



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

City Chambers  
DUNDEE  
DD1 3BY

8th April, 2025

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER  
REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD  
(See Distribution List attached)

Dear Sir or Madam

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

I would like to invite you to attend a meeting of the above Joint Board which is to be held remotely on Wednesday, 16th April, 2025 at 10.00 am.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 434818 or by e-mail [arlene.hay@dundeecity.gov.uk](mailto: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](mailto:committee.services@dundeecity.gov.uk) by 12 noon on Monday 14th April, 2025.

Yours faithfully

DAVE BERRY  
Acting Chief Officer

## **AGENDA**

### **1 APOLOGIES**

### **2 DECLARATION OF INTEREST**

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

### **3 MINUTES OF PREVIOUS MEETINGS - Pages 1 and 7**

(a) The minutes of previous meetings of the Integration Joint Board held on 19th February and 26th March, 2025 are submitted for approval.

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

The Action Tracker (DIJB25-2025) for meetings of the Integration Joint Board is submitted for noting and updating accordingly.

### **4 LEARNING DISABILITY INPATIENT TRANSITION PROGRAMME UPDATE - Page 13**

(Report No DIJB27-2025 by the Chief Officer, copy attached – for decision).

### **5 EQUALITY MAINSTREAMING AND EQUALITY OUTCOMES PROGRESS REPORT 2023-2025 - Page 61**

(Report No DIJB22-2025 by the Chief Officer, copy attached – for decision).

### **6 STATUTORY REVIEW OF A CARING DUNDEE 2 - Page 107**

(Report No DIJB32-2025 by the Chief Officer, copy attached – for decision).

### **7 ADULT SUPPORT AND PROTECTION IMPROVEMENT ACTIVITY UPDATE - Page 131**

(Report No DIJB23-2025 by the Chief Officer, copy attached – for noting).

### **8 STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE - Page 137**

(Report No DIJB24-2025 by the Chief Officer, copy attached – for decision).

### **9 DUNDEE CITY IJB STRATEGIC RISK REGISTER ANNUAL REPORT - Page 145**

(Report No DIJB28-2025 by the Chief Officer, copy attached – for noting).

### **10 AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2023/24 - Page 161**

(Report No DIJB29-2025 by the Chief Finance Officer, copy attached – for decision).

### **11 FINANCIAL MONITORING POSITION AS AT FEBRUARY 2025 - Page 183**

(Report No DIJB26-2025 by the Chief Finance Officer, copy attached – for noting).

### **12 MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES - Page 195**

A copy of the attendance return (DIJB31-2025) for meetings of the Integration Joint Board held over 2025 is attached for information.

### **13 IJB DEVELOPMENT SESSIONS**

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

23rd April – Workforce

14th May – Social Care Demand and Response

11th June – Assurance and Risk  
27th August – Mental Health and Adult Support & Protection  
17th September – Engagement and Co-production  
29th October – Equalities  
26th November – topic to be confirmed  
17th December – Budget.

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

#### **14      DATE OF NEXT MEETING**

The next meeting of the Dundee Integration Joint Board will be held on Wednesday 18th June, 2025 at 10.00am.

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**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**  
**DISTRIBUTION LIST**  
**(REVISED OCTOBER 2024)**

**(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS**

<b><u>Role</u></b>	<b><u>Recipient</u></b>
<b>VOTING MEMBERS</b>	
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
<b>NON VOTING MEMBERS</b>	
Chief Social Work Officer	Glyn Lloyd
Acting 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	Suzie Brown
Registered medical practitioner (not providing primary medical services)	Dr Sanjay Pillai
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Vacant
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
Clinical Director	Dr David Shaw
<b>PROXY MEMBERS</b>	
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**

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

Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Kathryn Sharp
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Richard Smith
Regional Audit Manager – NHS	Barry Hudson
Audit Scotland (Audit Director)	Rachel Browne
HSCP (Interim Head of Heath & Community Care)	Angie Smith
HSCP (Head of Heath & Community Care)	Jenny Hill
Health and Social Care Partnership	Shahida Naeem
Dundee City Council – Finance	John Moir



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 19th February, 2025.

Present:-

#### **Members**

#### **Role**

Ken LYNN (Chair)	Nominated by Dundee City Council (Elected Member)
Bob BENSON (Vice Chair)	Nominated by Health Board (Non-Executive Member)
Colleen CARLTON	Nominated by Health Board (Non Executive Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Acting Chief Officer
Suzie BROWN	Registered Nurse
Christina COOPER	Third Sector Representative
Christine JONES	Acting Chief Finance Officer
Glyn LLOYD	Chief Solical Work Officer
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)
Dr David SHAW	Clinical Director
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

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

Fiona GIBSON	Health and Social Care Partnership
Chris HEBENTON	Health and Social Care Partnership
Jenny HILL	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**

Dr Emma Fletcher	Director of Public Health
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#### **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 11th December, 2024 was submitted and approved.

On a reference to Article IV of the minute of previous meeting, an update was requested in relation to the appointment of Chief Officer. The Integration Joint Board agreed to note that Roger Mennie would arrange for an update to be issued to all members following the meeting. Bob Benson highlighted the strategic risk to the organisation given the number of interim senior managers currently in place.

(b) **ACTION TRACKER**

The Action Tracker DIJB1-2025 for meetings of the Integration Joint Board was submitted and noted.

Following questions and answers the Integration Joint Board further agreed:-

- (i) to contact Kathryn Sharp with ideas for further service visits to be considered for the programme for 2025; and
- (ii) to note that provisional updates on the In-Patient Learning Disability Transition Programme would be scheduled for the April and June IJB meetings.

**IV PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT**

There was submitted Report No DIJB5-2025 by Bob Benson, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

**V OUR PROMISE 2023-26 ANNUAL UPDATE**

Glyn Lloyd, Chief Social Work Officer gave a presentation on Our Promise 2023-26 Annual Update. There was also submitted Report No DIJB9-2025 by the Chief Officer providing the first annual update on the implementation of Our Promise to Care Experienced Children, Young People and Care Leavers in 2023-26. The report outlined key developments over the last 12 months and priorities going forwards, including developments in respect of Scottish Government Whole Family Wellbeing Funding allocated over the same period.

The Integration Joint Board agreed:-

- (i) to note continued progress made in the implementation of Our Promise 2023-26 and improved outcomes for care experienced children, young people and care leavers (section 4 of the report); and
- (ii) to remit the Chief Social Work Officer to provide a further update on Our Promise in 12 months, including details of Whole Family Wellbeing Funding (WFWF) activities and outcomes.

Following questions and answers the Integration Joint Board further agreed:-

- (iii) that the Chief Social Work Officer would consider developing a version of the Our Promise Annual Update suitable for children and young people for future years;
- (iv) to note that all support workers posts across the Children and Families Service were being reviewed in response to changes in Scottish Government funding received; and
- (v) that the Chief Social Work Officer would consider addressing in future reports information about young people with disabilities in transition.

**VI DUNDEE IJB PROPERTY STRATEGY UPDATE**

There was submitted Report No DIJB4-2025 by the Chief Officer providing an annual update on progress made against the Property Strategy, including current and future priority areas of work.



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

Following questions and answers the Integration Joint Board further agreed:-

- (i) to note that in response to a query from Raymond Marshall in relation to collaboration with Dundee City Council and NHS Tayside reps about use of properties, where partnership services were provided from, discussions would take place with property colleagues and a response would be provided to all members following the meeting;
- (ii) that the Head of Health and Community Care would consider including information on the implications on staff and service users in future reports; and
- (iii) that an update on the digital information that sat under the Property Strategy would be brought to a future IJB meeting.

