies. It has been highlighted and addressed in Scotland's Digital Health Care Strategy which was produced by the Scottish Government and COSLA in October 2021.

Explanation of terms used in this report.

When we refer to **people**, we mean adults between 18 and 64 years old who are living with a mental illness.

When we refer to **carers**, we mean the friends and family members who provide care for people and are not paid for providing that care.

When we refer to **the health and social care partnership,** or **the partnership**, or **the Dundee partnership**, we mean Dundee Health and Social Care Partnership which is responsible for planning and delivering health and social care services to adults who live in Dundee.

When we refer to **staff** or **workers**, we mean the people who are employed in health and social care services in Dundee, who may work for the council, the health board, or for third sector or independent sector organisations.

When we refer to **leaders,** or **the leadership team,** we mean the most senior managers who are ultimately responsible for the operation of the health and social care partnership.

There is an explanation of other terms used in this report at Appendix 2.

PART 2 – A Summary of Our Inspection

The Partnership Area

Dundee is Scotland's fourth largest city with a population of 150,390. The city of Dundee is situated on the north coast of the mouth of the Tay Estuary and covers 24 square miles, making Dundee the smallest local authority by area in Scotland. In 2020, there were more women 77,003 (52%) than men 71,817 (48%) with 13.8% of the population aged between 16 and 24. This is due to the high number of students who tend not to remain in the city beyond the end of their studies. Overall, there is a decreasing population in Dundee.

Dundee has the second lowest life expectancy in Scotland. In Dundee life expectancy is 76.7 years, whereas it is 79.1 years in Scotland as a whole. This is primarily associated with a high prevalence of long-term conditions and multi-morbidity. Dundee continues to have one of the highest suicide rates in Scotland, however, in 2024 the number of probable suicide deaths decreased to 25, compared to 30 in 2023. Dundee remains one of the areas in Scotland with the highest prevalence of drug-related deaths and hospital admissions; in 2024, there were 42 such deaths (a reduction from 46 deaths in 2023).

Deprivation in Dundee is high with the SIMD 2020 reported that 36.6% of the population lives in the 20% most deprived data zones (SIMD quintile 1). Overall Dundee is the fifth most deprived local authority area in Scotland. There is a higher rate of unemployment with 11% for Dundee compared to 8.1% for Scotland in 2020.

Dundee has the second highest rate of adults in Scotland who reported that they live with a mental illness, 162 per 1,000 population compared to 131 for Scotland. In 2023/24, 22.9% of Dundee's population had been prescribed medication for anxiety, depression, or psychosis. This equates to the fourth highest of all council areas in Scotland. In the 2022 Census, 24% of people in Dundee who reported living with a mental health condition rated their health as 'bad' or 'very bad'. In 2022, there were 16,844 carers in Dundee, with more than half (51.2%) spending up to 19 hours per week, and 26.4% spending more than 50 hours per week caring.

The population and landscape of Dundee can be separated into various geographical areas – health and social care partnership localities, local community planning partnerships, and neighbourhoods. Dundee Health and Social Care Partnership is one of three partnerships aligned to NHS Tayside. Mental health services are supported through a series of lead partner arrangements with Dundee Health and Social Care Partnership, the lead partner for psychological therapy services and Tayside adult autism consultancy team. Angus and Perth and Kinross Health and Social Care partnerships lead other specialist mental health services. NHS Tayside is responsible for operational delivery of mental health inpatient services, including Carseview Inpatient Centre.

In 2018, NHS Tayside commissioned an independent inquiry into mental health services, following concerns raised by MSPs to the Scottish Government. The *Trust and Respect* Report was published in February 2020, outlining five key cross-cutting themes and five service areas requiring improvement. In response the Whole System Change Programme in Tayside was compiled, along with other improvement programmes, with identified actions, targets, and timescales for service improvement. As one of the health and social care partnerships aligned to NHS Tayside, Dundee played a significant role in implementing the required system changes. An Audit Scotland report of NHS Tayside 2024/25 identified outstanding actions from the change programme making recommendations for improvement.

Governance of services delivered in Dundee are through the integration joint board, supported by the strategic planning advisory group and a range of strategic planning and transformation groups. The planning and delivery of services within the partnership are arranged into four localities. These localities are sub divided into eight local community planning partnership areas.

The local community planning partnerships have differing demographic, socio-economic and health profiles. The map below shows the eight local community planning partnership areas in Dundee. The partnership has profiling data at local community planning partnership level.

Summary of our Inspection Findings

Key Strengths

- Health and social care partnership leaders demonstrated a clear vision and commitment to improving services and outcomes for people living with a mental illness. There was a positive focus on service transformation which included collaboration with people.
- Most people had positive experiences of integrated and person-centred health and social care, which supported an improved quality of life.
- Most carers were supported to continue in their caring role.
- The partnership demonstrated strong collaboration with third and independent sector services to deliver care, support, and therapeutic interventions for people living with a mental illness and carers.
- There was an emphasis on early intervention and prevention with the network of peer support workers and community projects to alleviate the precipitating factors of mental illness.
- The partnership was committed to investing in direct access, community-based initiatives to support an improvement in mental health and wellbeing outcomes.
- The partnership had robust commissioning and contract monitoring processes that involved providers and people who use services.

Priority areas for improvement

- The partnership should ensure that people and carers understand their rights and options under the Social Care (Self-Directed Support) Scotland Act 2013 and the Carers (Scotland) Act 2016 and that these rights are met.
- Further work was required to strengthen integration for people with multiple health conditions.
- The partnership should progress work to capture, aggregate and analyse personal outcomes data for people and carers.
- Leaders should ensure consistent evaluation as to the effectiveness and impact of strategic improvement and development.

Our Inspection methodology (See Appendix 1)

The inspection of Dundee Health and Social Care Partnership took place between August 2025 and December 2025.

- We received 62 completed surveys from people and carers and spoke to 60 people living with a mental illness and 16 carers. Our engagement with people and carers was conducted through 65 individual conversations and three focus groups. The conversations informed us of individual experiences of using health and social care services.

- We reviewed 33 records selected at random from an initial pre-inspection return of 383 records. All cases involved adults aged 18–64 living with a mental illness. Three records were identified by the partnership as demonstrating effective integrated working between health and social work services. Following the record review, we met with 10 multidisciplinary teams (52 staff in total), as well as three people who use services and six carers.

- We conducted a staff survey and received 198 completed surveys from staff, managers and leaders from health, social work and the third and independent sector across the partnership.

- We spoke with 92 members of staff. They were from health, social work, occupational therapy, third sector social care service providers and included frontline staff, service planners, commissioners, and managers.

- We conducted site visits to Carseview Inpatient Centre, Hope Point, and services within the Dundonald Centre and Alloway Centre. We attended the mental health and wellbeing strategic planning and commissioning group and the adverse events management group meeting.

- We reviewed evidence provided by the partnership to understand their intended vision, aims, strategic planning and improvement activities for health and social care services.

Evaluations

The following evaluations have been applied to the key areas inspected. Further information on the six-point scale used to evaluate the key areas can be found in Appendix 3.

Key Quality Indicators Inspected		
Key Area	**Quality Indicator**	**Evaluation**
1 - Key performance outcomes	1.2 People and carers have good health and wellbeing outcomes.	**Good**
2 - Experience of people who use our services	2.1 People and carers have good experiences of integrated and person-centred health and social care.	**Good**
	2.2 People's and carer's experience of prevention and early intervention	
	2.3 People's and carer's experience of information and decision-making in health and social care services	
5 - Delivery of key processes	5.1 Processes are in place to support early intervention and prevention.	**Good**
	5.2 Processes are in place for integrated assessment, planning and delivering health and care.	
	5.4 Involvement of people and carers in making decisions about their health and social care support.	
6 - Strategic planning, policy, quality, and improvement	6.5 Commissioning arrangements	**Very Good**
9 - Leadership and direction	9.3 Leadership of people across the partnership	**Good**
	9.4 Leadership of change and improvement	

PART 3 – What We Found During Our Inspection

Key Area 1 - Key performance outcomes

What key outcomes have integrated services achieved for people living with a mental illness and their carers in Dundee?

Key messages

- The partnership delivered positive health and wellbeing outcomes for most people experiencing mental illness.
- People received effective support that enabled them to look after their health and wellbeing.
- People were empowered to manage their mental health using tools and strategies given by services.
- The partnership did not routinely aggregate, analyse, and use data to monitor people and carer personal outcomes.

Table 1: National health and wellbeing outcomes

Outcome	Inspection Finding
1.	Most people were supported to look after their health and wellbeing as much as possible.
2.	Most people were supported to live as independently as possible.
3.	Most people experiencing care felt they were treated with dignity and respect.
4.	Most people had a better quality of life because of the health and social care services they received.
6.	Most carers were provided with some level of support to look after their health and wellbeing and reduce the negative impact of their caring role.
7.	Most people experiencing mental illness were kept safe from harm.

* Outcome 5 not evaluated due to lack of national data to benchmark against.

Public Health Scotland publishes annual integration performance indicators for every health and social care partnership in Scotland. These indicators help partnerships measure their progress on the national health and wellbeing outcomes set by the Scottish Government (see Appendix 4).

Overall, the partnership's performance on these indicators was positive. It performed above the Scottish average in seven of the nine national indicators. Performance within the local government best value network was also positive. The Dundee Integration Joint Board's Performance and Audit Committee provided regular oversight of national indicators and benchmarking data, offering assurance on performance management arrangements. While this was a good platform, variable use was made of the effective range of outcome monitoring tools available. Recognising the benefits of greater consistency, it had identified this as an area for further improvement and was actively progressing a new model of care incorporating a single, cross service outcome measurement tool. This represented a promising development, though it had not yet been fully implemented.

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Most people living with a mental illness experienced positive outcomes and were well supported to look after their mental health. People found the range of services provided offered direct access to community support and was highly valuable in helping them to stay well. Increasing the availability of information about these services further enhanced choice and ensured more people accessed the right service to meet their needs.

People were empowered to manage the impact of mental ill health on their daily lives because they were provided with a good range of practical tools and strategies that enabled them to cope more effectively. Psychology and psychotherapy interventions were particularly beneficial. However, not everyone received all the support they needed. Where gaps were identified, this was commonly due to services not being available to meet their full range of needs, or because individuals had a negative experience of the support offered.

Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Services delivered supported most people living with a mental illness to live as independently as possible. Some people described their support as helping them to maximise their wellbeing. People benefitted from being involved in meaningful activities, enjoying friendships and relationships, living where they wanted to and feeling able to make plans for the future. People had positive experiences with staff that supported them to live as independently as possible and to build on their strengths and assets in a way that enhanced their daily lives.

Outcome 3: People who use health and social care services have positive experiences of those services and have their dignity respected.

Most people living with a mental illness found that health and social care staff treated them with kindness, compassion, respect, and dignity. We received recurring feedback from people being particularly positive about services where they felt welcome, accepted, supported, and valued. Almost all third sector and community-based services were perceived positively by those who took part in our engagement sessions. People appreciated services which enhanced their daily lives and helped them mitigate negative impacts of living with a mental illness and improved their sense of wellbeing.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Health and social care services supported most people to maintain or improve their quality of life. Relationships with staff were impactfully positive for people. Some people expressed that their lives had been thoroughly transformed for the better. People experienced a range of good outcomes including, having plans for the future, new long-term relationships, finding and maintaining employment, more and better-quality friendships, obtaining and enjoying their own home, exercising, and living more healthily.

Outcome 6: People who provide care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

Most carers were supported in their caring role. Support was provided either through services that supported the person they cared for, or through the partnership commissioned services. There was also specialised support for carers experiencing mental health difficulties which was provided by mental health third sector organisations. Dundee Health and Social Care Partnership has continued to make steady progress in supporting carers to maintain their own health and wellbeing. The most recent National Health and Care Experience survey showed that 34% of carers in Dundee were supported to continue in their caring role, performing above the Scottish average of 31%. While this indicated a positive shift from previous years, it also highlighted that more needed done. Carers had the opportunity to access a wide range of community services for support which included a range of advice, holistic therapies, and short breaks.

Outcome 7: People who use health and social care services are safe from harm.

Most people living with a mental illness felt safe in the community. People felt safer living in their own homes because of the support they received and because they knew where to get help if they needed it. This assisted people to remain in their communities for longer which was the favoured outcome for most people.

Evaluation: Good

Key Area 2 - Experience of people and carers

What impact have integrated service approaches had on the lives of people living with a mental illness in Dundee?

Key messages

- Most people and carers experienced person-centred services that supported them to live as independently as possible in their communities.
- Most people benefitted from a range of direct access services that contributed to an improved quality of life for them.
- Most carers were well supported in their caring role.
- Most people and carers felt that workers listened to them and supported them to make choices about their treatment and care and how this was delivered.
- Few people or carers understood their rights or options in relation to self-directed support or to carer support, involvement, and information.

People and carers have good experiences of integrated and person-centred health and social care.

Overall, people had very positive experiences of person-centred health and social care services that made their lives significantly better. In some cases, they identified the impact of those services as "transformational" or "life changing." People particularly valued services that supported them to be independent and built on their strengths. People benefitted from a range of effective tools that helped them manage their own mental health. Services connected people with their local communities, enabling them to grow in confidence and make new friendships, broadening their social networks. They also supported people to be involved with community groups and activities, including volunteering opportunities.

The key feature of services that improved people's lives was that workers consistently treated them with dignity, respect, and kindness. People experienced these services as places where they felt welcome, accepted and "at home." Direct access services offered spaces where people could go without demands or conditions being placed on them. This helped people to feel valued and to value themselves.

Many people identified benefits from involvement with peer support workers, who worked as part of staff teams in several statutory and third sector mental health services. One person who used the service commented:

"I know that they've experienced mental health issues, and that helps them to understand my problems."

People whose needs were complex or who were assessed as being at significant risk were supported by community mental health teams and providers using the partnership risk management framework or 'care programme approach.' There were excellent examples of flexible approaches from services working together to support positive outcomes for individuals. People felt that the different disciplines making up community mental health teams communicated well with each other.

More widely, people experienced statutory and third sector services working effectively together to meet their agreed personal plan. Workers had a strong shared understanding of a person's needs and aspirations. They worked with them to achieve their desired outcomes. People felt workers communicated effectively with each other and supported them in a consistent way. This grew confidence in their care and treatment and made their lives better.

For people with multiple health needs, some services were not so coordinated. We identified the communication between mental and physical health services, substance misuse and mental health, and in-patient and community services as requiring more collaborative working. This made it harder for people to get the help they needed at the right time. A few people said they were not aware of care plans, or how their needs would be met or which services could help them. Some people attended separate meetings to discuss their social care needs and their mental health treatment. This felt repetitive to them, and it meant that not all workers had the same information. However, even where people perceived individual services as disjointed, in most cases they still valued them as having a very positive impact on their lives.

Carers were acknowledged and supported in their caring role. Support came from both dedicated carers' services and services that worked with the person they cared for. This took various forms. For example, workers regularly checking in with them, providing information, advice and providing short breaks, including them in care planning and reviews, and in some cases, treatment sessions. Some services offered specific support to carers of the people they supported, on a one-to-one or group basis.

Occasionally people were less positive about the impact of services. Sometimes, this was because the service did not fully meet their needs. In other cases, it was because people did not feel listened to, or treated with respect, kindness or understanding.

People's and carer's experience of prevention and early intervention

Primary care mental health services were easily accessible. People found this early help critically maintained or improved their mental health and wellbeing. They provided sound pathways to secondary and social care services that provided support on an ongoing basis.

Overall, people were well-supported by link workers based in GP surgeries. Link workers offered flexible, person-centred support and advice that helped people to address the practical and social issues that impacted negatively on their wellbeing.

People were also positive about the help they received from the Patient Assessment and Liaison Mental Health Service (PALMS), which provided direct access support and assessment for people who needed help with mental health issues. One person who used the service said:

"It's like the GP prescribes you a friend."

A few people did not experience a prompt or helpful GP response. This made it harder for them to access the help they needed, limiting opportunities to prevent distress and mental health crisis.

Overall people commented favourably on the wide range of effective direct access services that supported them with their mental health and wellbeing. These included a range of activity based, advocacy, therapeutic and one to one support services. A 24/7 emergency response was available through Hope Point. People could access these services at a time that suited them before they reached the threshold for formal mental health services or whilst they waited for appointments.