## **VII FUTURE PROVISION OF PRACTICAL SUPPORT SERVICES**

There was submitted Report No DIJB3-2025 by the Chief Officer seeking approval to end the traditional Practical Support Service in order to permanently release resources to be targeted where need was greatest and help to reduce unmet need across the Partnership's wider social care services.

The Integration Joint Board agreed:-

- (i) to note the changing context and demand for the delivery of practical support services, including during and after the COVID-19 pandemic (sections 4.1 and 4.2 of the report);
- (ii) to approve the proposal to cease operating the traditional Practical Support Services, in recognition that the key components of the service could be supplied by Dundee's community infrastructure, either provided by the third sector or the commercial market which had developed rapidly during the last two years and was more cost effective and flexible than the Partnership's in-house services (section 4.3 of the report);
- (iii) to note that the Social Work teams/Social Isolation Worker (Third Sector Partner) would support those who needed a practical support service in the future by signposting to a variety of cost effective service provision (section 4.3 of the report).;
- (iv) to note that practical support tasks that were incidental to core social work tasks and within housing with care continued to be delivered as an integrated part of those core services (section 4.3.4 of the report); and
- (v) to remit the Chief Officer to issue Direction to Dundee City Council to cease providing the Practical Support Service.

## **VIII REVIEW OF OLDER PEOPLE DAY OPPORTUNITIES**

There was submitted Report No DIJB11-2025 by the Chief Officer providing information on the day opportunities review in Dundee and seeking approval of the proposal to cease to commission Alzheimer's Scotland Dundee Day services.

The Integration Joint Board agreed:-

- (i) to note the updated position in relation to the review of Day Opportunities in Dundee;
- (ii) to approve the proposal to cease commissioning day services from Alzheimer's Scotland; and
- (iii) to remit the Chief Officer to issue Direction to Dundee City Council to cease commissioning of day services from Alzheimer's Scotland.

## **IX FINANCIAL MONITORING POSITION AS AT DECEMBER 2024**

There was submitted Report No DIJB7-2025 by the Chief Finance Officer providing an update of the projected financial position for delegated health and social care services for 2024/2025.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the projected operational financial position for delegated services for the 2024/2025 financial year end as at 31st December, 2024 as outlined in Appendices 1, 2, and 3 of the report;
- (ii) to note the ongoing actions being taken by Officers and Senior Management to address the current projected financial overspend position through the Financial Recovery Plan, as detailed in 4.5 of the report; and
- (iii) to note the deterioration in Risk profile assessment (as detailed in section 6.0 of the report) due to the worsening financial position.

Following questions and answers the Integration Joint Board further agreed:-

- (iv) to note that discussions were ongoing in relation to the cost base for In-Patient Mental Health as part of the over-arching Transformation Programme and the figure would be reflected in the annual accounts; and
- (v) to note that modelling was still underway that would help understand the implications of the COVID-19 pandemic on services.

## **X FINANCIAL RECOVERY PLAN UPDATE 2024/2025**

There was submitted Report No DIJB8-2025 by the Chief Finance Officer providing an update of the financial recovery plan for delegated health and social care services for 2024/2025.

The Integration Joint Board agreed:-

- (i) to note the ongoing financial challenges currently faced by Dundee IJB;
- (ii) to note the content of the report detailing progress and implications as result of actions by Officers and Senior Management to address the projected financial overspend position for 2024/2025; and
- (iii) to request a further update on the financial impact of the recovery plan from the Chief Finance Officer at the April 2025 IJB meeting.

Following questions and answers the Integration Joint Board further agreed:-

- (iv) to note the concerns being expressed by the Third Sector in relation to the third party commissioned services review and the need for organisations to be fully involved.

## **XI DUNDEE IJB 2025/2026 BUDGET OUTLOOK UPDATE**

There was submitted Report No DIJB10-2025 by the Chief Finance Officer providing an updated overview of the IJB's delegated budget 2025/2026.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the range of estimated cost pressures impacting on the IJB's delegated budget 2025/2026 including anticipated funding levels from the partner bodies and resultant projected budget shortfall; and

- (ii) to note the budget development process for the agreement of the IJB's 2025/2026 Revenue Budget as outlined in section 4.8 of the report.

Following questions and answers the Integration Joint Board further agreed:-

- (iii) to note that the Chair of the IJB had written to Neil Gray, Cabinet Secretary for Health and Social Care to convey the severity of the position for Dundee IJB;
- (iv) to note that information in relation to the further rise in inflation was still being refined and would be presented to the next Development Session and IJB meeting; and
- (v) to note the significant work that had been undertaken and was continuing by the finance team.

## **XII MEETINGS OF THE INTEGRATION JOINT BOARD 2024 – ATTENDANCES**

There was submitted a copy of the Attendance Return DIJB13-2025 for meetings of the Integration Joint Board held to date over 2024.

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

## **XIII IJB DEVELOPMENT SESSIONS**

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

12<sup>th</sup> March – Budget  
 23<sup>rd</sup> April – Workforce  
 14<sup>th</sup> May – Social Care Demand and Response  
 11<sup>th</sup> June – Assurance and Risk  
 27<sup>th</sup> August – Mental Health and Adult Support & Protection  
 17<sup>th</sup> September – Engagement and Co-production  
 29<sup>th</sup> October – Equalities  
 26<sup>th</sup> November – topic to be confirmed  
 17<sup>th</sup> December – Budget.

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

## **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 Wednesday 26<sup>th</sup> March, 2025 at 10.00am. and that the most appropriate arrangements for the format of the meeting were being explored.

Ken LYNN, Chairperson.

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At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 26<sup>th</sup> March, 2025.

Present:-

#### **Members**

#### **Role**

Ken LYNN (Chair)	Nominated by Dundee City Council (Elected Member)
Bob BENSON (Vice Chair)	Nominated by Health Board (Non-Executive Member)
Colleen CARLTON	Nominated by Health Board (Non Executive Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Acting Chief Officer
Suzie BROWN	Registered Nurse
Christina COOPER	Third Sector Representative
Christine JONES	Acting Chief Finance Officer
Glyn LLOYD	Chief Solical Work Officer
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)
Martyn SLOAN	Person providing unpaid care in the area of the local authority
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:-

Kathryn SHARP	Heath 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:-

<b><u>Member</u></b>	<b><u>Role</u></b>
Emma Fletcher	Director of Public Health
Dr David Shaw	Clinical Director

#### **II DECLARATION OF INTEREST**

There were no declarations of interest.

#### **III ACCOUNTS COMMISSION – IJB FINANCE BULLETIN 2023/2024**

There was submitted Report No DIJB15-2025 by the Chief Officer providing a summary of the recent Accounts Commission IJB Finance Bulletin 2023/2024 report for information.

The Integration Joint Board agreed:-

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

- (ii) to note the recommendation actions laid out in the Accounts Commission IJB Finance Bulletin 2023/2024 report and summarised in sections 4.5 and 4.6 of the report.

Following questions and answers the Integration Joint Board further agreed:-

- (iii) that consideration would be given to bringing a report to a future meeting about how integration was working including governance and accountability and to note the role that the Performance and Audit Committee would have.

#### **IV DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2025/2026**

There was submitted Report No DIJB14-2025 by the Chief Finance Officer advising of the implications of the proposed delegated budget for 2025/2026 from Dundee City Council and indicative budget from Tayside NHS Board and seeking approval for the range of investments and expenditure proposed to set a balanced budget for Dundee Health and Social Care Partnership for 2025/2026.

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 2025/2026 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 5 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 2025/2026 delegated budget (as at Appendix 1);
- (v) to note the results of the IJB Budget Consultation 2025/2026 as set out in section 4.10 and Appendix 4 of the report;
- (vi) 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 2025 (as detailed in 4.6 of the report);
- (vii) to note the Operational Efficiencies and Management Actions detailed in Appendix 2 of the report;
- (viii) to approve the Budget Savings and financial support from Reserves as summarised in Appendix 3 and detailed in Appendices 6-12 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 decision.

Following questions and answers the Integration Joint Board further agreed:-

- (x) to note that discussions were continuing with partners in NHS Tayside, Dundee City Council and the Scottish Government in relation to funding;
- (xi) to note that NHS Tayside had provided a verbal update to the Chief Finance Officer regarding the 40% funding gap in employers' National Insurance contributions that would be confirmed at a future IJB meeting;

- (xii) that a report would be brought to a future IJB meeting reflecting on the consultation process;
- (xiii) that there would be a review in relation to future messaging for members when there were issues to be highlighted on performance and increased cost;
- (xiv) to note that in future Financial Monitoring reports to the IJB, there would be a RAG status applied to each of the savings;
- (xv) that consideration would be given to providing more detail on impact to carers; and
- (xvi) to note thanks to officers for the work involved in bringing in a balanced budget.

## **V MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES**

There was submitted a copy of the Attendance Return DIJB21-2025 for meetings of the Integration Joint Board held to date over 2025.

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

## **VI DATE OF NEXT MEETING**

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday 16<sup>th</sup> April, 2025 at 10.00am.

Ken LYNN, Chairperson.

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**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 26<sup>TH</sup> MARCH, 2025**

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would co-ordinate a range of options for IJB members to visit mental health services  Replacement action agreed by IJB on 23 October 2024: Develop a programme of service visits for IJB members, alongside the Chief Officer, as part of the 2025 IJB development programme.	Chief Officer	<del>June 2023</del>  <del>June 2024</del>  January 2025	Complete	Planning is current underway for monthly service visit opportunities (excluding the summer recess period), starting from February 2025 onwards. Further communication will be issued to IJB members as soon as possible. Service visits commenced in February 2025 and further visits are being planned.
2	11/12/24	XVII	PROGRAMME OF MEETINGS OF INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE 2025	that a discussion would be arranged about options for a move to hybrid meetings and feedback would be provided.	Chief Officer	<del>March 2025</del>  June 2025	In Progress	Options being considered by Chief Officer and Clerk to the Committee.
3	19/02/25	VI	DUNDEE IJB PROPERTY STRATEGY UPDATE	that an update on the digital information that sits under the Property Strategy would be brought to a future IJB meeting.	Head of Health and Community Care	October 2025	Complete	This has been added to the IJB report tracker.
4	26/03/25	III	ACCOUNTS COMMISSION – IJB FINANCE BULLETIN 2023/2024	that consideration would be given to bringing a report to a future meeting about how integration was working including governance and accountability.	Chief Officer	October 2025	Complete	This has been added to the IJB report tracker.
5	26/03/25	IV	DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2025/2026	that a report would be brought to a future IJB meeting reflecting on the consultation process.	Chief Officer	October 2025	Complete	This has been added to the IJB report tracker.

6	26/03/25	IV	DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2025/2026	that there would be a review in relation to future messaging for members when there were issues to be highlighted on performance and increased cost.	Chief Officer	April 2025	Complete	The content of financial and risk sections within performance reports submitted to PAC has been reviewed to ensure connection is made clear between performance, cost and risk.
7	26/03/25	IV	DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2025/2026	that consideration would be given to providing more detail on impact to carers.	Chief Officer	April 2025	Complete	This requested has been noted by those officers who are involved in the production of IIAs and will also be taken into account for 2026/27 budget setting (as per the original request from the IJB).



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
16 APRIL 2025

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

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB27-2025

## **1.0 PURPOSE OF REPORT**

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

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the progress against the recommendations within the Learning Disability Inpatient Transition Programme as set out in Appendix 1 to this report.
- 2.2 Instructs the Chief Officer to provide a further update to the IJB by no later than 31 August 2025.

## **3.0 FINANCIAL IMPLICATIONS**

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

## **4.0 MAIN TEXT**

- 4.1 Dundee Integration Joint Board received, noted and supported report DIJB50-2024, Tayside Inpatient Learning Disability Service Progress Report at its meeting of the 21 August 2024 (Article XIV of the meeting refers). This report advised the IJB of the operational decision taken by NHS Tayside's Executive Leadership Team to progress the move to a single site for Tayside Inpatient Learning Disability Services in line with the strategic direction previously agreed by the Tayside Integration Joint Boards.
- 4.2 The last update regarding the Learning Disability Inpatient Transition Programme was submitted to the IJB in December 2024 (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 11 December 2024 refers). A further update on progress is attached as Appendix 1 to this report.

## **5.0 POLICY IMPLICATIONS**

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

## **6.0 RISK ASSESSMENT**

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

## 7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service – Health and Community Care, the Programme Executive Lead and Senior Responsible Officer and the Clerk were consulted in the preparation of this report.

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

- 9.1 None.

Dave Berry  
Chief Officer

DATE: 04 April 2025

Sandra McLeod  
Deputy Chief Executive, NHS Tayside

## Appendix 1



**Title:** Learning Disability Inpatient Transition Programme update

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

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

## 1. Report Summary

### 1.1 Situation

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

Q2 report		
Committee	Meeting Date	Comments
CET	24/03/2025	
CGC	03/04/2025	
IJB Angus	30/04/2025	
IJB P&K	04/06/2025	*Prev mtg 19/03/25 which precedes NHST 1st committee date
IJB Dundee	16/04/2025	

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

### 1.2 Background

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

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

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

The three issues were:-

1. Progressing the decision around single site provision in Tayside for inpatient Mental Health & Learning Disability health care.
2. The physical environment in Strathmartine, which raised concerns for both patients and staff.
3. Addressing the issue of significant delayed discharges, meaning that patients were being cared for within an inpatient setting longer than they needed to be.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### 1.3 **Assessment**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A design team were appointed by NHS Tayside and instructed to develop detailed designs however, the architects engaged are now directly contracted by Robertson FM (RFM) to progress and undertake the designs and develop associated changes (M&E etc) through engagement with the appropriate consultants.

Once all designs finalised and approved, a Bill of Quantities will be issued to RFM for costing. This will allow inform RFM of the likely construction and commissioning timescales.

A potential area has been identified at Murray Royal Hospital, for reprovision of the Learning Disability Assessment Unit (LDAU) and enabling all Learning Disability Inpatient Services to be provided from a single site. Once the potential accommodation for the LDAU has been accepted and confirmed by NHST, the collaborative design process shall commence, with estimated costs and programme to follow thereafter.

4. **Recommendation** - Agree that any impact of this move on our workforce will be considered in full partnership and according to Once for Scotland workforce policies.

**Update** – The workforce workstream has defined their aim and deliverables (Appendix D). Informal discussions have taken place with the majority of staff providing them with information and updates. A paper is due to be presented to CET on 10 March 2025, seeking authority to commence the formal Organizational Change Process. It is recognized there is likely to be a requirement to support redeployment of staff and potential recruitment drive.

Staff drop-in sessions were held in February, in Angus, Dundee and Perth with over 100 staff attending.

The workforce workstream members include representatives from staffside, Human Resources, Learning Disabilities services and union representation.



5. **Recommendation** - Approve the requirement to fund ongoing environmental improvement works at Strathmartine whilst the move to a single site is progressed.

**Update** - The LD Inpatient Transition programme is mainly driven by the need for patients and staff to work in a safe environment which is conducive to enhancing the wellbeing of patients in a safe therapeutic environment.