The popularity of direct access services meant that they sometimes had to operate a waiting list. However, the partnership was actively investing in ways to raise awareness of available services to help people understand which services would best meet their needs. This was having a positive impact and people were increasingly enabled to identify the services that were right for them.

Most people felt the help they received enabled them to identify and build on their own strengths and ability to help themselves, and to live as independently as possible in their communities. People spoke about holistic support that helped with all aspects of their lives such as support with physical health, learning to cook and understanding how to live a healthier lifestyle. In addition, there was help to manage their home and affairs and support available to take part in activities on a group or individual basis. People credited their support and treatment with enabling them to maintain relationships or remain at work. There was a sense that workers helped them to identify what was important for them, and to build towards a positive future. One person noted:

"The help I'm getting is helping me to believe in myself. I am beginning to think about what I want from my life and how I might get there."

People's and carer's experience of information and decision-making in health and social care services

People already in contact with mental health services usually found it straightforward to access any information they needed from the staff who helped them. Most people were well-informed about their mental illness and treatment and knew where to go for help in relation to other issues such as welfare rights or housing.

People who had not yet accessed mental health services, or who had a less positive relationship with their workers, did not always find it easy to know how to get help or to access services. This included the 24/7 mental health response available via Hope Point.

People who had access to good advice and information felt that this helped them to make meaningful decisions about their treatment and care. Many people were supported to make decisions about how their health and social care services were delivered. There were examples of workers respecting and implementing people's decisions, even if they disagreed with them. Opportunities to make choices about social care and support were further enhanced by the good availability of direct access services.

People were supported to share their views, and those views were respected by staff in health and social care services. They also felt involved in planning and reviewing their treatment and care. One person commented:

"I can say if something isn't for me...I make suggestions and the team do what I want."

Professionals listened and respected their wishes particularly regarding involving family members in discussions about their treatment and support. This was important for them. This was a challenge for carers when the person they supported preferred to limit the information shared. In these situations, carers reported it made their role more difficult. On occasion, carers had to advocate strongly to be heard, and a few felt they were not always treated with respect and consideration. Carers did not always fully understand their rights to self-directed support or to carer support and involvement unless advocacy services or mental health officers supported them.

Choice and control were not always supported using advance statements, having a named person, or using future care plans. A limited number of people had these in place. However, psychological services made regular use of future care plans. This fully ensured that people's views could be considered if their circumstances changed and they were unable to make decisions for themselves and was an exemplar for other services to adopt.

There were options to feed back about some services via Care Opinion and people could contribute to consultations through forums supported by Dundee Volunteer and Voluntary Action. These were valuable feedback approaches appreciated by people and carers.

Evaluation: Good

Good Practice Example: Peer Support Network

Dundee Health and Social Care Partnership has implemented and developed the peer support network within its mental health services over the last five years. Peer support workers, operating in both volunteer and paid roles, have become a key element in effective service delivery.

They are embedded in a range of statutory and third sector services, including: Penumbra, Wellbeing Works, SAMH, the mental health officer team, the Carseview Inpatient Centre and Dundonald Centres, the navigator team at Ninewells Accident and Emergency department, Dundee Volunteer and Voluntary Action (DVVA), Veterans First Point Tayside, and the community mental health teams.

Almost all people living with a mental illness in Dundee who had been helped by a peer support worker, experienced this as having a very positive impact on their lives.

They identified a number of elements that contributed to this positive experience.

- It could be less daunting to talk to someone who was not a professional.
- Peer support workers could understand what you were going through without having to spell everything out.
- It was empowering and hopeful to be helped by someone who had gone through what you were going through and come out the other side.
- Talking to a peer support worker meant that you were less likely to burden your friends and family with your mental health concerns.
- Peer support workers could “hold your hand” as you went through treatment and out for activities.
- Peer support workers could challenge gently without judging.
- Peer support workers could signpost you to other places you could get help and would go with you if you needed it.

Some people with lived experience of mental illness and of using services aspired themselves to become a peer support worker and felt that this might offer them a path to eventual employment within the health and care sector.

The partnership is currently developing a co-produced framework for peer support, led by Dundee Volunteer and Voluntary Action. The framework builds on learning from the past five years, with role mapping and impact evaluation shaping its design. The partnership intends to further embed peer support workers in the rollout of the NHS Tayside mental health model of care in its localities.

Key Area 5 - Delivery of Key Processes

How far is the delivery of integrated processes in the Dundee partnership effective in supporting positive outcomes for people living with a mental illness?

Key messages

- There was a good range of collaborative early intervention and preventative community-based support that put people with lived experience at their centre.
- The multiple points of entry and a 'no wrong door' approach to the care and treatment provided was widely implemented and impactful.
- There were positive processes in place that supported collaborative and joint working which included team co-locations and forums for multi-agency discussions.
- There was a strong network of peer support workers within secondary and community care services supporting the recovery and operational involvement of people with a mental illness.
- There was 24/7 self-referral support available to people which provided a compassionate response for people experiencing distress.
- The ability to identify carers was mixed across staff groups, with a need for improvement particularly for health staff.
- Information was not always available to people about their choices of self-directed support options or carers' rights to adult carers support plan.
- Community services were not always informed of people being discharged from hospital, limiting the ability for coordinated care.

Processes to support early intervention and prevention.

The partnership established an impressive range of resources that supported people's mental health, with a strong emphasis on early intervention and prevention. A notable strength was the breadth of access points available, reflecting a commendable commitment to a 'no wrong door' approach. This included a range of commissioned third sector organisations, alongside some of the partnership's own health and social care services. Together, these services ensured that people could seek help at the point of need, reducing barriers to timely support.

This approach was further strengthened by the widespread availability of distress brief intervention across the partnership. A strong network of locality based, direct access commissioned services meant that people could get support without requiring a referral to statutory services. Crisis services such as 'Hope Point,' which had integrated pathways with Police Scotland and the Scottish Ambulance Service demonstrated the commitment to emergency support for people experiencing distress and crisis. The significance of this work was formally recognised in March 2025 when Hope Point received the Divisional Commander Award at the Policing Partner of the Year Awards.

Primary care played a key role in the partnership's early intervention strategy. Services such as the link workers and patient assessment and liaison mental health service were accessible to individuals not currently engaged with any other mental health provision. Most GPs had completed distress brief intervention training. Importantly, there was no limit on how often people could access these supports, ensuring ongoing responsiveness to need. The health inclusion team was embedded in primary care and provided early and preventative support for homelessness, substance use and/or mental health. This team had strong links with other partnership services and provided physical health assessments along with support for mental health. They signposted and referred on to other services depending on the need of the individual.

Since 2022, the partnership delivered CONNECT, an early intervention in psychosis service, developed collaboratively with Healthcare Improvement Scotland and the lived experience network. Embedded within secondary mental health services, the model featured strong family involvement and assertive outreach. This proved to be a successful approach, with expansion planned to incorporate physical health monitoring and improved support during discharge from hospital.

The Local Fairness Initiative, initially established by the council targeted the Linlathen area due to the level of deprivation. The council along with partners including the Department of Work and Pensions, Social Security Scotland, Scottish Government and the third sector providers formed the Fairer Future Partnership Initiative, a community-led project aimed at improving resilience and wellbeing through targeted multi-agency support and interventions. Although not exclusively focused on mental health services, the work addressed underlying factors associated with poor mental health. This initiative was evaluated internally as providing positive improvements. The community planning partnership has used learning from the initiative to inform plans for the Whole Family Support pilot recently approved by the council. This approach focuses on the east end and north-east of Dundee. These are distinct initiatives supported by community planning partners.

Early intervention and prevention support for carers was evident through mechanisms such as direct access to short break funding of up to £400 annually, without requiring assessment from statutory services. This reflected an ethos of enabling carers to seek barrier free support as citizens of Dundee. Funding was flexible and could be used in any way that helped support their caring role including items to improve the carers wellbeing such as black out blinds to enable better sleep. The partnership also provided an accessible Dundee-wide online portal offering advice and support for carers.

While models such as the 'triangle of care' were in place within acute settings, the partnership recognised that consistent identification of carers within wider health services remained an area for improvement. This was highlighted as a learning and development priority in the Carers Partnership Assurance Report April 2025, though progress had been slower than anticipated.

There was not a dedicated carer advocacy service. This made it difficult for carers to be fully aware of their rights. These include the right to an adult carer support plan, or an emergency plan should they be unable to continue in their caring responsibilities. In some cases, this lack of emergency planning created uncertainty for carers about what would happen if they were suddenly unable to continue in their caring role.

For people living with a mental illness, future and emergency plans were occasionally being captured during assessment, care planning, and review processes, although there was limited evidence of this occurring consistently. Where future plans were documented, they were typically stored on social work systems and not routinely shared across the wider multi-disciplinary team.

Processes are in place for integrated assessment, planning and delivering health and care.

Multi-disciplinary working was a significant strength across the partnership's mental health services. Records we read demonstrated consistently strong collaboration in complex and regulatory situations. Staff made highly effective use of each other's expertise and showed a clear understanding of the contributions made by different disciplines. Discussions with staff reflected a high level of professional trust and a well-embedded culture of collaborative practice.

There was evidence of effective multi-disciplinary practice across assessment, planning, and review processes. All records reviewed contained assessments and reviews. Services were adjusted in response to people achieving planned outcomes, especially within structured risk-management frameworks such as the Care Programme Approach, MAPPA, MARAC, and the local authority's risk-management processes. In all high-risk or highly complex cases, a key worker was clearly identifiable, supporting continuity and oversight.

Less positively, outwith these formal structures reviews were often undertaken separately across sectors. These were not always fully integrated, and multidisciplinary input, particularly between health and social work, was variable This led to duplication of effort and, at times, fragmented decision making. Staff and people who use services reported uncertainty about the designated key worker, which weakened coordination. While strong interpersonal relationships between staff frequently resulted in positive collaboration, this success was reliant on informal and individual efforts rather than on robust, systematic processes.

Community mental health teams were co-located across east and west Dundee. Whilst they were predominantly nursing based, they operated as effective multi-disciplinary teams, with allied health professionals, social work staff, and medical staff collaborating well with one another. Other professional groups, such as psychology services, made use of the shared spaces**,** and staff reported an inclusive "open door" culture that facilitated informal consultation, shared problem solving, and professional dialogue. Both teams maintained weekly multi-disciplinary meetings, open to all staff, and these were regarded as high value forums where diverse

perspectives strengthened decision making and improved the quality of support offered to people.

The partnership established a service offering specialist support for people living with a personality disorder. This service benefitted from dedicated clinical leadership, and a specifically designed model of care with a basis on continuing and responsive supports, peer involvement, and a strong focus on reducing stigma. These developments ensured that people with a personality disorder received, personalised, and appropriate support and treatment.

The Multi Agency Consultation Hub in Dundee was established to deliver a coordinated, multi agency response for people experiencing coexisting mental illness and substance use needs. It demonstrated effective interagency collaboration, where third sector providers could raise concerns and collectively plan support for individuals. The multi-agency consultation hub model demonstrated collaborative partnership working, bringing together a broad range of staff to ensure that responses to care and support issues were well informed having received specialist advice. It ensured that individuals received appropriate support tailored to their needs and enabled third sector providers to continue in their support role.

Trauma informed practice was evident in multi-disciplinary work. There was a trauma steering group and senior leadership trauma champions. The steering group reviewed policies and procedures to ensure tools being used were appropriate and staff were trained in trauma informed approaches. An internal review report on the steering groups progress evidenced a positive shift in awareness of the impact of trauma with plans for the group to implement a complex intervention evaluation analysis to work being undertaken across the partnership.

Waiting times for services were mixed. The partnership acknowledged this variability and demonstrated a proactive and innovative response to addressing delays. For example, the partnership commissioned the service provider Scottish Autism to work collaboratively with Tayside Adult Autism Consultancy Team to provide support to autistic people, including those who self-identified and those awaiting assessment. The embedding of peer support workers enhanced the service model**,** offering lived experience perspectives that added depth and relevance to diagnostic and post diagnostic support. These workers also strengthened internal capacity by providing information, advice, and support to partnership staff. There was further evidence of workforce development, with additional training planned to enable more staff to deliver specialist advice to colleagues.

We saw evidence that social work teams had begun testing an improved triage approach, designed to address presenting needs at the first point of contact wherever possible. The aim was to reduce the time people waited for an assessment and meet needs at point of contact. Initial review of this process was showing promise. Routine audits of referrals demonstrated reflective practice and continuous improvement**.**

There was one permanent consultant psychiatrist in post, with the remaining posts filled on a locum basis. This reflected the national picture. The lack of permanent specialist medical staff reduced consistency in clinical decision-making and meant that people were not always able to see the same consultant for their reviews. This frustrated some people, as did the subsequent variable diagnosis resulting from it. Consequently, staff described some difficulties contacting or liaising with a consultant psychiatrist, which increased pressure on their role. The partnership made attempts to mitigate this risk by offering long term contracts to locums. They introduced open access sessions with psychiatrists when all staff, including those from third sector and independent providers, could attend for advice on issues.

The partnership and NHS Tayside made good progress at Carseview Inpatient Centre with a reduction in both delayed discharge numbers and overall admission rates. However, experiences of hospital discharge processes were variable. Although the discharge hub offered valuable short term, wraparound support for up to two weeks post-discharge, people using services, GPs, and community mental health team staff reported a lack of timely and reliable information about discharge decisions. There were instances where staff were unaware that a person under their care had been discharged, limiting their ability to plan safe transitions. Staff felt welcome when they attended discharge meetings, but were not routinely informed about them, reducing their capacity to contribute effectively.

There was considerable work conducted in Carseview Inpatient Centre to improve the ward experience and peer support workers were available to assist the transition to community after a hospital stay. Commendably, they recently achieved national recognition, receiving three awards for reducing violence and aggression and improving the therapeutic ward environment indicating positive cultural and practice improvements within inpatient care.

The partnership demonstrated a clear commitment to integrated working which could be further improved with some infrastructure changes including staff access to each other's IT systems. Social work staff were able to access health records, contributing to greater collaborative practices. However, the absence of reciprocal access for health staff presented a barrier to fully seamless information-sharing. Practical limitations, such as the lack of printers for social work staff in health settings and the absence of administrative support for multi-agency meetings, created avoidable inefficiencies and diverted valuable practitioner time away from direct work with people. These structural barriers reduced the full potential of what were otherwise strong and well-established multi-disciplinary working arrangements and a commitment to collaboration.

Involvement of people and carers in making decisions about their health and social care support

Most people and carers participated in care planning and review meetings. The meetings were held regularly and the input from people was respected. They engaged meaningfully in setting their goals and work was person centred.

The partnership made good progress in engaging people with a mental illness in its strategic work. The partnership's strong commitment to collaborative practice resulted in meaningful involvement of people with lived experience in shaping both policy and the development of services. There was evidence that co-production enhanced health and care pathways, including autism pathways. People who use services had been involved in the recruitment processes for staff, for example the approach was used for recruitment of a consultant clinical psychologist to progress pathways to support people with personality disorders. Dundee Volunteer and Voluntary Action supported the partnership with the collaborative work by involving people who use services and encouraging participation and feedback.

The partnership had also invested significantly in developing an extensive and well-established network of peer support workers across the city. Embedding these roles within a wide range of settings proved effective as contributions consistently strengthened engagement, enhanced recovery, and provided a valued feedback loop for people in their recovery journey. The support of peer workers encouraged people to participate in making choices with support and treatment deciding what was the most appropriate option for them.

Advocacy support was available through the Dundee Independent Advocacy Service, offering direct access for people with a mental illness. Although there were considerable waiting times, the service operated fast-track arrangements for priority groups, including inpatients, those subject to statutory measures, people in forensic mental health pathways, and individuals assessed as high risk.

The partnership took steps to strengthen involvement of carers, establishing a carers' partnership and developing an involvement framework from August 2024, with a scheduled refresh of the carers' strategy in 2026. However, carer engagement remained challenging, largely due to the demands of caring responsibilities. Despite this, carers who did engage, consistently reported a positive experience of support.

People and carers were not routinely provided with clear advice on self-directed support options and had limited understanding of how services were funded. Many people opted for direct access services, rather than choosing services that might better meet their needs but involved a cost. Commissioning low threshold, direct access services was a principal component of the partnership's strategy. This was actively pursued to give people choice following low uptake of self-directed support and difficulty recruiting personal assistants. However, having direct access to a service should not adversely affect choice of other self-directed support options.