Almost all of the previously identified backlog repairs at Strathmartine have been addressed with only new works requests to improve the building environment at Strathmartine.

**Recommendations 6 and 7** – The previous Report submitted in December 2024 confirmed that these recommendations will be removed from future update reports.

8. **Recommendation** - Agree to endorse and co-deliver the stakeholder engagement plan to brief key stakeholders relating to Tayside Learning Disability Services.

**Update** – The Communications workstream has met and workshops were held in November 2024 and January 2025, to develop a Communications plan. The draft Communications plan has been submitted to the Task & Finish Group for approval and shall be included in the evolving Programme Execution Plan thereafter.

Further consideration is required to ensure the optimum means of facilitating meaningful engagement with patients and or parents/carers/families. Drop-in sessions were held on 6th, 11th and 14th February to share information and future plans with staff and these were well attended.

Sessions are being planned to enable families and carers to ask questions and advise NHST of their needs and potential concerns. The families' views will be considered and hopefully improve and inform NHST's future planning and communication. Advocacy will support all communications.

Letters have now been sent to carers/families of patients who are being cared for in Strathmartine and LDAU to offer a group meeting and/or one to one meetings to raise any questions they may have regarding the move to MRH.

A group meeting took place on Monday 24 February 2025 where families raised questions and were provided with responses as well as an update on progress made to date. There were several actions captured from that meeting which included;

- Organising visits to MRH
- Potential transport options for families and carers
- Confirmation of future dental and GP arrangements for patients
- Future project updates to families/carers/guardians etc

Some families met with Independent Advocacy and shared their concerns and questions which have been responded to through the Patient/Carer Participation workstream with the development of the FAQ document.

To maximise communication and engagement across LD Inpatient Programme workstreams, the LD Task & Finish Group agreed that alternative fortnightly meetings would be for the Workstream Leads to meet and share information from their area of responsibility. Representatives from NHST, Staffside, HSCPs and third sector Advocacy services are members of this workstream.

9. **Recommendation** - Agree that a further progress report on Learning Disability Services, including an implementation plan with comprehensive workforce plan, undertaken in partnership, and timelines to deliver single site accommodation, is presented to ELT (Executive Leadership Team, now known as Chief Executive Team) in September 2024 for whole system assurance and to identify any further support for delivery.

**Update** – A Programme Execution Plan (PEP) was developed and approved in December 2024. This live document will continually be updated throughout the life of the programme to include the Communications Plan, Equality Impact Assessment and Workforce Plan. The PEP includes a high-level project plan, listing the key deliverables and this will be further developed once more information is available and delivery dates estimated.

The workforce workstream has identified their aims and deliverables (Appendix C). A large planning and scoping exercise is underway to identify:-

- Plans for all staff relocating to MRH (in line with Organisational change)
- Plans for staff unable to relocate to MRH, in line with Organisational change
- Analysis of current staff's skill mix to ensure appropriate staff are in place
- Identify potential staffing gaps
- Develop a workforce plan which will address gaps
- Cost potential recruitment needs and seek financial approval
- Recruit and redeploy staff as required and agree a programme with planned dates\*

\*(Not included within the existing aims and deliverables of the workforce workstream)

*A paper will be presented to NSHT Chief Executive Team (CET) on 10 March to provide an update on the outcome of, recent informal staff 1:1's, the current Registered and Unregistered Nursing Workforce, other workforce risks and considerations to strengthen the Learning Disability (LD) Registered Nursing workforce and underpin a recruitment plan.*

A SLWG has met to develop an Equality Impact Assessment (EQIA) and the draft document shall be presented to the LD Task & Finish Group for approval and included within the Programme Execution Plan. It is a mandatory requirement for NHST to publish the approved document and its ongoing development and review is considered a priority task.

#### **1.4 Quality/ Patient Care**

The Mental Welfare Commission feedback further highlights the requirement to move to a single site for inpatient Learning Disability services. The benefits and limitations of the Strathmartine environment are known. The impact this is having on patient safety was noted by the Board Medical and Nurse Director in correspondence with the Chief Executive on the 28 June, in which they clearly set out their view that Strathmartine ward environment does not, and will not be able to, create a therapeutic environment for patients and there is requirement to expedite the move to a single site for inpatient learning disability services.

There are currently 24 Learning Disability inpatients in Strathmartine and Carseview, 16 of which are Delayed Discharges. This group of patients are medically fit to be discharged from hospital into a community or alternative setting. The Clinical & Care workstream meet every four weeks with Health and Social Care Partnership colleagues to review the discharge/transition plans for each patient. A weekly report is provided to the Executive sponsor, highlighting potential service/staff gaps and risks or obstacles. This information is then shared with HSCP colleagues to inform the development of plans and identify where there is a potential need for investment/commissioning of services. The aim and deliverables of the Clinical and Care workstream can be found in Appendix C.

#### **1.5 Workforce**

The LD T&F Group agree that any impact of this move on our workforce will be considered in full partnership and according to NHST's Organisational Change policy.

Weekly meetings are in place with the General Managers of the service to offer support, guidance, and direction.

The risk of NHST being unable to deploy or recruit suitably qualified and experienced LD staff remains high and any potential financial impact has yet to be defined. It should be noted that the current workforce models in place for Learning Disabilities inpatient services are unlikely to change with the move and funded WTE to continue 'as is'. It is recognised that the current care delivered on the Strathmartine site requires the use of supplementary staffing to support the workforce due to how care is delivered environmentally, hence the funded WTE will remain unchanged as the environmental challenge would reduce. Recruitment will be supported by training and development bespoke to the Learning Disabilities environment.

## **1.6 Financial**

During this planning phase, costs are unknown. The clinical leads have developed outline designs, for the Faskally and Rannoch wards in Murray Royal Hospital, which were developed through the Design & Property Workstream. Until the proposed location for the LDAU has been confirmed, the design phase cannot commence.

It is anticipated that there will be minimum changes to the accommodation in the Faskally ward but there will be construction, staffing, equipment and other associated costs with all of the new areas within MRH.

An equipment list will be developed and Procurement shall be invited to join the Property & Design workstream to lead this piece of work in collaboration with the clinical leads.

Construction costs will be estimated once the individual construction work packages have been fully designed and costs provided by the contractor.

The Workforce workstream will also develop a workforce plan, that will be costed for each potential phase and throughout the transitional phase of the inpatient relocations. It is recognised that the current move of services to Murray Royal will not result in a change to the funded WTE for each ward area. It is recommended that a further review of workforce takes place 6 months post move, with any changes to funded bed base. Through organisational change processes, if the current workforce are unable to move this will result in the requirement to recruit and train the future workforce in mitigating the workforce risk.

Additional costs for equipment, organisational change, transition phases and physical move will also need to be factored into the Programme budget.

## **1.7 Risk Assessment/Management**

A strategic risk workshop was held on 8 October and jointly chaired by the Senior Responsible Officer (SRO) and Head of Strategic Risk and Resilience. A copy of the Strategic Risk Workshop report can be found under Appendix 7.

Operational risk workshops were held with key leads to:-

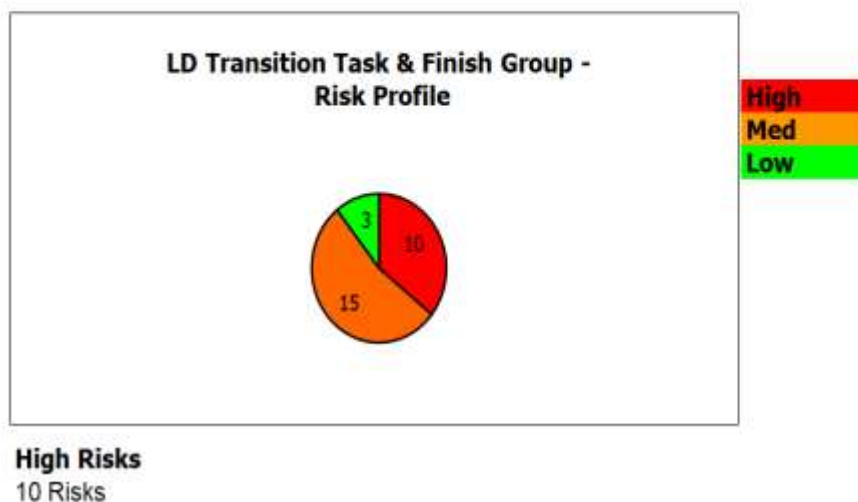
- Identify the key operational risks for the programme across each phase
- Score the identified risks
- Agree risk owners and mitigation plans for each operational risk

The operational risk log is included within the approved Programme Execution Plan. Regular reviews will be carried at workstream meetings to ensure that scorings remain accurate and mitigation plans are appropriate. New risks will also be recorded and updated risk logs reported into the Task and Finish Group.

The figure below shows the current risk profile (v9):-

### **LD Transition Task & Finish Group - Risk Profile**

Version 9.0 of the risk log contains 28 open risks, the chart below details the current risk profile of the project.



#### **1.8 Equality and Diversity, including health inequalities**

A short life working group (SLWG) met to develop an EQIA (attached to this report). A Teams channel has been set up with the 'live' document being stored centrally to allow the SLWG members to update and add additional information as the document develops. Colleagues from Angus Health & Social Care Partnership are supporting NHST with this work due to their experience and developed practice following rigorous audit and reviews.

#### **1.9 Best Value Characteristics**

This report provides evidence of the following Best Value Characteristics:

- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management

Guidance on the Best Value characteristics at this link : [SG Best Value Guidance](#)

#### **1.10 Other impacts**

Not applicable.

#### **1.11 Communication, involvement, engagement and consultation**

A number of meetings have taken place with staff and regular newsletters issued.

The Patient and Carer participation workstream meetings commenced with the leads engaging with local advocacy services to support the workstream.

The Communications workstream held a workshop in November 2024 and January 2025 to develop the LD Inpatient Transition Communications plan which will be considered and reviewed by the LD TT&F Group for approval.

## **2** *List of appendices*

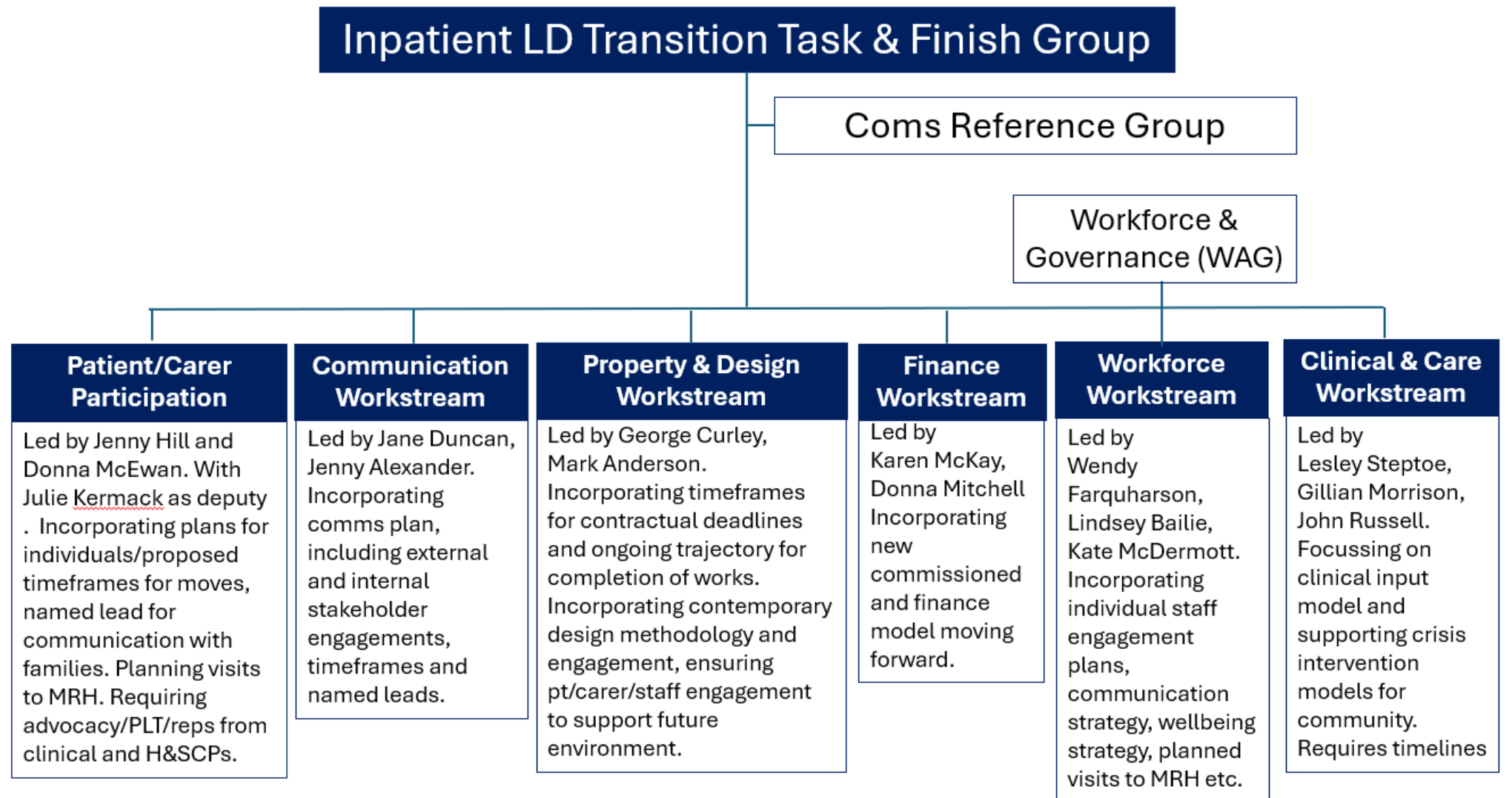
Appendix A - LD Inpatient Transition Programme structure