We found staff confidence in discussing self-directed support pathways was limited, despite training opportunities being available to social work practitioners. There did not appear to be a consistent embedded practice of discussing all self-directed support options. These gaps hindered people's ability to exercise genuine choice and control over their support.

Almost all people, whose records we read, had effective responses to concerns about capacity with appropriate processes in place for assessment.

The third and independent sector organisations, psychology services, and the Carseview Inpatient Centre demonstrated a strong commitment to quality by routinely gathering feedback from people and carers about their experiences. Care Opinion and paper-based approaches proved to be highly effective in capturing rich, meaningful feedback. Throughout the inspection period, both the Carseview Inpatient Centre and NHS Tayside psychology services received consistently positive responses, reflecting good levels of satisfaction and confidence in the care provided.

Community mental health teams also employed a range of methods to understand patient outcomes and experiences, including feedback and complaints analysis, mortality and morbidity reviews, supervision discussions, and clinical audits.

Evaluation: Good

Good Practice Example: Improving the response to people experiencing emotional distress.

Hope Point

Hope Point in Dundee was established as a new community wellbeing centre that provided immediate, compassionate support for people experiencing emotional distress. It opened to the public on 31 July 2023 following a period of co-production led by a stakeholder group hosted by Dundee Volunteer and Voluntary Action. The resource was operated by Penumbra Mental Health in partnership with Dundee Health and Social Care Partnership.

The service delivered an immediate, compassionate response, followed by emotional and practical support based on a peer-support model led by individuals with lived and living experience. Hope Point was available as a drop in resource 24/7 and worked through established pathways with Police Scotland, the Scottish Ambulance Service, and the Crisis Resolution Home Treatment team. It offered follow-up care and integrated with Distress Brief Intervention and wider partnership services, providing clinical intervention when necessary.

Over two years, 2,061 people accessed support, with more than 10,000 contacts and 58% taking place out of office hours. The service expanded to support families bereaved by suicide, providing tailored peer support and information. Hope Point gained national recognition in the Scottish Government's Safe Spaces report and received the Policing Partner of the Year Award in 2025.

Key Area 6 – Strategic planning, policy, quality, and improvement

How effectively do commissioning arrangements in the Dundee partnership support positive outcomes for people living with mental illness?

Key messages

- The partnership had clear strategic commissioning intentions which were focused on delivering high-quality person led services for people and carers.
- The partnership commissioned a wide range of direct access low threshold services to support mental wellbeing.
- The partnership had successfully established the mental health and wellbeing strategic and commissioning group and the learning disability and autism strategic and commissioning group. These groups was developing a range of integrated services to improve outcomes for people.
- The partnership demonstrated strong collaboration with third and independent sector services to commission services, deliver care, support, and therapeutic interventions for people living with a mental illness and carers.
- The partnership was successfully delivering ethical, outcome focused commissioning. Service providers reported good productive relationships with the partnership and expressed confidence in the procurement and contract management processes.

Commissioning arrangements

The health and social care partnership had a 10 year strategic commissioning framework for 2023–2033. This clearly outlined the partnership's key strategic priorities which were informed by a comprehensive strategic needs assessment and the views of the public and staff from across the partnership. The priorities aligned well with other strategies and delivery plans relevant to people living with a mental illness and their carers.

The partnership's delivery plan, (October 2024 – March 2026), outlined how the partnership would deliver the priorities set out in the strategic plan. It was a comprehensive document, with a range of service specific delivery and improvement plans that fed into it. Among these, was the Mental Health and Wellbeing Strategic Plan (2019–2024), which specified how the partnership would develop and maintain high quality, integrated services for people living with a mental illness and their carers.

A review of the plan highlighted the key achievements and outstanding areas for improvement. The partnership was in the final stages of developing its new plan for mental health and wellbeing. Dundee Volunteer and Voluntary Action supported the co-production of the plan and facilitated a well-attended consultation event in April 2025 to capture the views of people with lived/living experience and communities. Feedback from the event and wider consultation activities informed the development of the draft mental health and wellbeing strategic plan. This was to be presented to the integration joint board in April 2026.

The strategic planning advisory group was responsible for the ongoing review of the strategic plan, aligning planning structures, and supporting budget co-production. This was effective and allowed the partnership to operationalise its high-level intentions to deliver a wide range of health and social care functions, activities, and services.

Alongside the partnership's plans, NHS Tayside had embarked on implementing its mental health model of care. The partnership was progressing implementation of the common principles of this model. This was in its early stages and had not yet been evaluated.

The partnership established two key planning groups for mental health. These were the mental health and wellbeing strategic planning and commissioning group, and primary care mental health and wellbeing strategic planning group. These groups were subject to the same oversight with a wide membership from the statutory and third sectors and demonstrated a particularly strong integrated and transparent approach to commissioning. A range of trauma informed, early intervention, prevention and recovery initiatives had been developed to support positive mental wellbeing, with a focus on capturing and improving outcomes for people and carers.

The integration joint board provided direction on strategic commissioning plans and the partnership's overall procurement strategy. The partnership had recently reviewed its social care procurement policy to introduce 'SMART' sourcing. The revised policy contained comprehensive procurement guidance with a strong focus on ethical and collaborative commissioning.

The partnership had a social care contracts team, with contracts officers dedicated to particular areas of service, including mental health and wellbeing. This was effective in fostering positive relationships and collaboration. The contracts officers worked with senior representatives from service providers and the partnership to manage and monitor contacts as part of the monitoring and review group.

Most service providers for people living with a mental illness were positive about their relationship with the partnership and had confidence in its commitment to ethical, outcome-focused commissioning. However, some service providers felt challenged because limited funding and lack of cost-of-living uplifts impacted on their ability to deliver the services for which they were commissioned. In addition, most service providers reported that they were supporting people with much higher levels of need than before.

In line with the partnership's Primary Care Mental Health and Wellbeing Strategic Delivery Plan (2024–2027), the primary care mental health multi-disciplinary teams were delivering a range of early intervention and prevention support through distress brief interventions, psychosocial support, and connecting people to community resources.

The partnership had commissioned a wide range of low threshold direct access services in response to the needs of the population across its localities. In a few instances, direct access services offered similar support to services requiring a financial assessment. People sometimes chose free services over those that were chargeable. This meant that some chargeable services were not used to their full capacity whist many direct access services had a waiting list. The partnership recognised this as an issue and was considering how to address it.

The partnership was committed to working collaboratively with the third and independent sectors and funded Dundee Volunteer and Voluntary Action to support the third sector. Among other supports, Dundee Volunteer and Voluntary Action's mental health team facilitated a service provider mental health forum which met six-weekly. Service providers were extremely positive about the support they got from Dundee Volunteer and Voluntary Action.

There were good examples of collaborative working between the partnership and the third sector. These included the development and establishment of Hope Point and a support service for survivors of bereavement by suicide. The partnership had established a service provider collaborative group for learning disability, autism, and mental health, demonstrating an innovative approach to commissioning support for people. The group comprised senior representatives of key service providers and had authority to independently commission services up to a set financial level in response to identified needs. It had the autonomy to decide which service provider would be commissioned to provide the service.

The Carers Partnership, jointly chaired by the partnership and the carers centre, played a pivotal role in strategic planning, monitoring, and service development. They were represented on the mental health and wellbeing strategic planning and commissioning group and contributed meaningfully to the development of the new mental health strategy.

Dundee Volunteer and Voluntary Action were instrumental in operationalising the partnership's commitment to keeping the voices of people with lived experience central to its commissioning activity. It supported the peer support network and employed peer support workers with a remit to ensure that the voices of people living with a mental illness and their carers were heard.

Overall, the partnership demonstrated a commitment to commissioning high quality, integrated services that were outcome focused and placed people at their centre. Progress had been made in implementing the priorities of the strategic commissioning framework, although the partnership was not yet fully able to evaluate the impact of its commissioning activity on outcomes for people living with a mental illness and their carers. The partnership was operating in a period of high demand and high pressure on budgets. The co-production of the new mental health and wellbeing strategy provided an opportunity to address these challenges.

Evaluation: Very Good

Key Area 9 – Leadership and direction

How has leadership in the Dundee partnership contributed to good outcomes for people living with mental illness and their carers?

Key messages

- Senior leaders fostered a collaborative culture with third and independent sector providers and a mature relationship with professional trust was evident.
- Leaders demonstrated a clear vision and commitment to improvement. They were aware of the level of service transformation required and worked together to produce good outcomes for people living with a mental illness.
- The partnership recognised the importance of the workforce, and an integrated workforce plan outlined the risk and challenges aligned to the risk register.
- Leaders promoted early intervention and prevention and a commitment to reducing health inequalities with a whole family approach in disadvantaged communities.
- The partnership lacked robust mechanisms to evaluate and oversee progress on strategic and development plans.

Leadership of people across the partnership

The partnership demonstrated a strong strategic commitment to improving outcomes for people living with a mental illness. There was a positive focus on service transformation, which included collaboration with people with lived experience and the third sector. A joint approach to strategic planning was evident, underpinned by a culture of shared aims and values. Staff were positive about their experiences of integrated working.

Partnership leaders promoted a strong culture of collaborative working and integration. There was robust evidence of leaders involving the third and independent sectors in all aspects of service design and delivery, with an emphasis on early intervention and prevention.

The Mental Health and Wellbeing Strategic Plan was being refreshed using co-production models led by Dundee Volunteer and Voluntary Action. Stakeholder groups had contributed to the design of the plan and other aspects of strategic planning. We saw very positive use of the Dundee Fairness Leadership panel, which comprised people with lived experience who made recommendations to the integration joint board and Dundee City Council. They played a significant part in progressing policies across the city, and their work had been recognised by the Joseph Rowntree Foundation. The group identified mental health and isolation as major challenges for people in Dundee. On their recommendations, work was undertaken to improve signposting of support options.

The partnership experienced challenges in leadership continuity and capacity due to turnover of key posts. Temporary arrangements were in place to maintain stability, but these limited the capacity for strategic development. Recent permanent appointments within the partnership senior management team allowed for leadership continuity and an increased focus on improvement. A new management structure, including mental health, was developed with the aim of strengthening integration, with lead posts held by social work and health staff. This represented a positive development. Integrated and co-located teams alongside integrated planning had provided staff with a solid foundation for collaborative working. However, there were inefficiencies in processes and systems where there was duplication. There was opportunity to streamline these processes which would improve the experience for people who used services and release staff time for other duties.

The revised senior management structure aimed to strengthen links between mental health services and other partnership responsibilities, to provide a cohesive experience for people who used services. Developing a whole-systems approach was recognised by the partnership as an area requiring work. The partnership made significant progress fostering a successful integrated approach aimed at addressing the social determinants of poor mental health, collaborating with community partners, and co-developing with the local community. This approach was positively evaluated by Dundee partnership, with plans to expand the model to other localities.

The partnership developed a comprehensive workforce plan aligned with the Scottish Government's 'five pillars' approach and incorporating staff feedback and audit recommendations. It was aligned with the partnership's strategic risk register and the strategic priority of 'valuing the workforce.' We found appropriate detailed actions had been identified to mitigate challenges and risks. There was evidence of recent actions being successful, with a reduction in staff turnover across the partnership and inpatient services almost eliminating the use of agency nursing. However, recruitment of permanent consultant psychiatrists and clinical psychologists continued to remain a challenge. This created a lack of continuity in treatment and placed additional pressures on teams. This issue reflected a national recruitment difficulty and despite repeated advertising the partnership had not succeeded in filling these posts on a permanent basis.

The Clinical Care and Governance Framework launched in 2025 remained under review. Its effectiveness could not yet be fully assessed. In common with most partnerships, governance reporting was through lines to NHS Tayside, Dundee City Council, and the Integration Joint Board. While this arrangement offered accountability to different organisations it also risked duplication and possible gaps. The partnership was aware of this possibility and had attempted to mitigate by introducing a clearer reporting structure.

The chief social work officer framework effectively supported local authority and social work statutory responsibilities and included a dedicated governance group. The chief social work officer was a member of the integration joint board and provided professional assurance of social work duties and safeguarding practices.

There were limitations in the quality and type of data used for governance reporting. The data submitted for governance consisted mainly of output measurement, which was useful for monitoring activity but did not provide evidence of the impact of services on people's and carers' outcomes. Although there were a range of mechanisms in place to gather outcome data, the partnership recognised the need for a more systemic, consistent approach. This would strengthen its governance dataset and demonstrate the effectiveness of services in meeting people's and carers' outcomes. Further benefits would include robust assessment, monitoring and evaluation of the performance and delivery of strategic and operational improvement plans.

Leadership of change and improvement

Following the publication of The *Trust and Respect* Report (February 2020) a whole system improvement programme was initiated with identified actions, targets, and timescales for service improvement. Dundee Integration Joint Board agreed a strategic commissioning framework with a subsequent partnership delivery plan to implement the required changes. The delivery plan operationalised the commissioning framework with good effect, defining actions and displaying strong alignment to other strategic documents. These documents remained in effect. We were not presented with evidence detailing the progress of the plan; however, documentation provided by the partnership demonstrated work undertaken in line with the actions. To facilitate the changes, staff, people who use services and carers attended workshops on design thinking in collaboration with the V&A Museum Dundee.

The delivery plan benefitted from positive stakeholder engagement with a focus on integration across health and care and third-sector providers. The intention was for progress to be monitored via annual performance reports to the integration joint board. We did not see evidence of a routine evaluation of the delivery plan's implementation. Evidence presented by the partnership showed that some of the identified actions were fulfilled, but more robust assurance and monitoring was lacking. We found there was a lack of structure to self-evaluation or other evaluative approaches across the partnership. It did not have a consistent means of assurance that actions were producing the intended outcomes.

Almost all staff agreed that joint working was supported by appropriate policies and procedures and that senior leaders had a clear strategic vision. However, some staff felt that senior leaders were not sufficiently visible and that management of change could have been done more effectively. While this may have been due to the recent senior leadership changes, it indicated a need for enhanced communication and change management approaches to maintain staff confidence.

We found clear evidence of creativity and innovation in the way the partnership responded to the needs of its population. The development of a whole system approach to mental health services with a shift towards increased co-production and partnership working with independent and third sector providers was clear and embedded. The development of Hope Point crisis response service is notable, demonstrating a commitment from the leadership to multi-agency working, and provides a pathway to access support away from traditional statutory crisis response. The partnership had an early intervention in psychosis service and a community team specialised in working with people who have a personality disorder, further demonstrating a dedication to providing effective services for specific needs. Similarly, the multi-agency consultation hub was an established forum where staff from different agencies could discuss and plan for people they support, who have a dual diagnosis of a mental illness and substance use. Developments such as these and the substantial investment in peer support with the policy of 'no wrong door' communities exemplify a culture of improvement and innovation.

Evaluation: Good

Conclusions

The partnership faced significant challenges with some localities experiencing high levels of deprivation and health and social care inequalities. Dundee has the second highest level in Scotland of the number of adults reporting they lived with a mental illness and one of the highest suicide rates nationally. The *Trust and Respect* Report required NHS Tayside and the partnership to conduct a whole-system re-evaluation of mental health services and implement major improvements while retaining public trust. The partnership was acutely aware of these issues and taken significant steps to address them.

The partnership performed well in key outcomes, with many indicators above the national average. The partnership had developed a solid foundation for improvement and demonstrated a strong collaborative culture with people and third-sector providers. Integration was clearly articulated as a shared responsibility, with strategic planning driving the agenda. Leaders recognised that achieving objectives was not the task of a single agency and allowed others to lead change in key areas.

The partnership displayed a culture of positive risk taking. Strategic and operational risk management processes were strong without being restrictive. This gave people freedom within a structure of support. Staff and service providers were empowered to make decisions reinforcing a culture of trust and accountability.

There was significant investment in early intervention and prevention. This included the development of a comprehensive peer support network and direct access community support services. These initiatives allowed people to access support without statutory referral or assessment, giving choice and control. The creation of the Hope Point service and the interagency crisis response was an example of effective integration achieving successful outcomes for people. However, this strategy has come at the expense of enabling some people's rights, and the partnership needs to further develop the right to choose individual self-directed support options to ensure its statutory obligations, as a minimum, are met.