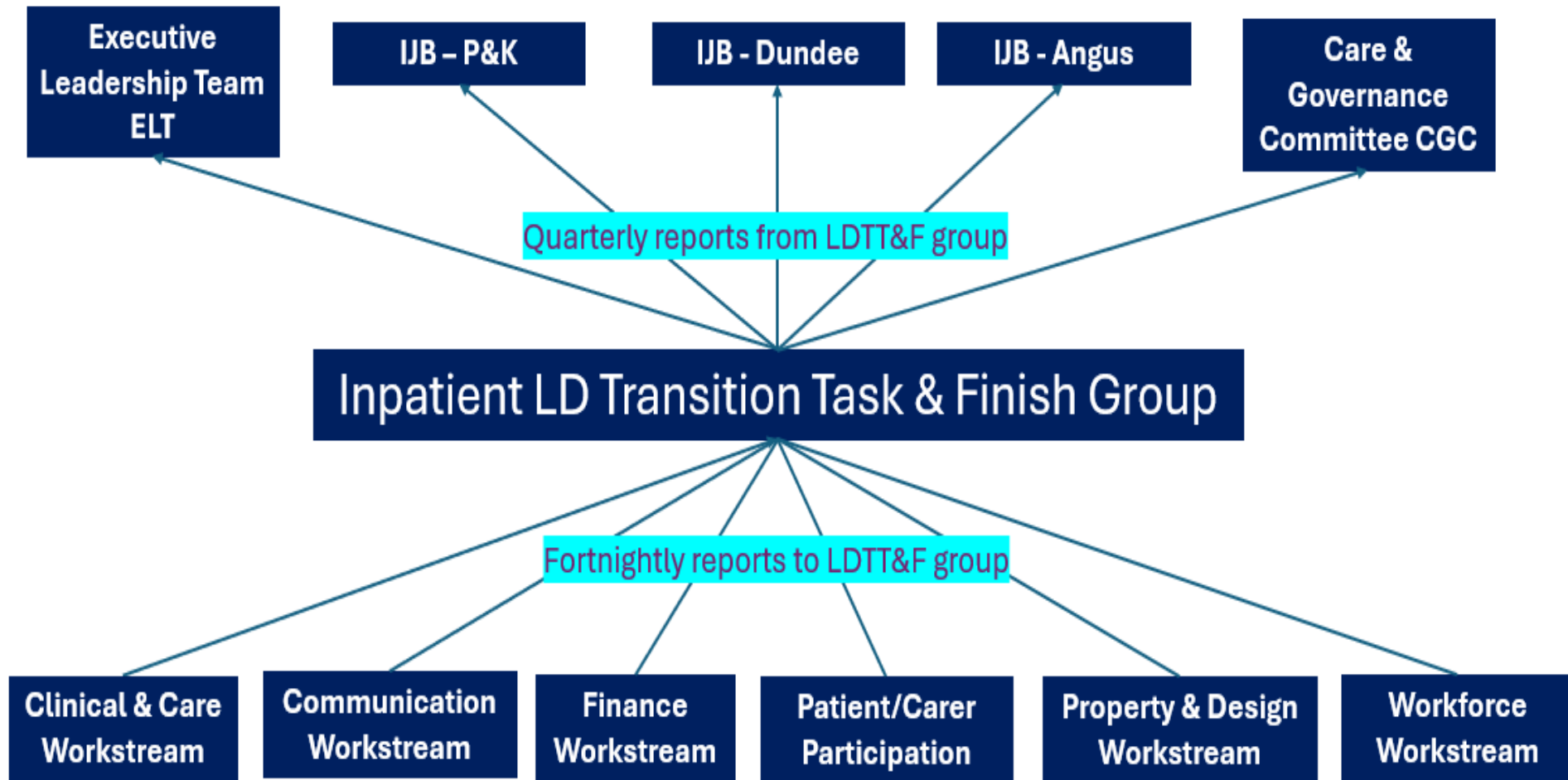
Appendix B – LD Inpatient Task & finish Group Reporting structure

Appendix C– Workstream Aims and deliverables

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Appendix A – LD Inpatient Transition Task & Finish Group Programme Structure v4



Appendix B - LD Inpatient Task & finish Group Reporting structure v1



Appendix C – Workstream Aims & Deliverables**Overview of Workstream Aims and Deliverables**

Programme Manager: Jill beattie, NHST

Draft v1 extracted from v10 of the PEP - 22 October 2024

Ref	Workstream name	Workstream aim
W1	Clinical & Care	To have an improved inpatient environment which will enable therapeutic interventions to be provided supporting discharge to community environment
Workstream deliverables		
<p>1 - To develop and document discharge plans (moving to a supported community setting) and transition plans (for relocating to a single inpatient site), including estimated timescales, for all inpatients relocating from the LDAU in Carseview</p> <p>2 - To develop and document discharge plans (moving to a supported community setting) and transition plans (for relocating to a single inpatient site), including estimated timescales, for all inpatients relocating from the Strathmartine</p> <p>3 - Develop and agree Risk management plans for all strathmartine LD Inpatients</p> <p>4 - Develop and agree Risk management plans for all Carseview patients</p>		

Ref	Workstream name	Workstream aim
W2	Communications	The Communications and Engagement Workstream aims to ensure a co-produced Communications and Engagement Plan is developed and implemented to ensure all stakeholders are well informed and involved to support the transition of inpatients and staff to new accommodation and community settings
Workstream deliverables		
<p>1 Co-produce a dynamic Communications and Engagement Plan for all stakeholders to ensure coordinated, consistent, and clear two-way communications are available and accessible to all audiences.</p> <p>2 Ensure wider stakeholder involvement and engagement throughout the programme timeline.</p> <p>3 Communications and Engagement Workshop to develop key messages, communications channels and two-way information sharing opportunities for all stakeholders.</p> <p>4 Programme of regular Communications and Engagement “check-in and change” points for all stakeholders to review Communications and Engagement Plan to ensure it continues to deliver the outputs which are tailored to the relevant audiences.</p>		

Ref	Workstream name	Workstream aim
W3	Finance	To develop a financial framework derived from a service model that delivers best value.
Workstream deliverables		
<p>1 The financial framework will set out the existing resources available, and realign those resources to reflect the future model. The model will be affordable and provide best value.</p> <p>2 A commissioning model for inpatient LD services will be developed.</p> <p>3 The property element will align to the Whole System Infrastructure Programme (WSIP) and to SG direction.</p> <p>4 The programme will reduce the backlog maintenance costs for NHS Tayside for Strathmartine/Bridgefoot</p>		

Ref	Workstream name	Workstream aim
W4	Patient & Carer Participation	Patient & Carer Participation workstream aims to support, inform and engage with patients, carers and those impacted by the relocation of LD patients from Strathmartine Centre to Murray Royal or community-based setting
Workstream deliverables		
<p>1. Agree what opportunities will exist in other workstreams for patients and carers to participate</p> <p>2 Use template from communications workstream to develop a communications plan (this will include a section for advocacy workers to link with families)</p> <p>3 Patients and carers will receive timely and consistent communication regarding the move to MRH</p> <p>4 Patients and carers will have the opportunity to share feedback, questions and concerns regarding the move and will be responded to</p> <p>5 Patients ideas and suggestions will be shared with other workstreams to inform the future design of the environment and service</p>		

Ref	Workstream name	Workstream aim
W5	Property & Design	The primary aim is to ensure that through effective and inclusive engagement, the required physical environment is delivered to enable safe patient care and supports the objectives and timescales of underpinning and related workstreams
Workstream deliverables		
<p>1 Gather &amp; develop the required physical environment to ensure, safe, functioning &amp; effective patient and staff facilities.</p> <p>2 Develop timeframes for delivery of the required physical environment change.</p> <p>3 Ensure effective engagement with key stakeholders throughout the process.</p> <p>4 Ensure effective engagement with third party partners to enable effective project delivery.</p>		

Ref	Workstream name	Workstream aim
W6	Workforce	Ensure that the workforce is available and in place, with relevant knowledge and experience to support the transition and ongoing care of inpatients to new accommodation and community settings.
Workstream deliverables		
<p>1 Identify staff who will transfer to MRH inpatient services</p> <p>2 Ensure that plans are agreed for all staff who are not transferring to MRH, in line with Organisational change</p> <p>3 Ensure that plans are agreed for all staff who are transferring to MRH, in line with Organisational change</p> <p>4 Analyse staffing level tools to ensure adequate skill mix. In line with staffing models developed in the Clinical &amp; Care workstream</p> <p>5 Identify the potential gaps in staffing levels for MRH and report findings into the LD TT&amp;F Group</p>		

This is a sub group of the workforce workstream and links closely with the Communications workstream		
Ref	Subgroup name	Subgroup aims
W6a	Workforce & Governance (sub group of workforce workstream)	This group is chaired by the LD Service Manager and is responsible for leading, communicating and involving staff in various activities for this workstream
Workstream deliverables		

## COMBINED IMPACT ASSESSMENT

EQUALITY IMPACT ASSESSMENT (EQIA)  
FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)  
CONSUMER DUTY ASSESSMENT (CDA)  
CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA)



### 1. INTRODUCTION

Title of policy, practice or project being assessed	Learning Disabilities inpatient and outpatient services in Dundee to move to a single site at Murray Royal Hospital, Perth.
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Type of policy, practice or project being assessed: (please mark with a (x) as appropriate)					
	New	Existing		New	Existing
Strategy			Policy		
Guidance			Procedure		
Operational Instruction			Budget Saving Proposal		
Service Development Proposal			Other (Please specify)	X – operational move of building due to environmental issues at existing site	

### 2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Lindsey Baillie – General Manager
Date Assessment Started	August 2024 Previous assessment undertaken in 2018.

### 3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	The purpose of this is to set out the current issues relating to Learning Disability Assessment Unit, Carseview and environmental issues at Strathmartine and provide the rationale for the operational decision undertaken by NHS Tayside Executive Leadership Team to progress the move to a single site for inpatient learning disabilities services at Murray Royal Hospital Perth.
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	<p>Inpatient Learning Disability Services in Tayside are currently provided across two hospital sites; Carseview and Strathmartine. At Carseview there is the 10-bedded Learning Disability Assessment Unit and at Strathmartine there are the 8-bedded Low Secure and 6 bedded Behavioural Support Interventions Wards.</p>
<p><b>What are the intended outcomes and who does this impact?</b> (E.g. service users, unpaid carers or family, public, staff, partner agencies)</p>	<p>The main aim of the LD Inpatient Transition Programme is to relocate the existing Learning Disability Inpatient Services to a single site at Murray Royal Hospital, Perth (MRH – Perth).</p> <p>To successfully deliver this programme, NHS Tayside and the three local Integration Joint Boards require to ensure that Learning Disability services will be in place, in terms of clinical service sustainability, workforce availability and financial affordability. There is also requirement to ensure a sustainable model and service delivery to care for patients.</p> <p>The main impact will likely be for staff and inpatients, due to the location of the proposed single site (MRH – Perth). Other groups, including families/carers/guardians etc. may be impacted by the inpatients moving to Perth from Strathmartine, Dundee.</p> <p>Community outpatients may also be impacted if the organisation decides to adapt the existing therapeutic services provided from Craigmill, Strathmartine, Dundee. If this service is to continue without change, the inpatients may have to be transported to and from MRH to continue to receive this therapeutic treatment, which, in some cases, is linked to a court or compulsive treatment order.</p>



## 4. EQIA PROTECTED CHARACTERISTICS SCREENING

Impact on Service Users, Unpaid Carers or the Public								
Does the policy, practice or project have a potential to impact in <b>ANY</b> way on the service users and/or public holding any of the <u>protected characteristics</u> ? (Please mark (x) as appropriate)								
	Yes	No		Yes	No		Yes	No
Age	X		Race		X	Gender Reassignment		X
Disability	X		Pregnancy and Maternity		X	Marriage and Civil Partnership		X
Sex	X		Religion or Belief		X	Sexual Orientation		X

Impact on Staff or Volunteers								
Does the policy, practice or project have a potential to impact in <b>ANY</b> way on employees or volunteers holding any of the <u>protected characteristics</u> ? This includes employees and volunteers of NHS Tayside, Angus Council, 3rd Sector organisations or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark (x) as appropriate)								
	Yes	No		Yes	No		Yes	No
Age	X		Race		X	Gender Reassignment		X
Disability	X		Pregnancy and Maternity	X		Marriage and Civil Partnership		X
Sex		X	Religion or Belief		X	Sexual Orientation		X

**PLEASE NOTE:** If you have answered yes to any of the above protected characteristics in section 4 then please mark yes in the screening decision and proceed to a full EQIA below.

## 5. EQIA - SCREENING DECISION

Is a full EQIA required? (Please mark as appropriate)	YES - Proceed to full EQIA in section 6 below	NO – State the reason below and proceed to section 11.
	X	

## FULL EQUALITY IMPACT ASSESSMENT (EQIA)

## 6. EVIDENCE

Evidence: Please provide detailed evidence (e.g. statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy, practice or project that this EQIA relates to. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the evidence process to ensure the [Consumer Duty](#) is met. These can be located on the AHSCP Equalities SharePoint page.

Quantitative evidence  
(numerical/statistical)

Number of patients: Learning Disability Assessment Unit - 10 patients, Flat 1 - 9 patients, Behavioural Support Intervention Unit - 5 patients, Gap - 4 Learning Disability patients.

Angus residents: 2

Dundee residents: 17

P&K residents: 4

This is subject to change in future, based on current inpatients as at Feb25.

Number of staff impacted as of Feb 25: approximately 140

Below is the breakdown of in-patient nursing staffs:

Age	Count
20 - 24	5
25 - 29	14
30 - 34	21
35 - 39	9
40 - 44	17
45 - 49	5
50 - 54	15
55 - 59	21
60 - 64	7
65 +	3

	Grand Total		117
	<ul style="list-style-type: none"> <li>39% of staff are aged over 50.</li> <li>16% of staff are aged under 30.</li> </ul>		
	Gender		Count
	Female		76
	Male		41
	Grand Total		117
	<ul style="list-style-type: none"> <li>65% of staff are female</li> <li>35% of staff are male</li> </ul>		
	Local authority (based on home postcode)	Count	%
	Aberdeenshire	1	0.9%
	Angus	16	13.7%
	City of Edinburgh	2	1.7%
	Dundee City	86	73.5%
	Fife	5	4.3%
	Perth and Kinross	7	6.0%
	Grand Total	117	100.0%
	For information, of the 16 staff who live in Angus, 12 of them are in the "Monifeith and Sidlaw" council ward.		
	"Travel to work" zone (based on home postcode)		Count
	Aberdeen		1
	Arbroath and Montrose		3
	Dundee		104

	Dunfermline and Kirkcaldy	3
	Edinburgh	2
	Perth	4
	Grand Total	117
	<p>The "Travel to Work" zone table above is based on a national dataset that links postcodes to their nearest big town or city.</p> <p>Staff members with disabilities - data still to be added.</p> <p>Staff members with caring responsibilities– data still to be added.</p>	
Qualitative evidence (narrative/exploratory)	<p>Environmental condition of the current site:</p> <p>The Mental Welfare Commission highlighted significant concern regarding the level of dilapidation and disrepair in the built environment and the impact this was having on the care experience of patients and the working environment for staff. The feedback highlights the requirement to move to a single site for inpatient Learning Disability services. The benefits and limitations of the Strathmartine environment are known and whilst some works have been undertaken to improve the quality of the patients' living environment, there are significant limiting factors and deterioration in the overall quality of the environment. No access to ensuite facilities for patients, limited therapy space within the ward areas, poor visibility, poor lighting, lack of storage, no facilities for clinical examination, no sluice, aging fixtures and fittings, office space does not meet H &amp; S requirements, poor staff changing facilities.</p> <p>Limited onsite support impacts quality of care particularly in the out of hours periods, medical staff on call and senior nursing leadership covering multiple areas, Co-location of services will offer greater access to support to meet health and safety.</p> <p>Quality of Care within LDAU, Carseview was reviewed early in 2024, recognising need to improve standards of care.</p> <p>MWC Visit November 2023 recognised need for additional therapy space.</p>	

Other evidence (please detail)	<p>The LD inpatient Transition Task &amp; Finish Group approved six objectives for the Programme to relocate patients from Carseview and Strathmartine to a single site (Murray Royal Hospital).</p> <p>Six workstreams have been established to plan and implement the relocation of patients to Murray Royal Hospital.</p> <p>The LD T&amp;F Programme is currently in the scoping and planning phase. NHST must engage in collaborative discussions with Health &amp; Social Care Partnerships, Patients/families/carers, Staff, Advocacy, third party/voluntary organisations and other stakeholders as required.</p>
What gaps in evidence/research were identified?	<p>Awaiting a breakdown of current inpatients based on their home authority. This information is required to understand the impact of those who will be accommodated out with their home local authority area.</p> <p>Data to be added on staff members with disabilities and caring responsibilities.</p>
Is any further evidence required? Yes or No (please provide reasoning)	No – decision to proceed due to environmental issues as detailed above.
Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	Yes – previous EQIA was undertaken several years ago, decision making around this move was not revisited and assessment was not refreshed prior to this move being initiated, this was due to the urgent operational requirement to vacate the current building due to environmental issues. Best judgement was exercised by CET (Chief Executive Team) NHS Tayside – Executive Lead – Sandra MacLeod (Deputy Chief Executive).