The partnership's ambitious programme of improvement was not always monitored and evaluated robustly. It did not yet have data to measure the success and impact of the direct access services. While some services used different tools and approaches to identify outcomes the partnership did not routinely aggregate, analyse, or use data to monitor personal outcomes. This limited its strategic ability to determine the impact of health and social care polices. There was limited ability to determine what was working well for people and identify the success of key policies.

The partnership demonstrated resilience and commitment to improvement despite significant challenges. It laid strong foundations for integrated, person-centred care and invested in innovative approaches to prevention and crisis support. A continued focus on rights, governance, monitoring, and evaluation is required to maintain progress and deliver positive outcomes for people living with a mental illness and carers going forward.

Appendix 1: Inspection Methodology

The inspection methodology included the key stages of:

- Information gathering
- Scoping
- Scrutiny
- Reporting.

During these stages, key information was collected and analysed through:

- Discussions with service users and their carers
- Staff survey.
- Submitted evidence from partnership.
- Case file reading.
- Discussions with frontline staff and managers.
- Professional discussions with partnership.

The underpinning Quality Improvement Framework reflects a focus on peoples' and carers' experiences and outcomes.

Quality Improvement Framework and Engagement Framework

Our quality improvement framework describes the Care Inspectorate and Healthcare Improvement Scotland's expectations of the quality of integrated services. The framework is built on the following:

- The National Health and Wellbeing Outcomes Framework. These outcomes are specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe what integrated health and social care should achieve. They aim to improve the quality and consistency of outcomes across Scotland and to enable service users and carers to have a clear understanding of what they can expect.

- The Integration Planning and Delivery Principles. These are also specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe how integrated services should be planned and delivered.

- Health and Social Care Standards. These seek to improve services by ensuring that the people who use them are treated with respect and dignity and that their human rights are respected and promoted. They apply to all health and social care services whether they are delivered by the NHS, Councils or third and independent sector organisations.

The quality improvement framework also takes account of the Ministerial Strategic Group's proposals in relation to collaborative leadership, working with the third and independent sector, strategic planning and commissioning, clinical governance and engaging people, carers and the wider public.

Quality Indicators

We have selected a set number of quality indicators from our full quality improvement framework. The indicators relating to people and carers' outcomes and experiences are central to the framework. Other indicators consider the outcomes and experiences that integrated health and social care achieve.

The framework sets out key factors for each indicator and describes how they can be demonstrated. It also provides quality illustrations of good and weak performance. The indicators that will be inspected against are:

1.2	People and carers have good health and wellbeing outcomes
2.1	People and carers have good experiences of integrated and person-centred health and social care.
2.2	People's and carers' experience of prevention and early intervention
2.3	People's and carers' experience of information and decision-making in health and social care services
5.1	Processes are in place to support early intervention and prevention
5.2	Processes are in place for integrated assessment, planning and delivering health and care
5.4	Involvement of people and carers in making decisions about their health and social care support
6.5	Commissioning arrangements
9.3	Leadership of people across the partnership
9.4	Leadership of change and improvement

Engagement framework

Our engagement framework underpins how the Care Inspectorate and Healthcare Improvement Scotland will undertake and report on engagement with people using services and their carers.

The framework consists of 12 personal "I" statements, which focus on the experience and outcomes of people using services and their carers.

The 12 statements are:

No.	People	Carers
1.	From the point of first seeking support from health and social care services, things have been explained clearly to me, and I have been given the right information at the right time.	From when I first asked for help from health and social care services, things were explained clearly to me and the person I care for. We were given the right information, at the right time and in an understandable format.
2.	The advice, support, treatment, and care that I receive, help me to stay as well as possible for as long as possible.	The person I care for receives the advice, support, treatment, and care that they need, when they need it. This helps them to become and stay as well as possible, for as long as possible.
3.	I am fully involved in planning and reviewing my social care and support and in making meaningful decisions about my healthcare, in a way that makes me feel that my views are important.	I and the person I care for are always fully involved in plans and reviews of the help they receive in a way that makes us feel that our views are important.
4.	Professionals support me to make my own decisions about my health and social care and respect the decisions that I make.	Staff support the person I care for to make their own decisions about their health and social care and always respect the decisions that they make.
5.	My views, about what I need and what matters to me, are valued and respected.	I and, the person I care for, are supported to share our views, about what we need and what matters to us, and our views are always valued and respected.
6.	People working with me treat me with dignity and respect and show me care and kindness.	People from health and care services working with me and the person I care for treat us with dignity, respect our rights, and show us care and kindness.
7.	People working with me focus on what I can do for myself, and the things I can do to improve my own life and wellbeing.	Staff focus on what the person you care for can do for themselves and the things they can or could do to improve their own life and wellbeing.
8.	The health and social care and support I receive, help me to remain in and be part of my community.	The health and social care support the person I care for receives helps them to connect or remain connected with their local community or other social networks.
9.	Health and social care staff understand and acknowledge the role of my family and friends in providing me with care and support. Services work	Health and social care staff understand and acknowledge my role as a carer. Staff work together to ensure, that as far as possible, I am able to provide support at a level that feels right for me.

No.	People	Carers
	together to ensure that as far as possible, my family and friends are able to provide support at a level that feels right for them.	
10.	My carers and I can be involved in how health and care services are planned and delivered in our area, including a chance to say what is and is not working, and how things could be better.	I and the person I care for can easily and meaningfully be involved in how health and care services are planned and delivered in their area. This includes a chance to say what is and is not working, and how things could be better.
11.	I am confident that all the people supporting me work as a team. We all know what the plan is and work together to get the best outcomes for me.	I am confident that all the people supporting the person I care for work as a team. We all know what the plan is and work together to get the best outcomes for the person I care for us.
12.	The health and social care and support I receive has made life better for me.	The health and social care support that the person I support receives makes life better for us.

Appendix 2: Glossary

Term	Meaning
Adult carer support plan	Under the Carers (Scotland) Act, every carer has a right to a personal plan that identifies what is important to them and how they can be supported to continue caring and look after their own health. This is called an adult carer support plan. (The equivalent for a young carer is called a young carer's statement). Adult carer support plans are required to include plans for how the cared for person's needs will be met in the future, including when the carer is no longer able to provide support.
Advance statement	This is a written statement, drawn up and signed when the person is well, which sets out how they would prefer to be treated (or not treated) if they were to become ill in the future. It must be witnessed and dated.
Alloway Centre	A community mental health facility housing the East Community Mental Health Team (CMHT) for Dundee
Anticipatory care plan	See Future Care Plan
Capacity	Capacity is the maximum amount of care, support, or treatment that day service or individual member of staff can provide.
Care and clinical governance	The process that health and social care services follow to make sure they are providing safe, effective, and person-centred care, support, and treatment.
Care opinion	A UK-wide online platform that allows people to share their experiences of health and social care services. It also allows services to respond to people's posts.
Care programme approach	A multi-agency approach to providing effective co-ordinated care to people with severe and enduring mental illness or learning disability, who have complex health and social care needs.
Carers' centre	Carers' centres are independent charities that provide information and practical support to carers. These are people who, without payment, provide help and support to a relative, friend or neighbour who cannot manage without that help. Carers' centres are sometimes funded by health and social care partnerships to provide support.
Commissioning	Commissioning is the process by which health and social care services are planned, put in place, paid for, and monitored to ensure they are delivering what they are expected to.
Community Mental Health Team (CMHT)	The CMHT is a community-based mental health service. The service includes a range of mental health experts who work together to provide assessment and treatment for people with suspected or diagnosed moderate to severe mental illness/ mental disorder.

Term	Meaning
Complex needs	People have complex needs if they require a high level of support with many aspects of their daily lives and rely on a range of health and social care services.
Compulsory Treatment Orders (CTOs)	Under the Mental Health (Care and Treatment) (Scotland) Act 2003. A compulsory treatment order (CTO) allows for a person to be treated for their mental illness. The CTO may set out several conditions that the person will need to comply with. These conditions will depend on whether the person must stay in hospital or in the community.
Contract Management	Contract management is the process that local councils and the NHS use to ensure that services they purchase from other organisations are of a good standard and are delivering at the expected level.
Coordination	Organising different practitioners or services to work together effectively to meet all a person's needs.
Core suite of integration indicators	These are indicators, published by Public Health Scotland to measure what health and social care integration is delivering.
Crisis response Team (CRT)	Community mental health service providing emergency mental health support
Community link workers	Community Link Workers are practitioners who work within GP practices providing non-medical support with personal, social, emotional, and financial issues.
Day services	Care and support services offered within a building such as a care home or day centre or in the community. They help people who need care and support, company, or friendship. They can also offer the opportunity to participate in a range of activities.
Direct payments	Payments from health and social care partnerships to people who have been assessed as needing social care, who would like to arrange and pay for their own care and support services.
Dundonald Centre	The centre is part of the NHS Tayside and Dundee Health and Social Care Partnership's community mental health services, focusing on recovery and wellbeing through various non-medical interventions and support groups
Dundee Drug and Alcohol Recovery Service	A joint health and social work team that offers support to people with alcohol or drug problems. The service includes addiction workers and addiction nurses who are supported by other professionals including doctors, psychology, and occupational therapists.
DVVA	Dundee Volunteer and Voluntary Action.
Early intervention	Early intervention is about doing something that aims to stop the development of a problem or difficulty that is beginning to emerge before it gets worse.
Eligibility criteria	Eligibility criteria are used by social work to determine whether a person has needs that require a social care service to be provided.

Term	Meaning
Emergency planning	These are plans that set out what will be done to maintain the health and wellbeing of people who need support when their normal support cannot be provided because of some kind of emergency, for example if a carer falls ill.
External service providers	Independent organisations from which the health and social care partnership purchases care to meet the needs of people who need support.
Future care plan	Unique and personal plans that people prepare together with their doctor, nurse, social worker, or care worker about what matters most to them about their future care. This was previously called an anticipatory care plan.
Health and social care integration	Health and social care integration is the Scottish Government's approach to improving care and support for people by making health and social care services work together so that they are seamless from the point of view of the people who use them.
Health and social care partnership	Health and social care partnerships are set up to deliver the integration of health and social care in Scotland. They are made up of integration authorities, local councils, local NHS boards and third and independent sector organisations.
Health promotion	The process of enabling people to improve and increase control over their own health.
Hope Point	A 24/7, walk-in mental health crisis and distress centre that provides immediate, non-clinical support to adults (16+) in the city. Operated by Penumbra Mental Health in partnership with Dundee Health and Social Care Partnership
Lead services	An arrangement whereby one health and social care partnership in a health board area takes responsibility for the planning and delivery of a particular aspect of health care for all the partnerships in the health board area.
I Matters	A tool to improve the experience of staff who work for NHS Scotland and in health and social care partnerships.
Independent sector	Non statutory organisations providing services that may or may not be for profit.
Integrated services	Services that work together in a joined-up way, resulting in a seamless experience for people who use them.
Integration Joint Board (IJB)	A statutory body made up of members of the health board and local authority, along with other designated members. It is responsible for the planning and delivery of health and social care services.
Localities	Agreed sub-areas within a health and social care partnership area. The partnership should make sure it understands and responds to the different needs of people in different localities. Each partnership is required to have at least two localities.
Low threshold services	Easy access services that people do not have to meet set standards or criteria to access, for example drop-in centres or conversation cafes. Low threshold services are often seen as

Term	Meaning
	a way of stopping people's health and wellbeing getting worse.
MAPPA	Multi agency public protection arrangements
MARAC	Multi-Agency Risk Assessment Conference
Mental Health Officer	A Mental health officer (MHO) is a social worker who has the training, education, experience, and skills to work with people living with a mental illness. Some laws in Scotland require that the local council must appoint an MHO to work with those living with a mental illness. Their duties include: • protecting health, safety, welfare, finances, and property. • safeguarding of rights and freedom. • duties to the court. • public protection in relation to mentally ill offenders.
National health and wellbeing outcomes	Standards set out in Scottish legislation that explain what people should expect to get from health and social care integration.
National Performance Indicators	Measures that are used to evaluate how well organisations are doing in relation to a particular target or objective. For example, the Scottish Government uses national performance indicators to understand how well health and social care partnerships are achieving good health and wellbeing outcomes for people.
Outcomes	The difference that is made in the end by an activity or action. In health and social care terms, the difference that a service or activity makes to someone's life.
PALMS	Patient Assessment and Liaison Mental Health Service
Personal assistant	Somebody who is employed by a person with health and social care needs to help them live the best lives they can. People who need care can ask a health and social care partnership for a direct payment so that they can employ a personal assistant.
Person-centred	This means putting the person at the centre of a situation so that their circumstances and wishes are what determines how they are helped.
Prevention	In health and social care services, prevention is about activities that help to stop people becoming ill or disabled, or to prevent illness or disability becoming worse.
Primary Care Mental Health Team (PCMHT)	The PCMHT is a nurse led service providing assessment and follow up for people who have common mental health problems. For example, depression, anxiety, and adjustment disorders. PCMHTs are usually staffed by mental health nurses, mental health practitioners, and psychologists, and have strong links with GP surgeries.
Procurement	The process that health and social care partnerships use to enter contracts with services to provide care or support to people.

Term	Meaning
Public Health Scotland	A national organisation with responsibility for protecting and improving the health of the people of Scotland.
Quality indicators	Measures that are used to evaluate how good a process is – how efficient and effective a process is in achieving the results that it should.
Rehabilitation	The process of helping a person to return to good health, or to the best health that they can achieve.
Residential care	Care homes – places where people live and receive 24-hour care.
Respite care	Temporary care that is provided for someone with health and social care needs, usually to provide a break for the person or their carer. Respite care is often provided in a residential setting but can also be provided via short breaks for the person and/or their carers.
Single point of access (SPOA)	To help people get support at the right time. A single point of access ensures that people needing health and social care support only need to contact one service. That service will ensure they are matched with the most appropriate response, depending on their needs at the time.
Seamless services	Services that are smooth, consistent, and streamlined, without gaps or delays.
Self-directed support	A way of providing social care that empowers the person to make choices about how they will receive support to meet their desired outcomes.
Service providers	Organisations that provide services, such as residential care, care at home, day services or activities.
Short breaks	Opportunities for people who need care and support and/or their carers to have a break. Its main purpose is to give the carers from the routine of caring.
Short term detention certificates (STDC)	An order made by a psychiatrist with the consent of a mental health officer. A STDC may be granted if a person has a mental disorder, is at risk and/or poses a risk to others, and their decision-making ability is impaired. It allows for a person to be detained in hospital for up to 28 days to provide treatment.
Strategic needs assessment	A process to assess the current and future health, care, and wellbeing needs of the community to inform planning and decision-making.
Supported living	Housing with attached support or care services. Supported living is designed to help people to remain living as independently as possible in the community.
Telecare	Telecare is the use of technology to provide health and social care to people in their own homes. It can include communication systems, alarms and monitoring of health status and symptoms.
Third sector	Organisations providing services that are not private or statutory. The term is often used to refer to voluntary

Term	Meaning
	organisations but can also refer to community organisations or social enterprise organisations
Workforce plan	A plan that sets out the current and future needs for staff in the organisation, and how those needs will be met.

Appendix 3: Six-Point Evaluation Scale

The six-point scale is used when evaluating the quality of performance across quality indicators.

Excellent	Outstanding or sector leading
Very Good	Major strengths
Good	Important strengths, with some areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses – priority action required
Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high-quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. Whilst opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance, which is evaluated as adequate, may be tolerable in circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths whilst addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the service provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

Appendix 4: The National Health and Wellbeing Outcomes

- **Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer.
- **Outcome 2:** People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- **Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected.
- **Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- **Outcome 5.** Health and social care services contribute to reducing health inequalities.
- **Outcome 6.** People who provide care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- **Outcome 7.** People using health and social care services are safe from harm.
- **Outcome 8.** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.
- **Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services.

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Appendix 2

Inspection Improvement Recommendation	Action	Linked to…	Lead	Timescale
1.The partnership should ensure that people and carers understand their rights and options under the Social Care (Self-Directed Support) Scotland Act 2013 and the Carers (Scotland) Act 2016 and that these rights are met.	1.1 Create a simple rights-based information package • Produce plain-English materials explaining SDS options (1–4), ACSPs and emergency planning. • Embed these into all first-contact services.	Dundee Carers Strategy 2026-2032 / Personalisation Delivery Plan	Head of Health and Community Care / Acting Head of Strategic Services	October 2026
	1.2 Standardise staff practice and conversations across services / professions to support early identification and advice/information • Introduce an SDS/Carers Act "minimum practice standard" for social work, health staff, link workers and third sector. • Build short e-learning modules into the partnership's Workforce Plan. • Use opportunities within peer support networks and workforce practice forums to help explain rights in an accessible way.	Dundee Carers Strategy 2026-2032 / Personalisation Delivery Plan	Heads of Health and Community Care / Acting Head of Strategic Services	March 2027
	1.3 Explore options to ensure a collaborative approach that improves access to carer advocacy • Explore models of advocacy provision in place in other partnership areas. • Implement local Advocacy Strategy. • Incorporate advocacy information within rights-based information package.	Dundee Carers Strategy 2026-2032	Locality Manager, Mental Health and Learning Disabilities / Third Sector Partners	December 2026

	1.4 Strengthen routine monitoring and reporting • Add ASCP and SDS uptake indicators to management data sets	DHSCP Delivery Plan	Acting Head of Strategic Services	June 2026
2.Further work was required to strengthen integration for people with multiple health conditions.	2.1 Complete the implementation of the Team Around the Adult multi-agency adults at risk pathway, including the lead professional model.	Protecting People Delivery Plan	Heads of Health and Community Care / Acting Head of Strategic Services	March 2027
	2.2 Develop a coordinated approach to improving the physical health of people experiencing mental illness, including better physical-health monitoring, preventive care and co-produced approaches that consider lived experience of health inequalities.	Draft Dundee Mental Health and Wellbeing Strategic Plan	Mental Health and Wellbeing Strategic Planning Group	March 2027
3.The partnership should progress work to capture, aggregate and analyse personal outcomes data for people and carers.	3.1 Develop a Partnership approach to capturing evidence of the impact of services on outcomes for people. • Capture learning from examples of good practice in outcome measurement from across internal and commissioned services. • Improve systems for extracting and reporting information from contract monitoring processes. • Involve lived experience services and networks.	DHSCP Delivery Plan	Acting Head of Strategic Services	March 2027
	3.2 Implement Care Opinion across all Partnership services.	DHSCP Delivery Plan	Lead Officer, Data, Quality and Intelligence	December 2026

4.Leaders should ensure consistent evaluation as to the effectiveness and impact of strategic improvement and development.	4.1 Develop a Partnership Performance Framework and related reporting arrangements.	DHSCP Delivery Plan	Acting Head of Strategic Services	October 2026
	4.2 Develop a partnership approach to capturing evidence of effectiveness and impact. • Build this into the strategic review of third party commissioned services. • Develop interfaces with internal services to capture self-evaluation outcomes. • Improve oversight and reporting of relevant information of service evaluations	DHSCP Delivery Plan	Acting Head of Strategic Services	March 2027

ITEM No …5……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 APRIL 2026**

REPORT ON: **STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE – ANNUAL REVIEW**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB14-2026**

1.0 PURPOSE OF REPORT

1.1 To submit for approval updated terms of reference for the Dundee Integration Joint Board's Strategic Planning Advisory Group.

2.0 RECOMMENDATIONS

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

2.1 Approves the revised terms of reference for the Strategic Planning Advisory Group (as attached in Appendix 1).

2.2 Remits the Chief Officer to review the Strategic Risk Register with reference to the information contained within section 6 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires each Integration Authority to establish a Strategic Planning Group (SPG) to support it to develop its strategic commissioning plan (Section 32). The procedure of the strategic planning group is to be determined by the Integration Authority (Section 32 (11).

4.2 The primary function of the SPG, as set out in section 33 of the Act, is to act as an advisory group to the IJB in relation to the preparation and review of their strategic plan. The SPG should therefore be concerned with:

- Supporting and informing the development and review process for the IJB's strategic commissioning plan.
- Providing stakeholder advice to the IJB for any emerging plans, programmes and interventions.
- Identifying, analysing and raising issues that may impact on the delivery of the local strategic shifts and outcomes set out in the strategic commissioning plan.

- Providing a forum for initial consultation and community engagement with regards to strategic planning and commissioning matters.

4.3 A SPG has been in place in Dundee since 2016 and is currently known as the Strategic Planning Advisory Group. In April 2025 a substantive review of the groups terms of reference was undertaken, and subsequently approved by the IJB (Article VIII of the minute of the Dundee Integration Joint Board held on 16 April 2025 refers).

4.4 Section 5 of the approved Terms of Reference sets out that both they and the membership of the group will be reviewed on an annual basis. The members of the Strategic Planning Advisory Group have reviewed the terms of reference and identified a small number of proposed amendments, as attached in Appendix 1:

- At Section 3 (Membership) it is proposed that the IJB should expand the list of other persons to the be appointed to the SPAG to include additional lived experience representation. This could include additional individual representatives as well as representation on behalf of community and / or lived experience groups. This reflects the recent agreement by the IJB to adopt a long-term approach to identifying, appointing and supporting service user and carer representatives that build on existing community engagement mechanisms and focus on succession planning (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 10 December 2025 refers).

- At Appendix A (Membership Nominations) various minor amendments have been made to update post titles that have changed over the last year. The nomination to the position of User of Social Care Service has now been filled by the IJB Service User Representative. There have been no other substantive changes in relation to membership nominations.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	10 IJB Engagement - There is a risk of the work of the IJB being insufficiently supported and informed by communication and engagement with stakeholder
Risk Level	12
Risk Appetite	Within
The report demonstrates:	
	An increase in risk level
	A reduction in risk level
	The effectiveness of current controls
X	**The identification and implementation of additional controls** Proposed changes to the SPAG Terms of Reference will allow for greater direct representation of lived experience within the group membership. This is an additional preventive control mechanism.
	The presence of a new / emerging risk

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service Health and Community Care, members of the Strategic Planning Advisory Group and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 Appendix 1

Dave Berry
Chief Officer

DATE: 12 March 2026

Kathryn Sharp
Acting Head of Strategic Services

Appendix 1

DUNDEE IJB - STRATEGIC PLANNING ADVISORY GROUP

Terms of Reference

1 Purpose

The Public Bodies (Joint Working) (Scotland) Act 2014 requires each Integration Authority to establish a Strategic Planning Group to support it to develop its strategic commissioning plan.

2 Remit of the Group

The Dundee Strategic Planning Advisory Group will be the formal group which advises the IJB in relation to the development, implementation and subsequent review of the IJB's Strategic Commissioning Plan. The Group will monitor progress against the actions and outcomes arising from the Plan. To do this the Group will:

- Support and inform the development and review process for the IJB's strategic commissioning plan.
- Provide stakeholder advice to the IJB for any emerging plans, programmes and interventions.
- Identify, analyse and raise issues that may impact on the delivery of the local strategic shifts and outcomes set out in the strategic commissioning plan.
- Provide a forum for initial consultation and community engagement with regards to strategic planning and commissioning matters.
- Undertake other tasks as required to support the IJB to fulfil its statutory strategic planning and commissioning functions.

3 Membership

Core membership is prescribed in the Public Bodies (Joint Working) (Prescribed Consultees) Scotland Regulations 2024, and is as follows:

- Users of healthcare services
- Carers of users of healthcare services
- Commercial providers of healthcare
- Non-commercial providers of healthcare
- Health professionals
- Social care professionals
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care
- Locality representation

There may be multiple membership nominations under each category of membership.

The Integration Authority may also include other persons it considers to be appropriate. The Dundee IJB has agreed to include in the membership of the Strategic Planning Advisory Group:

- Children and Families Services Representative
- Community Planning Partnership Representative
- Additional Lived Experience Representatives (including individuals and / or representatives on behalf of community and / or lived experience groups)

The Group may also be supported by officers in attendance as required, agreed in advance by the Chair of the Strategic Planning Advisory Group. A list of current membership nominations is attached as appendix A.

The Group will be chaired by the Head of Service, Finance and Strategic Services, Dundee Health and Social Care Partnership.

4 Role of Individual Members

Individual members will represent stakeholder groups, structures and organisations, professionals or localities and attend meetings in an advisory capacity. Deputies may attend meetings by prior arrangement with the Chair.

Group members will ensure good communication between the SPAG and the area / organisation / profession / locality they represent and may request items to be placed on the agenda in-meeting or with the secretariat.

5 Governance

The Group will report directly to the IJB, and has no executive powers, other than those specifically delegated in these Terms of Reference.

The Group Chair is authorised by the IJB to receive and accept nominations of membership in line with the arrangements set out in section 3 of this terms of reference.

The Group is authorised by the IJB to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Partnership, and to invite any employee of an organisation within the Partnership to provide information by request at a meeting of the Group to support its work, as and when required, taking due cognisance of their employing organisation's policies and procedures in doing so.

The Group is authorised by the IJB to secure the attendance of individuals and authorities from outside the Partnership with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires.

The Group shall have the power to establish, in exceptional circumstances, sub-groups and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility.

No business shall be undertaken by the Group unless there are present the Chair and at least 6 members (from at least 3 different stakeholder/membership groups).

Terms of reference and membership will be reviewed on an annual basis.

6 Meeting Cycle

As decided from time to time by the Group, but a minimum of 4 times per year.

7 Administration

The agenda and papers will be distributed at least 5 working days before each meeting. A decision and action point record will be made and will be available to members within 10 working days of the meeting.

Calls for Agenda items will be circulated two weeks prior to the next meeting and/or agreed at the previous meeting. Items should be submitted to kathryn.sharp@dundeecity.gov.uk

Meetings will be held in a hybrid format.

8 Data Protection, Management of Information and Retention of Records

Dundee City Council (on behalf of Dundee IJB) is the data controller for all SPAG records.

SPAG records will be retained for a period of five years. Appropriate alternative retention periods will be applied to any records containing personal, or confidential information.

9 Resolution of Disputes

In relation to any substantive matter upon which a decision cannot be reached or agreed through consensus, the Chairperson will refer the matter to the IJB for final resolution.

Appendix A

Position	Nomination(s)
Chairperson	Head of Finance and Strategic Services, DHSCP
Users of healthcare services	TBC
Carers of users of healthcare services	Dundee IJB Carers Representative
Commercial providers of healthcare	TBC
Non-commercial providers of healthcare	Heads of Health and Community Care, DHSCP Primary Care Service Development, DHSCP Manager Deputy Chief Executive, NHS Tayside Assistant Director of Performance and Activity, NHS Tayside ~~By rotation – DHSCP Associate Locality Managers~~
Health professionals	Lead Nurse, DHSCP AHP Lead, DHSCP Lead G.P., DHSCP Nurse Director Community / HSCPs, NHS Tayside Director of Public Health, NHS Tayside
Users of social care	Dundee IJB Service User Representative
Carers of users of social care	Nomination in place
Commercial providers of social care	Independent Sector Lead, Scottish Care
Non-commercial providers of social care	Heads of Health and Community Care, DHSCP ~~By rotation – DHSCP Associate Locality Managers~~
Social care professional	Chief Social Work Officer, Dundee City Council
Non-commercial providers of social housing (Dundee City Council and Registered Social Landlords)	Principal Officer (Quality and Performance Monitoring), Neighbourhood Services, Dundee City Council
Third sector bodies carrying out activities related to health or social care	Chief Executive Officer, Transform Community Development Chief Executive Officer, Dundee Carers Centre Depute CEO, DVVA
Locality representation	Community Health Inequalities Manager, Neighbourhood Services / DHSCP By rotation – DHSCP Associate Locality Managers
Children and Families Services Representative	Head of Children's and Community Justice Services,
Community Planning Partnership Representative	Community Planning Manager, Dundee City Council
Additional Lived Experience Representatives	TBC

In attendance:
The group will be supported by Officers from Finance and Strategic Services who will attend as required, by invitation from the Chair.

At the present time there is a standing invitation to:

- Lead Officer, Strategic Planning and Business Support
- Senior Officer, Strategic Planning
- Lead Officer, Quality, Data and Intelligence
- Service Manager, Strategic Services
- Partnership Finance Manager

Service Managers (or equivalent) from operational services will be invited to attend where there are agenda items relevant to their area of responsibility.

ITEM No …6……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 APRIL 2026**

REPORT ON: **STATUTORY CHILDREN'S RIGHTS REPORT**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB12-2026**

1.0 PURPOSE OF REPORT

1.1 To seek approval of the proposal to publish a joint statutory Children's Rights Report with NHS Tayside, and of the content of the IJB element of that report.

2.0 RECOMMENDATIONS

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

2.1 Note the status of the IJB as listed public authority under the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, and requirement to publish a Children's Rights Report for the reporting period to 31 March 2026 (see sections 4.1 to 4.4).

2.2 Approve the proposal to discharge their statutory duty to produce and publish a Children's Rights Report through a joint publication with NHS Tayside (see section 4.5.1).

2.3 Approve the content of the Children's Rights Report, where it describes the functions of Dundee IJB, for insertion into the joint publication (see section 4.5.2 and appendix 1). Noting that NHS Tayside plans to approve their content during June 2026, after which the joint report will be published (see section 4.5.3).

2.4 Remits the Chief Officer to review the Strategic Risk Register with reference to the information contained within section 6 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 BACKGROUND

4.1 The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 ("the UNCRC Act") incorporates the United Nations Convention on the Rights of the Child into Scots law, strengthening the requirement for public authorities to treat children's rights as a core consideration in the exercise of their functions. The Act places duties on public authorities to act compatibly with the UNCRC requirements. In practice, this means that when making decisions, developing policy, planning services, or delivering services that affect children and young people, relevant bodies must ensure that their actions and decisions do not breach the rights set out in the UNCRC.

4.2 Key requirements of the Act include that it is unlawful for a public authority to act in a way which is incompatible with the UNCRC requirements, and that children, young people and their

representatives can seek to enforce these rights through the courts. The Act also provides powers for the Children and Young People's Commissioner Scotland to take legal action in relation to children's rights.

4.3 The UNCRC Act applies different duties to "listed public authorities" (also referred to as "listed bodies"). Listed bodies are those specifically identified in the Act and associated regulations as having functions which are likely to affect children and young people. Dundee IJB is a listed body because it is an Integration Joint Board established under the Public Bodies (Joint Working) (Scotland) Act 2014, with functions that can affect persons under the age of 18 through the delegation of relevant health and social care functions under the Dundee Integration Scheme[1]. While Dundee IJB's primary responsibilities relate to adult services, its commissioning, planning and oversight decisions in areas such primary care, sexual health and allied health services can have direct and indirect impacts on children, young people and families, and it therefore falls within the scope of the statutory reporting duty.

4.4 Listed bodies are required to publish a Children's Rights Report for each reporting period. The first reporting period covers October 2024 to March 2026, thereafter the reporting period is three years. Reports must be published as soon as practicable after the end of the period and must set out the steps taken, within the IJB's functions and areas of responsibility, to secure better or further effect of children's rights. Scottish Government has published statutory reporting guidance, and Children's Rights Reports must be prepared in accordance with this guidance (available at: Part 3 Statutory Guidance.)

4.5 PROPOSED REPORTING ARRANGEMENTS

4.5.1 To provide a coherent overview of progress in securing children's rights across health and social care services, it is proposed that Dundee IJB contributes to a joint report with NHS Tayside. This will ensure that the Children's Rights Reports presents an integrated account of progress in relation to health and social care services. It is intended that this approach will help stakeholders, including members of the public, to understand the full process of planning for and securing children's rights across the sector through a single document. This approach is supported by Scottish Government Part 3 statutory guidance, which allows listed public authorities to prepare and publish Children's Rights Reports jointly where appropriate. The proposed joint reporting arrangements therefore provide a compliant way for Dundee IJB to discharge its reporting duty while presenting a clear, integrated account of progress.

4.5.2 Officers supporting the three IJBs across Tayside have collaborated to support a consistent approach to the provision and presentation of content for joint Children's Rights Reports. A shared template has been agreed for this purpose. The proposed Dundee IJB content, prepared in line with the agreed template, is attached at Appendix 1. The content for the first report reflects recognition, including from the Scottish Government, that public bodies are in the early stages of children's rights implementation, with a subsequent focus on future plans to further strengthen and expand the work of the IJB in this area.

4.5.3 NHS Tayside's timetable for production of its contribution to the joint report, and for securing approval through the Public Health Committee, is the end of June 2026. The joint reports will be published as soon as possible after they have been approved by all of the relevant governance groups.

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.

[1] See Annex 1, Part 4 of the Dundee Health and Social Care Integration Scheme for a list of services to be integrated for people under the age of 18.

6.0 RISK ASSESSMENT

6.1 The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	10 IJB Engagement - There is a risk of the work of the IJB being insufficiently supported and informed by communication and engagement with stakeholder
Risk Level	12
Risk Appetite	Within
The report demonstrates:	
	An increase in risk level
	A reduction in risk level
	The effectiveness of current controls
X	**The identification and implementation of additional controls** Commitments made within the Children's Rights Report regarding future activity and actions in some aspects include additional mitigating controls in relation to engagement of service users, unpaid carers and others with lived experience of health and social care services and supports.
	The presence of a new / emerging risk

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service Health and Community Care, Child Health Commissioner and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Chief Officer

DATE: 12 March 2026

Kathryn Sharp
Acting Head of Strategic Services

Clare Lewis-Robertson
Lead Officer, Strategic Planning and Business Support

Joyce Barclay
Senior Officer, Strategic Planning

Appendix 1
Draft Dundee IJB Content for Joint Children's Rights Report with NHS Tayside

Integration Authorities are listed under the UNCRC (Incorporation) (Scotland) Act 2024 because their decisions can affect children, young people and families. In Dundee, this includes decisions about services where functions have been formally delegated to the IJB:

- Hospital Accident and Emergency (A&E).
- Dental, eye care and pharmacy services.
- GP services (including out-of-hours).
- Community learning disability services.
- Allied health professional services (for example, occupational therapy and physiotherapy.
- Sexual and reproductive health services.
-

More broadly the IJB might make decisions that impact directly and indirectly on children and young people. For example, the decisions the IJB makes about commissioning of adult services will have a direct impact on young carers.

Dundee IJB plans and commissions services and decides how resources are used. It also has an oversight role for operational performance. The Performance and Audit Committee reviews performance information and assurance about services and is informed by the Clinical and Care Governance Group. This helps the IJB to identify where service performance may affect children and young people's rights, agree actions for improvement, and track progress through regular reporting. This Children's Rights Report covers the functions that are the responsibility of the IJB and has been prepared in line with Part 3 statutory guidance. Information about children's rights implementation in health and social care delivery is covered in the Children's Rights Reports of Dundee City Council and NHS Tayside.

Since October 2024, Dundee IJB has made progress in the following areas, aligned with the principles of a children's human rights approach:

Embedding

- The IJB's Strategic Needs Assessment brings together population-level evidence, including information on the health and wellbeing needs of children and young people, to inform strategic planning, commissioning priorities and resource allocation across health and social care.
- Children's rights considerations have been incorporated into IJB strategic planning and commissioning processes, proportionate to the IJB's role. This includes links to wider children's services planning and recognition of impacts on children and young people across health and social care systems.
- An Equality Matters IJB Development Session, delivered to IJB members in November 2025, supported implementation of UNCRC requirements by strengthening members' understanding of children's rights, promoting non-discrimination, and ensuring decisions are informed by an equity-focused, rights-respecting approach.
- The IJB has considered reports on matters affecting children and young people (including Our Promise, the City Plan and Protecting People reports) to support assurance, improvement and informed strategic decision-making.

Equality and Non-Discrimination

- The Integrated Impact Assessment format that accompanies IJB decision reports includes consideration of potential impacts on children and young people, including human rights, equality and fairness.

Participation

- Dundee's Carers Partnership includes young carer representatives in its multi-agency work, helping ensure their voices shape strategic planning and the development of support across the city.

Accountability

- Dundee Health and Social Care Partnership officers who manage complaints are working to implement child-friendly complaints processes for the IJB, aligned with the Scottish Public Services Ombudsman's Children Friendly Complaints Principles. These principles aim to make complaints accessible, rights-based and responsive to the needs of all children and young people.

For the period April 2026 to March 2029, Dundee IJB will focus on:

- Strengthening how children's rights are routinely considered in IJB papers, impact assessments and decisions, particularly where adult health and social care services may affect children and young people, including young carers.
- Building on the Strategic Needs Assessment by continuing to improve how evidence about children's health, wellbeing and inequalities is used to inform strategic planning, commissioning priorities and resource allocation.
- Continuing to develop IJB members' understanding of children's rights, non-discrimination and best interests, helping ensure UNCRC considerations are well understood and meaningfully applied in strategic discussions and decisions. This will include working with professional leads who are IJB members to embed UNCRC within the aims and activities of the IJB.
- Considering an IJB Members' Development Session on the UNCRC and its implications for IJB member decision-making.
- Exploring proportionate ways for the IJB to be informed by the views and experiences of children and young people (including young carers), particularly where strategic decisions may affect them indirectly. This includes considering how children and young people could have greater voice and influence within the IJB's annual Budget Consultation process.
- Supporting the Strategic Planning Advisory Group to strengthen its understanding of UNCRC impacts and to embed children's rights in service design, commissioning and decision-making, ensuring plans and priorities reflect children and young people's best interests, voices and lived experiences.
- Refining the IJB's approach to Children's Rights Reporting to ensure clear, accessible information is published on what the IJB is doing, progress to date, and where further improvement is planned, in line with the expectation that public bodies demonstrate continuous improvement over time.

ITEM No …7……..

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 APRIL 2026**
REPORT ON:	**AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2025/26**
REPORT BY:	**CHIEF FINANCE OFFICER**
REPORT NO:	**DIJB16-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to note and approve the proposed Dundee Integration Joint Board Annual Audit Plan 2025/26 as submitted by the IJB's appointed External Auditor (Audit Scotland).

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report.

2.2 Approves the proposed Audit Plan for 2025/26 as submitted by Audit Scotland (attached as Appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 The cost of the annual audit fee is £35,480. Provision for this has been made within the IJB's 2025/26 budget.

4.0 MAIN TEXT

4.1 Dundee Integration Joint Board's (IJB) assigned External Auditor for 2025/26 is Audit Scotland who have produced their Annual Audit Plan in relation to the 2025/26 financial year. This plan contains an overview of the planned scope and timing of their audit work and is carried out in accordance with International Standards on Auditing (ISAs), and the Code of Audit Practice. This plan sets out the independent auditors work necessary to provide an opinion on the annual accounts and to meet the wider scope requirements of public sector audit. The wider scope of public audit includes assessing arrangements for financial sustainability, financial management, vision, leadership and governance and use of resources to improve outcomes.

4.2 In preparing this audit plan, Audit Scotland has drawn from a wide range of information such as IJB reports and other published documentation, attendance at IJB meetings and discussions with management and have identified any main risk areas in relation to Dundee IJB. There is only one such risk which is categorised as being a financial statements risk and one wider scope risk identified for 2025/26. The financial statement risk is summarised below:

1) Risk of material misstatement due to fraud caused by management override of controls (Exhibit 2 within Appendix 1)

2) Risk of fully utilising all uncommitted general fund reserves in 2025/26 leaving the IJB with no contingency to address unexpected events of emergencies, and which creates a risk to setting a balanced budget for 2026/27 and to the IJB's future commissioning of community health and social care services.

4.3 The IJB is asked to note and acknowledge the request for a commitment from those charged with Governance relating to 'Communication of fraud or suspected fraud' as detailed in Paragraph 9 of the Audit Plan, and copied below

In line with ISA (UK) 240 (The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements), in presenting this plan to the Integration Joint Board, we seek confirmation from those charged with governance of any instances of actual, suspected or alleged fraud that should be brought to our attention. Should members of the committee have any such knowledge or concerns relating to the risk of fraud within Dundee City IJB, we invite them to communicate this to the appointed auditor for consideration. Similar assurances will be sought as part of the audit completion process.

4.4 Once the audit is complete, Audit Scotland will submit an independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission, summarising the outputs of the audit of the annual accounts. They will also provide the IJB and the Controller of Audit with an annual report on the audit containing observations and recommendations on significant matters which have arisen in the course of the audit.

4.5 The Local Authority Accounts (Scotland) Regulations 2014 require local authorities to 'aim to approve the audited accounts for signature no later than 30 September immediately following the financial year to which the accounts relate' and that the signed accounts 'must be published no later than 31 October'. Due to the legacy of the late completion of prior year audits, ongoing resourcing challenges within Audit Scotland and the need to prioritise the quality of audit work over meeting target dates, they are unable to complete the IJB's audit by the 30 September or in time to publish the audited accounts by 31 October. It is proposed to submit the IJB's draft accounts to Audit Scotland by the 30 June 2026 with the final Independent Auditors report and IJB final audited accounts presented to the meeting of the Integration Joint Board on the 21 October 2026. Audit Scotland continue to work towards delivering the audit by the target date over the course of the five-year audit appointment.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it forms part of the IJB's statutory governance process. Any risks identified through the annual accounts process will be reflected in the relevant Integration Joint Board or Performance and Audit Committee Reports.

7.0 CONSULTATIONS

7.1 The Chief Officer, Audit Scotland and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

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

9.0 BACKGROUND PAPERS

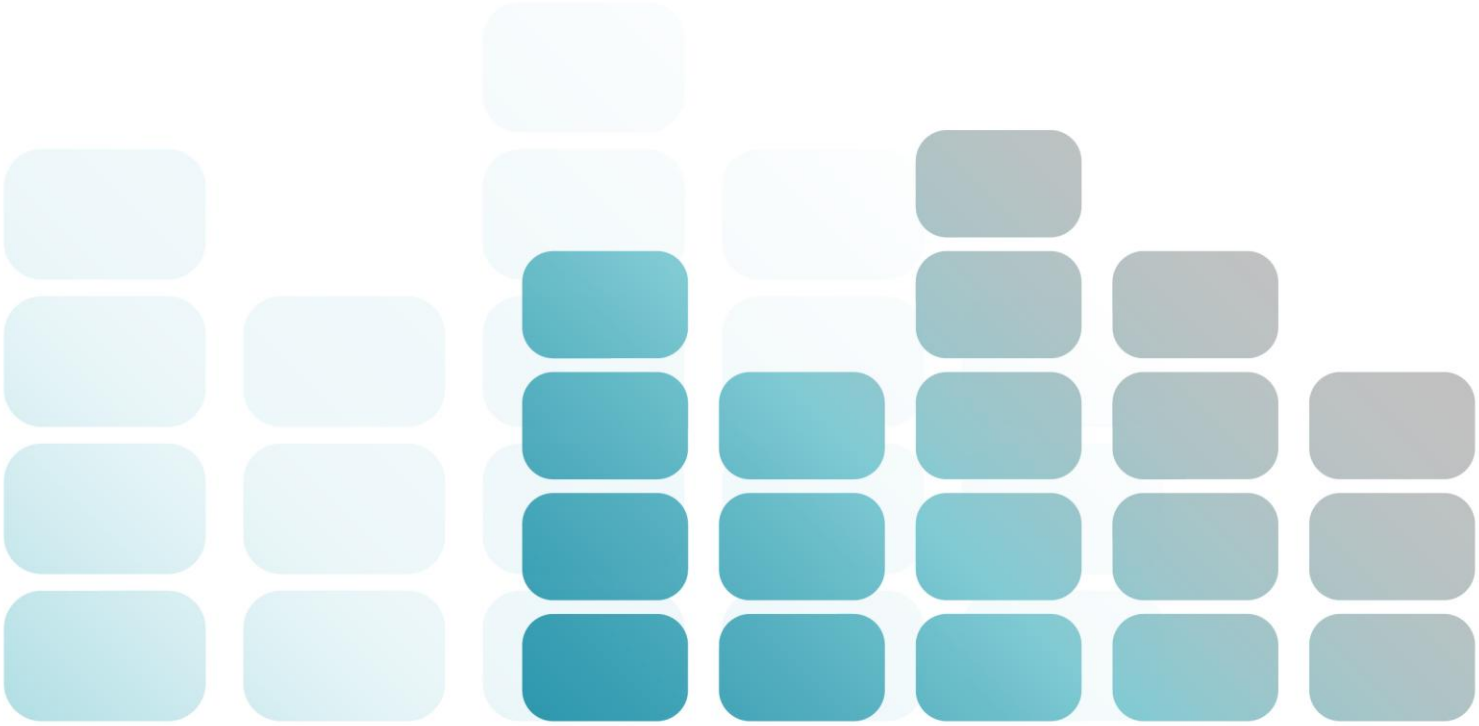
9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 23 March 2026

Dundee City Integration Joint Board

Annual Audit Plan 2025/26



AUDIT SCOTLAND

Prepared for Dundee City Integration Joint Board
March 2026

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Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Introduction

Purpose of the Annual Audit Plan

1. The purpose of this Annual Audit Plan is to provide an overview of the planned scope and timing of the 2025/26 audit of the Dundee City Integration Joint Board annual accounts. It outlines the audit work planned to meet the audit requirements set out in auditing standards and the Code of Audit Practice, including supplementary guidance.

Appointed auditor and independence

2. Rachel Browne, of Audit Scotland, has been appointed by the Accounts Commission as external auditor of Dundee City Integration Joint Board, hereafter referred to as 'Dundee City IJB', for the period from 2023/24 until 2026/27. The 2025/26 financial year is Rachel's third year of appointment and the fourth year of Audit Scotland's five-year audit appointment.

3. Rachel and the audit team are independent of Dundee City IJB in accordance with relevant ethical requirements, including the Financial Reporting Council's Ethical Standard. This standard imposes stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with ethical standards. The arrangements are overseen by the Executive Director of Innovation and Quality, who serves as Audit Scotland's Ethics Partner.

4. The Ethical Standard requires auditors to communicate any relationships that may affect the independence and objectivity of the audit team. There are no such relationships pertaining to the audit of Dundee City IJB to communicate.

Audit scope and responsibilities

Scope of the audit

5. The audit is performed in accordance with the Code of Audit Practice, including supplementary guidance, International Standards on Auditing (UK), and relevant legislation. These set out the requirements for the scope of the audit which includes:

- an audit of the financial statements and an opinion on whether they give a true and fair view and are free from material misstatement
- an opinion on statutory other information published with the financial statements in the annual accounts, namely the Management Commentary and the Annual Governance Statement
- an opinion on the audited part of the Remuneration Report
- conclusions on Dundee City IJB's arrangements in relation to the wider scope areas: Financial Management, Financial Sustainability, Vision, Leadership, and Governance, and Use of Resources to Improve Outcomes
- reporting on Dundee City IJB's arrangements for securing Best Value
- provision of an Annual Audit Report setting out significant matters identified from the audit of the annual accounts and the wider scope areas specified in the Code of Audit Practice.

Responsibilities

6. The Code of Audit Practice sets out the respective responsibilities of Dundee City IJB and the auditor. A summary of the key responsibilities is outlined below.

Auditor's responsibilities

7. The responsibilities of auditors in the public sector are established in the Local Government (Scotland) Act 1973. These include providing an independent opinion on the financial statements and other information reported within the annual accounts and concluding on Dundee City IJB's arrangements in place for the wider scope areas.

Dundee City IJB's responsibilities

8. Dundee City IJB has primary responsibility for ensuring proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enables it to successfully deliver its objectives. The features of proper financial stewardship include:

- establishing arrangements to ensure the proper conduct of its affairs
- preparation of annual accounts, comprising financial statements that give a true and fair view and other information
- establishing arrangements for the prevention and detection of fraud, error and irregularities, and bribery and corruption
- implementing arrangements to ensure its financial position is soundly based
- making arrangements to secure Best Value
- establishing an internal audit function.

Communication of fraud or suspected fraud

9. In line with ISA (UK) 240 (The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements), in presenting this plan to the Integration Joint Board, we seek confirmation from those charged with governance of any instances of actual, suspected or alleged fraud that should be brought to our attention. Should members of the committee have any such knowledge or concerns relating to the risk of fraud within Dundee City IJB, we invite them to communicate this to the appointed auditor for consideration. Similar assurances will be sought as part of the audit completion process.

Audit of the annual accounts

Introduction

10. The audit of the annual accounts is driven by materiality and the risks of material misstatement in the financial statements, with greater attention being given to the significant risks of material misstatement. This chapter outlines materiality, the significant risks of material misstatement that have been identified, and the impact these have on the planned audit procedures.

Materiality

11. The concept of materiality is applied by auditors in planning and performing an audit, and in evaluating the effect of any uncorrected misstatements on the financial statements or other information reported in the annual accounts.

12. The concept of materiality is to determine whether matters identified during the audit could reasonably be expected to influence the decisions of users of the financial statements. Auditors set a monetary threshold when determining materiality, although some issues may be considered material by their nature. Therefore, materiality is ultimately a matter of the auditor's professional judgement.

13. The materiality levels determined for the audit of Dundee City IJB are outlined in Exhibit 1.

Exhibit 1
2025/26 Materiality levels for Dundee City IJB

Materiality	Amount
Materiality – based on an assessment of the needs of users of the financial statements and the nature of Dundee City IJB operations, the benchmark used to determine materiality is gross expenditure based on the audited 2024/25 financial statements. Materiality has been set at 2% of the benchmark.	£7.2 million
Performance materiality – this acts as a trigger point. If the aggregate of misstatements identified during the audit exceeds performance materiality, this could indicate that further audit procedures are required. Using professional judgement, performance materiality has been set at 75% of planning materiality.	£5.4 million

Materiality	Amount
Reporting threshold – all misstatements greater than the reporting threshold will be reported.	£0.36 million

Source: Audit Scotland

Significant risks of material misstatement to the financial statements

14. The risk assessment process draws on the audit team's cumulative knowledge of Dundee City IJB, including the nature of its operations and its significant transaction streams, the system of internal control, governance arrangements and processes, and developments that could impact on its financial reporting.

15. Based on the risk assessment process, significant risks of material misstatement to the financial statements have been identified and these are summarised in Exhibit 2, page 7. These are the risks which have the greatest impact on the planned audit approach, and the planned audit procedures in response to the risks are outlined in Exhibit 2.

16. The risk assessment process is an iterative and dynamic process. The assessment of risks set out in this Annual Audit Plan and Exhibit 2 may change as more information and evidence is obtained over the course of the audit. Where such changes occur, these will be reported to Dundee City IJB and those charged with governance, where relevant.

Exhibit 2
Significant risks of material misstatement to the financial statements

Risk of material misstatement	Planned audit response
Fraud caused by management override of controls Management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.	The audit team will: • Agree balances and income to Dundee City Council and NHS Tayside financial reports/ledger/correspondence • Obtain assurances from the auditors of Dundee City Council and NHS Tayside which ensure completeness, accuracy and allocation of income and expenditure. • Review financial monitoring reports during the year. • Review year-end consolidation of expenditure reports from Dundee City Council and NHS Tayside including examining any significant adjustments.

Source: Audit Scotland

Key audit matters

17. The Code of Audit Practice requires public sector auditors to communicate key audit matters. Key audit matters are those matters, that in the auditor's professional judgement, are of most significance to the audit of the financial statements and require most attention when performing the audit.

18. In determining key audit matters, auditors consider:

- areas of higher or significant risk of material misstatement
- areas where significant judgement is required, including accounting estimates that are subject to a high degree of estimation uncertainty
- significant events or transactions that occurred during the year.

19. Key audit matters will be communicated in the Annual Audit Report. Exhibit 2 outlines the significant risks of material misstatement to the financial statements that have been identified.

Wider scope and Best Value

Introduction

20. Reflecting the fact that public money is involved, the Code of Audit Practice requires that public audit is planned and undertaken from a wider perspective than in the private sector. The wider scope audit set out by the Code of Audit Practice broadens the audit of the annual accounts to include consideration of additional aspects or risks in four wider scope areas, which are summarised below:

- **Financial Management** – this means having sound budgetary processes. Factors that can impact on Dundee City IJB being able to secure sound financial management include the strength of the financial management culture, accountability, and arrangements to prevent and detect fraud, error and other irregularities, bribery and corruption.
- **Financial Sustainability** – this means looking forward over the medium and longer term in planning the services to be delivered and how they will be delivered effectively. This is assessed by considering Dundee City IJB's medium to longer-term planning for service delivery.
- **Vision, Leadership and Governance** – this means having a clear vision and strategy, with set priorities within the vision and strategy. This is assessed by considering the clarity of plans in place to deliver the vision and strategy and the effectiveness of the governance arrangements to support delivery.
- **Use of Resources to Improve Outcomes** – this means using resources to meet stated outcomes and improvement objectives through effective planning and working with partners and communities. This is assessed by considering Dundee City IJB's arrangements for ensuring resources are deployed to improve strategic outcomes, meet the needs of service users, and deliver continuous improvement.

21. A conclusion on the effectiveness and appropriateness of arrangements Dundee City IJB has in place for each of the wider scope areas will be reported in the Annual Audit Report.

Best Value

22. Under the Code of Audit Practice, the duty on auditors to consider the arrangements an audited body has in place to secure Best Value applies

to audited bodies that fall within section 106 of the Local Government (Scotland) Act 1973, which Dundee City IJB does.

23. Consideration of the arrangements Dundee City IJB has in place to secure Best Value will be carried out alongside the wider scope audit, and a conclusion on the arrangements Dundee City IJB has in place will be reported in the Annual Audit Report.

Significant wider scope and Best Value risks

24. The risk assessment process has identified a significant risk in the wider scope areas and Best Value as outlined in Exhibit 3, and this includes the planned audit procedures in response to the risk.

Exhibit 3
Significant wider scope and Best Value risks

Description of risk	Planned audit response
Financial Sustainability Dundee IJB is predicting that it will use all of the uncommitted general fund reserves in 2025/26. This will leave the IJB with no contingency to address unexpected events or emergencies. This creates a risk to setting a balanced budget for 2026/27 and to the IJB's future commissioning of community health and social care services.	The audit team will: • Review progress against the actions set out in the 2025/26 financial recovery plan. • Review budget papers for 2026/27, including the financial position and the projected 5 Year Financial Outlook.

Source: Audit Scotland

Reporting arrangements, timetable and audit fee

Audit outputs

25. The outputs from the 2025/26 audit include:

- this Annual Audit Plan
- an Independent Auditor's Report to Dundee City IJB and the Accounts Commission setting out opinions on the annual accounts
- an Annual Audit Report to Dundee City IJB and the Accounts Commission setting out significant matters identified from the audit of the annual accounts, conclusions from the wider scope and Best Value audit, recommendations, where required, and any good practice identified.

26. The matters to be reported in the outputs will be discussed with Dundee City IJB for factual accuracy before they are issued. All outputs from the audit will be published on Audit Scotland's website, apart from the Independent Auditor's Report, which is included in the audited annual accounts.

27. Target dates for the audit outputs are set by the Accounts Commission. In setting the target dates for the audit outputs, consideration is given to the statutory date for approving the annual accounts, which is 30 September 2026 for local government bodies.

28. The audit team will be unable to achieve the target date of 30 September 2026 for issuing the Independent Auditor's Report and Annual Audit Report. This is due to prioritising the quality of our audit work over meeting target dates, as required by the Accounts Commission, and consistent with messaging from the Financial Reporting Council which has made clear that audit quality takes precedence. The audit team is working towards completion of the audit to meet the Integration Joint Board date of 21 October 2026. We are working towards delivering the audit by the target date over the course of the five-year audit appointment.

Audit timetable

29. Achieving the timetable for production of the annual accounts, supported by complete and accurate working papers, is critical to delivery of the audit to agreed target dates. Exhibit includes a timetable for the

audit, which has been agreed with management. Agreed target dates will be kept under review as the audit progresses, and any changes required, and their potential impact, will be discussed with Dundee City IJB and reported to those charged with governance, where required.

Exhibit 4
2025/26 audit timetable

Audit activity	Dundee City IJB target date	Audit team target date	IJB committee date
Issue of Annual Audit Plan		31 March 2026	15 April 2026
Annual accounts:			
• Consideration of unaudited annual accounts by those charged with governance	24 June 2026		24 June 2026
• Submission of unaudited annual accounts and all working papers to audit team	30 June 2026		
• Latest date for audit clearance meeting	2 October 2026	2 October 2026	
• Issue of draft Letter of Representation, proposed Independent Auditor's Report, and proposed Annual Audit Report		7 October 2026	21 October 2026
• Agreement of audited and unsigned annual accounts	7 October 2026	7 October 2026	21 October 2026
• Approval by those charged with governance and signing of audited annual accounts	21 October 2026		21 October 2026
• Signing of Independent Auditor's Report and issue of Annual Audit Report		21 October 2026	

Source: Audit Scotland

Audit fee

30. Dundee City IJB's audit fee is determined in line with Audit Scotland's fee setting arrangements. The proposed audit fee for the 2025/26 audit is £35,480 (2024/25 £34,000).

31. In setting the audit fee, it is assumed that Dundee City IJB has effective governance arrangements in place and the complete annual accounts will be provided for audit in line with the agreed timetable. The audit fee assumes there will be no significant changes to the planned scope of the audit. Where the audit cannot proceed as planned, for example, due to incomplete or inadequate working papers, the audit fee may need to be increased.

Other matters

Internal audit

32. Dundee City IJB is responsible for establishing an internal audit function as part of an effective system of internal control. As part of the audit, the audit team will obtain an understanding of internal audit, including its nature, responsibilities, and activities.

33. While internal audit and external audit have differing roles and responsibilities, external auditors may seek to rely on the work of internal audit where it is considered appropriate. A review of internal audit's 2025/26 audit plan was carried out to identify if there were any areas where the audit team could rely on its work. The audit team concluded it will not rely on internal audit's work. However, the audit team will review internal audit's reports and assess if there is any impact on the audit.

Audit quality

34. Audit Scotland is committed to the consistent delivery of high-quality audit. Audit quality requires ongoing attention and improvement to keep pace with external and internal changes. Details of the arrangements in place for the delivery of high-quality audits is available from the Audit Scotland website.

35. The International Standards on Quality Management (ISQM) applicable to Audit Scotland for 2025/26 audits are:

- ISQM (UK) 1, which deals with an audit organisation's responsibilities to design, implement, and operate a system of quality management (SoQM) for audits. Audit Scotland's SoQM consists of a variety of components, such as governance arrangements and culture to support audit quality, compliance with ethical requirements, ensuring Audit Scotland is dedicated to high-quality audit through engagement performance and resourcing arrangements, and ensuring there are robust quality monitoring arrangements in place. Audit Scotland carries out an annual evaluation of its SoQM and has concluded it complies with this standard.

- ISQM (UK) 2, which sets out arrangements for conducting engagement quality reviews, which are performed by senior management not involved in an audit, to review significant judgements and conclusions reached by the audit team, and the appropriateness of proposed audit opinions on high-risk audits.

36. To monitor quality at an individual audit level, Audit Scotland carries out internal quality reviews on a sample of audits. Additionally, the Institute of Chartered Accountants of England and Wales (ICAEW) carries out independent quality reviews on a sample of audits.

37. Actions to address deficiencies identified by internal and external quality reviews are included in a rolling Quality Improvement Action Plan, which is used to support continuous improvement. Progress with implementing planned actions is monitored on a regular basis by Audit Scotland's Quality and Ethics Committee.

38. Audit Scotland may periodically seek the views of Dundee City IJB on the quality of audit services provided. The audit team would also welcome feedback at any time.

Dundee City Integration Joint Board

Annual Audit Plan 2025/26

Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
Phone: 0131 625 1500
www.audit.scot

ITEM No …8……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 APRIL 2026**

REPORT ON: **FINANCIAL MONITORING POSITION AS AT FEBRUARY 2026**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB17-2026**

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 28th February 2026 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 £4,961k after the inclusion of planned £2,429k from IJB Reserves as agreed at the IJB's budget setting meeting in March 2025. The latest monitoring represents a deterioration in the position, compared to previous reported projected overspend of £4,675k as at 31st December 2025 (DIJB4-2026 Article X of the minute of meeting of 18 February 2026 refers).

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, clinical and care standards 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 £4,687k for the financial year (slight deterioration from previously reported figures of £4,646k).

4.3.2 Older People Services contribute a significant portion of this, with a projected overspend of £1,825k (previous report £2,197k overspend).

- The majority of this is continues to be 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 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.

- Spend on externally commissioned Care at Home hours peaked at 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 initially 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 shown an improvement in delayed discharge performance again which has been maintained. Expenditure during the winter period has remained stable at around 23k hours per week, with this level of activity maintaining discharge without delay performance.

- Ongoing actions to explore alternative opportunities to reduce the expenditure and demand continue, 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 Community Treatment and Care Service 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. The trend through recent months shows this projected overspend continuing to reduce.

- 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, with proposals now being pursued to close beds that are no longer required by Dundee or Tayside residents.

- Underspends continue to be recognised in Day Services and Respite, reflecting changing demands in these service areas. Operational reviews of these services are being considered, including potentially realigning resources.

4.3.3 Mental Health services contribute an overspend of £1,373k to the position (previous report £813k overspend), mainly as a result of demand for Care Home placements and Care at Home packages and resultant spend, with both areas showing a material increase in spend including impact of backdated uplift costs.

4.3.4 Learning Disabilities services contribute a further £1,285k overspend to the position (previous report £1,131k overspend), predominantly linked to Care Home placements and Care at Home packages, including impact of some complex care packages and backdated costs.

4.3.5 Spend against Physical Disability budgets is currently projecting an underspend of (£678k) (previous report (£783k) underspend), mainly as a result of lower spend than budgeted for within Care Home placements, although partially offset by overspends on Care at Home and Accommodation with Support packages and one-off development related costs for new properties coming on-stream.

4.3.6 Community Nurse Services / AHP / Other Adult Services and Drug and Alcohol Services groupings are showing a collective projected underspend of (£686k), (previous report (£503k) underspend), however it is noted this includes an overspend of £455k linked to ongoing over-recruitment in Community Nursing Teams to help alleviate demand and staffing pressures, which is also anticipated to reduce ongoing 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. A significant underspend is also included in this grouping for Physio & Occupational Therapy of (£925k) mainly due to vacancies earlier in the year.

4.3.7 Lead Partner Services managed by Dundee includes overspends within Specialist Palliative Care Services of £430k and Nutrition and Dietetics of £214k. Psychological Therapies are now projecting breakeven. Overspends 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, with cost pressures from current reliance on supplementary staffing within the in-patient areas.

- Nutrition & Dietetics service continue to project an overspending position, mainly due to staffing pressures with focus on clinical care of patients and service users requiring nutritional support and demands associated with demand for weight management pathways.

- 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 any associated being noted as a cost pressure in the financial position, however due to wider staffing turnover, recruitment prioritisation within targeted areas and some additional non-recurring funding, the projected position has returned to break-even.

4.3.8 Other Support and Centralised Management budgets is showing an overspend of £1,620k (previous report £1,628k overspend) – this is split between a projected underspend of (£666k) due to vacancies in other support services and the net impact of £2,285k 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 £710k (previous report £680k). This includes an overspend relating to GP 2C practices.

4.3.10 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 continues to report a considerably better position at (£835k) underspend with 9 months of confirmed data. (It is normal for data to be received 2 months in arrears to allow for national review and verification).

4.3.11 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. In addition, due to Organisational Change processes within NHS Tayside to support Mental Health and Learning Disability transition processes, a number of HSCP-approved nursing recruitment requests are currently paused with vacancies being held for potential redeployment. The associated service and operational risks continue to be monitored and escalated where required.

4.3.12 In addition to the specific service overspends already highlighted, key drivers of overspends are mainly as a result of the premium cost of essential 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, with a wider project team working on improving the income recovery processes across a number of inter-dependent Council teams.

4.3.13 Supplementary spend during the first 11 months of 2025/26 totals £6,307k. This includes £996k on additional part-time hours and overtime, £2,165k on agency, and £3,147k 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 £6,598k for the first 11 months (c.96% of previous year before adjusting for inflation / pay award increases). Recent significant increases in supplementary staffing within DCC include additional costs relating to a specific scenario that is under constant review with efforts to resolve this being prioritised. Supplementary staffing spend continues to be checked against vacancy management controls to ensure there are no unintended consequences of 'holding' posts, with essential recruitment being progressed as quickly as possible to avoid additional or premium spend to cover vacancies.

4.3.14 Absence rates for NHS employed staff within HSCP have averaged at 7.33% during the 11 months of 25/26. The cumulative working days lost for DCC employed staff within the HSCP for 11 months to February 2026 was 10.85%. While the overall position had been showing a downward trend in both absence levels and supplementary spend, recent months reflect a deterioration however it is hoped this was a reflection of winter illness rather than a trend change and the position will continue to be monitored – latest figures for January show a stable / improvement again. 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.

4.4 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 Tayside-wide services on behalf of Dundee IJB and a number of Tayside-wide 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 £633k 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 £2,718k (increase from £2,225k in previous report), resulting in a share of £1,071k for Dundee IJB. This is largely due to workforce challenges, the need to deploy additional staff to meet service demand and higher than anticipated costs during the festive period. 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 formally 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.

4.4.3 Interim Risk Share arrangements for In-Patient Mental Health Services for 2025/26 are anticipated to be similar to previous years and an updated financial projection for the current financial year has now been incorporated into the financial monitoring position. The service continues to project an overspend of £4.7m for 2025/26 (compared to £5.3m for 2024/24), and the additional cost pressure implication for Dundee IJB is showing as £589k.

4.4.4 Key drivers of the projected overspend in In-Patient Mental Health services continues to be the premium cost of medical locum staff (partially mitigated through a shift to Direct Engagement rather than via an external agency) and high nursing costs, including reliance on supplementary spend, due to high acuity, surge beds, delayed discharges, enhanced care areas and absence / vacancy levels. Whole system Model of Care work continues to be progressed with the anticipation that these Tayside-wide transformational actions will help address the system cost pressures through shifting resources to support people right place and right time.

4.5 Progress to deliver 2025/26 Budget and Planned Savings

4.5.1 Following the IJB's 2025/26 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), with progress updates to be provided at subsequent meetings.

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). There is a small change to the previously reportable position with an improved trajectory against Reduction of Commissioned Care Home bed savings target.

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. While significant progress has being made to address this gap with this report highlighting a projected overspend of £4,961k, indicating that around 83% of savings and efficiencies are currently anticipated to be met (breakdown included in Appendix 4), a number of unplanned and unpredicted areas of expenditure have also arisen in-year that has off-set some of the good progress – this includes some expenditure that is outwith the direct control of Dundee HSCP officers and management.

4.6.2 The projected position is based on known spend and activity during the first 11 months of the year only, with projections based on anticipated trends and spend patterns for the remaining 1 month, including anticipated year end accounting adjustments.

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 potential residual balance of c.£3.4m 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 approved Financial Recovery Plan report, it was agreed to utilise uncommitted funding from earmarked Reserves to partially offset the projected deficit. Officers continue to review all Earmarked and Ring-fenced reserves to consider if further opportunities to utilise the balances can be recommended to IJB. All expenditure relating to Allocation Funding (both current year and any carry forward of previous year allocations) also continues to be reviewed to ensure maximum benefit to the IJB's financial position from this additional funding.

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

The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	1 IJB - Financial Sustainability - There is a risk of the IJB being unable to maintain financial sustainability
Risk Level	25
Risk Appetite	Outwith
The report demonstrates:	
	An increase in risk level
	A reduction in risk level
	The effectiveness of current controls
X	**The identification and implementation of additional controls** 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
	The presence of a new / emerging risk

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: 1 April 2026

Appendix 1

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

Feb-26

	Partnership Total	
	Net Budget £,000	**Year End Overspend / (Underspend) £,000**
Older Peoples Services	86,573	1,825
Mental Health	14,501	1,373
Learning Disability	38,425	1,285
Physical Disabilities	9,194	(678)
Drug and Alcohol Recovery Service	6,972	(103)
Community Nurse Services/AHP/Other Adult	21,163	(583)
Lead Partner Services	31,232	(52)
Other Dundee Services / Support / Mgmt	26,786	(666)
Centrally Managed Budgets	2,644	2,286
Total Health and Community Care Services	**237,491**	**4,687**
Prescribing & Other FHS Prescribing	36,033	(802)
General Medical Services	35,909	828
FHS - Cash Limited & Non Cash Limited	27,132	(118)
Large Hospital Set Aside	8,966	0
In-Patient Mental Health	12,884	589
Total	**358,415**	**5,184**
Net Effect of Lead Partner Services*	(6,197)	(223)
Grand Total	**352,218**	**4,961**

*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		**Feb-26**
		Partnership Total	
		Annual Budget £,000	**Projected Year End Overspend / (Underspend) £,000**
1			
	Psych Of Old Age (In Pat)	5,218	625
	Older People Serv. - Ecs	312	-43
	Integrated Discharge Team	1,210	-43
	Ijb Medicine for Elderly	5,925	318
	Stoke Neuro Rehab Unit (ward 4)	1,457	-85
	Medical (P.O.A)	970	60
	Psy Of Old Age - Community	3,079	-60
	Medical (MFE)	2,852	-163
	Care at Home	35,209	1,982
	Care Homes	31,611	52
	Day Services	1,336	-355
	Respite	596	-566
	Accommodation with Support	199	34
	Other	-3,401	68
	Older Peoples Services	86,573	1,825
2			
	Community Mental Health Team	5,071	105
	Tayside Adult Autism Consultancy Team	406	105
	Care at Home	1,229	491
	Care Homes	691	1,047
	Day Services	65	-4
	Respite	-3	47
	Accommodation with Support	6,048	12
	Other	994	-430
	Mental Health	14,501	1,373
3			
	Learning Disability (Dundee)	1,822	-90
	Care at Home	-543	843
	Care Homes	3,540	961
	Day Services	10,323	-11
	Respite	549	-286
	Accommodation with Support	24,723	-73
	Other	-1,989	-58
	Learning Disability	38,425	1,285
4			
	Care at Home	1,098	393
	Care Homes	2,390	-1,005
	Day Services	45	-132
	Respite	-10	-24
	Accommodation with Support	816	409
	Other	4,855	-319
	Physical Disabilities	9,194	-678
5			
	Dundee Drug Alcohol Recovery	5,358	5
	Care at Home	0	0
	Care Homes	401	136
	Day Services	70	-56
	Respite	0	0
	Accommodation with Support	364	-136
	Other	779	-51
	Drug and Alcohol Recovery Service	6,972	-103

		Partnership Total	
		Annual Budget £,000	Projected Year End Overspend / (Underspend) £,000
6			
	A.H.P.S Admin	432	-38
	Physio + Occupational Therapy	8,856	-925
	Nursing Services (Adult)	11,084	455
	Community Supplies - Adult	343	58
	Anticoagulation	531	-131
	Other Adult Services	-83	-2
	Community Nurse Services / AHP / Other Adult Services	21,163	-583
7			
	Palliative Care - Dundee	3,915	340
	Palliative Care - Medical	1,973	100
	Palliative Care - Angus	493	-30
	Palliative Care - Perth	2,336	20
	Stroke Neuro Rehab Unit (ward 5)	2,245	-106
	Dietetics (Tayside)	5,019	214
	Sexual & Reproductive Health	2,908	55
	Medical Advisory Service	88	-8
	Homeopathy	45	-14
	Tayside Health Arts Trust	88	0
	Psychological Therapies	8,395	0
	Psychotherapy (Tayside)	1,444	-100
	Perinatal Infant Mental Health	803	0
	Learning Disability (Tay Ahp)	987	-150
	Lead Partner Centrally Managed	493	-373
	Lead Partner Services	31,232	-52
8			
	Working Health Services	0	35
	The Corner	755	9
	Ijb Management	1,015	-53
	Partnership Funding	26,217	0
	Urgent Care	2,604	-143
	Community Health Team	213	-24
	Health Inclusion	1,476	-190
	Primary Care	1,143	-103
	Support Services / Management Costs	-6,638	-198
	Other Dundee Services / Support / Mgmt	26,786	-666
	Centrally Managed Budget	2,644	2,286
	Total Health and Community Care Services	**237,491**	**4,687**
	Other Contractors		
	FHS Drugs Prescribing	36,175	-835
	Other FHS Prescribing	-142	33
	General Medical Services	35,383	543
	Dundee 2c (gms) Services	526	285
	FHS - Cash Limited & Non Cash Limited	27,132	-118
	Large Hospital Set Aside	8,966	0
	In-Patient Mental Health	12,884	589
	Grand H&SCP	**358,415**	**5,184**
	Lead Partner Services Recharges Out	-18,927	32
	Lead Partner Services Recharges In	12,630	633
	Hosted Recharge Cost Pressure Investment	100	-888
	Hosted Services - Net Impact of Risk Sharing Adjustment	**-6,197**	**-223**
	Grand Total	**352,218**	**4,961**

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - Feb 26			
	Annual Budget £000s	Projected End Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,378	19	7
Out of Hours	10,391	2,718	1,071
Tayside Continence Service	1,627	413	163
Locality Pharmacy	3,602	0	0
Speech Therapy (Tayside)	1,830	(82)	(32)
Sub-total	**18,828**	**3,068**	**1,209**
Apprenticeship Levy & Balance of Savings Target	18	51	20
Total Lead Partner Services - Angus	**18,846**	**3,119**	**1,229**
Lead Partner Services - Perth & Kinross			
Prison Health Services	5,725	(504)	(199)
Public Dental Service	3,299	(604)	(238)
Podiatry (Tayside)	4,126	(403)	(159)
Sub-total	**13,150**	**(1,511)**	**(595)**
Apprenticeship Levy & Balance of Savings Target	60	(1)	(0)
Total Lead Partner Services - Perth&Kinross	**13,210**	**(1,512)**	**(596)**
Total Lead Partner Services from Angus and P&K	**12,630**		**633**

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%	

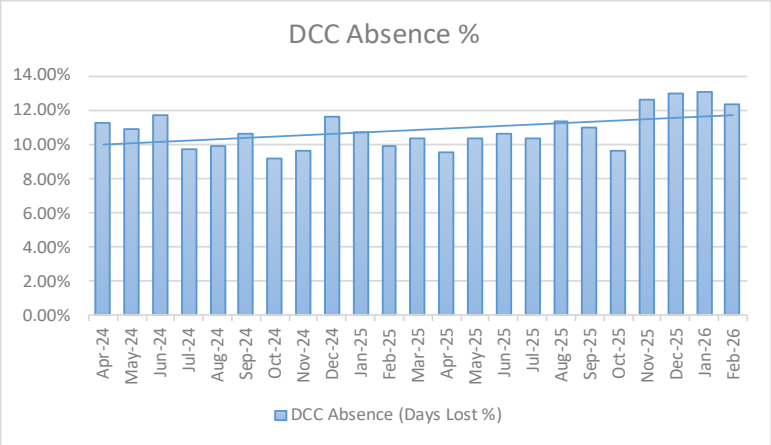
	Savings	2025/26 Value £000	Risk of non-delivery	Anticipated 25/26 Delivery £000	%age	Unfunded cost pressure £000
	Recurring Proposals					
1)	Remove Demographic growth investment	2,046	Low	2,046	100%	
2)	Reduction in uplift funding provision to external providers	1,492	Low	1,492	100%	
3)	Reduction of Commissioned Care Home beds	500	Low	400	80%	
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**		**9,880**	83%	
	Total	**17,548**		**14,604**	83%	
	Unmet savings - Non-Recurring			-886		
	Unmet savings - Recurring			-2,058		
				-2,944		

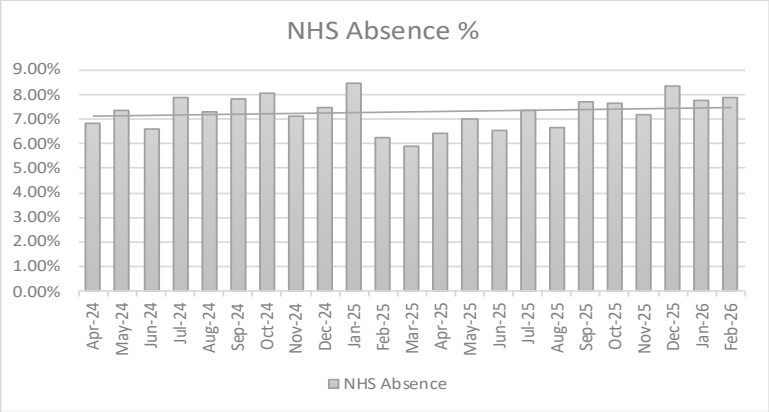
Appendix 5

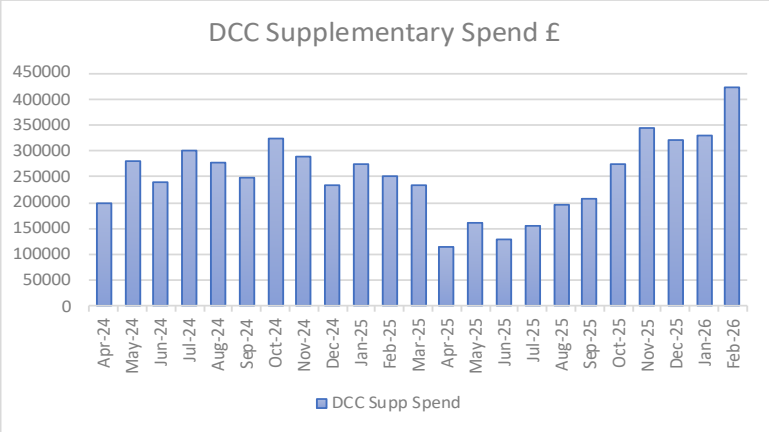
Financial Recovery actions - estimated additional impact during remainder of 2025/26	**@28/2/26**		@ 31/8/25
	£k		£k
Projected 25/26 Shortfall (as at 28/2/26)	4,961		*5,996*
Use of General Reserves	-644		*-644*
Decommitment of earmarked and ring-fenced reserves	-425		*-500*
	3,892		*4,852*
Continued close scrutiny of recruitment requests*	0		*nil*
Discretionary Spend controls	-50		*-100*
Supplementary Staffing spend	-50		*-300*
Absence levels reduction	-25		*-100*
Delivery of savings balance, including income maximisation	-200		*-1,500*
Further reduction in Care at Home spend	-100		*-500*
Overspending service areas to be brought back within budgets	-50		*tbc*
Enhanced vacancy management criteria	-29		*-208*
Collaborative working to address Tayside-wide pressures and explore opportunities	0		*tbc*
Opportunities within individual service areas	0		*tbc*
Digital opportunties to further drive efficiencies	0		*tbc*
Ongoing review of earmarked reserves	0		*tbc*
Estimated Residual Financial Deficit	3,388		*2,144*
* Financial impact already incorporated into projections			

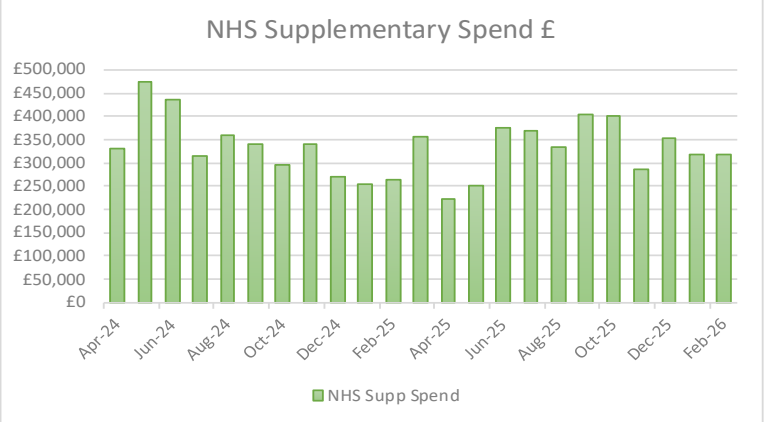
Appendix 6

Supplementary Staffing Spend and Absence Data Monitoring









DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2026 TO DECEMBER 2026

Organisation	Member	Meeting Dates January 2025 to December 2025						
		18/02	31/03	15/04	24/06	19/08	21/10	9/12
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	✓	✓					
Acting Chief Finance Officer	Christine Jones	✓	✓					
Voluntary Sector	Christina Cooper	✓	✓					
Dundee City Council (Chief Social Work Officer)	Glyn Lloyd	✓	✓					
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	✓					
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	✓	✓					
Person Providing unpaid care in the area of the local authority	Martyn Sloan	A	✓					
NHS Tayside (Registered Nurse)	Jayne Smith	✓	✓					
Service User Representative	Nicola Stevens	✓	A					
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)	Dr David Wilson	✓	A					

✓ Attended
A Submitted Apologies
A/S Submitted Apologies and was Substituted
No Longer a Member and has been replaced / Was not a Member at the Time