## 7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the engagement process to ensure the <a href="#">Consumer Duty</a> is met. These can be located on the AHSCP Equalities SharePoint page.	
Has engagement taken place? Yes or No	Yes – Staff, unions, staff partnership forum, Strathmartine patients, families and carers have been consulted with.
If No, why not?	N/A
If Yes, please answer the following questions:	
Who was the engagement with?	<p>Staff briefings: Began on Wednesday 7th August and staff meetings commenced on Thursday 8th August with a series of meetings with staff affected by the change at Strathmartine and Carseview. Communications have continued with staff since the first engagement and a Communications Expert Reference Group with representation from key stakeholders including families and staff is being established.</p> <p>Three staff drop-in sessions were held on 6, 11 and 14 February 2025 in Angus, Dundee and Perth. 100 staff members attended 20 in Angus, 40 in Dundee and 40 in Perth.</p> <p>Informal 1-1 discussions were held with staff impacted by the move. Very low number of staff have indicated that they would be able to move at this stage.</p> <p>Patients: Strathmartine - Easy-read questionnaire was designed and shared with patients for feedback. Engagement took place on 17/10/24</p> <p>LDAU survey still to be conducted.</p> <p>Staff Partnership: Feedback still to be added to the assessment</p> <p>Unions: Feedback still to be added to the assessment.</p> <p>Families/ Unpaid Carers: Letter inviting families/carers with patients being cared for in Strathmartine to an independent advocacy session to raise concerns and questions. 2 families engaged in this session.</p>

	<p>Letter inviting families/carers with patients being cared for in LDAU to a group meeting attended by staff from NHS Tayside, HSCPs and Independent Advocacy. This meeting provided an opportunity for families to be updated on progress and raise any questions and concerns they may have.</p> <p>The questions that families have raised at these meetings, and from an email that was received from one family, has formed the draft FAQ document. Whilst questions have been responded to directly from families, it is intended that the FAQ document will support other families who have not yet engaged directly about the move. The FAQ document once finalised will be available on NHST website.</p> <p>Independent Advocacy have also engaged with people with lived experience of learning disability inpatient care and this information has been shared with the Patient Carer Participation Workstream for further consideration.</p> <p>HIS – Planning with People – Two meetings have taken place with HIS. There is ongoing dialogue and support being provided by HIS.</p> <p>Lived experience feedback – Feedback still to be added.</p>
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	Yes, Stakeholder Participation Group has been involved.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	<p>Staff: in person briefing sessions, 1-1 informal meetings.</p> <p>Patients: facilitated discussion in Strathmartine by independent advocacy.</p> <p>Families: facilitated discussion with independent advocacy.</p>
What were the results from the engagement?	<p>Patients provided feedback on a number of areas as detailed below:</p> <p>Family: Service users expressed concerns over ability for family to visit and moving further away from family. They also expressed concerns over their ability to continue to attend social activities.</p> <p>Facilities - Patients posed questions regarding the new accommodation include storage and facilities questions.</p> <p>Therapies - Patients expressed concerns that there are no gardens at the MRH and posed questions as to whether therapies will still be provided.</p>

	<p>Security - Patients posed questions as to whether the site at MRH would be operated in a similar way to Strathmartine. Questions covered whether existing ward rules would remain the same or change.</p> <p>Staffing - Patients are concerned that the staffing may change, continuity of care appears to be important.</p> <p>Positive feedback - positive feedback includes having a bigger building with improved facilities. Patients have expressed a desire to visit the new site.</p>
How did the engagement consider the <a href="#">protected characteristics</a> of its intended cohort?	<p>Staff –NHS Tayside Organisational Change Policy will ensure that protected characteristics are considered as part of this formal process.</p> <p>Strathmartine patient engagement – an easy-read survey was prepared, and assistance was provided for patients to complete the survey.</p>
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	<p>Transitions planning – Future actions are required to ensure robust transitions planning for all patients who will be impacted by the move.</p> <p>Staff considerations – further work is required as the early indications are that only a low number of staff are able to move to work in Perth. Future working arrangements will need to be considered.</p>
Is further engagement required? Yes or No (please provide reasoning)	<p>Yes, ongoing engagement is required with staff, families and patients.</p> <p>LDAU patients have not yet been engaged with, this is due to be conducted.</p> <p>Staff –NHS Tayside Organisational Change Policy will govern the need for additional staff engagement.</p>



## 8. PROTECTED CHARACTERISTICS

This section looks at whether the policy, practice or project could disproportionately impact people who share characteristics protected by the Equality Act (2010). Please use the following link to find out more about the: [protected characteristics](#). Please specify whether impact is likely to be neutral, positive or negative and what actions will be taken to mitigate against any negative impacts or discrimination. When considering impact, please consider impact on: health, health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council, AHSCP or 3rd sector social justice.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age		X	X	<p>Angus and Dundee residents:</p> <p>Potentially negative – it is known that some carers/ family members are older which may impact on their ability to travel to Perth for visits if coming from Angus or Dundee.</p> <p>Potentially negative –the availability/cost of public transport/ travel to Perth from Angus or Dundee may be prohibitive to those who are either younger and in lower paid jobs or older and reliant on a pension. This could prevent family members/ carers from visiting as often which could have an impact on maintaining family life. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Perth and Kinross residents:</p> <p>Potentially positive – family members/ carers who live in Perth and Kinross may find travel easier and less expensive than travelling to Dundee.</p>
Sex	X			

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Disability		X	X	<p>Angus and Dundee residents:</p> <p>Potentially Negative Impact – MRH is considerably further away from Angus and Dundee. It is a further 23 miles from the current site in Dundee, this increased distance from home may make it harder for family/ friends to visit and could be a barrier to attending social activities in the Dundee or Angus area. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Potentially negative –the availability/ cost of public transport/ travel to Perth from Angus or Dundee may be prohibitive for those with disabilities. This could prevent family members/ carers from visiting as often which could have an impact on maintaining family life. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Potentially negative – A high number of staff have indicated that they are unable to move to work at MRH, this is likely to mean a change of staff group which will impact continuity of care and may have a detrimental impact on patients. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting.</p> <p>Perth and Kinross Residents:</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>Potentially negative – A high number of staff have indicated that they are unable to move to work at MRH, this is likely to mean a change of staff group which will impact continuity of care and may have a detrimental impact on patients. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting.</p> <p>Potentially Positive Impact – Care closer to home – P&amp;K residents will receive inpatient care within Perth which will ensure care is provided closer to home.</p>
Race	X			
Sexual Orientation	X			
Religion or Belief	X			
Gender Reassignment	X			
Pregnancy and Maternity	X			
Marriage and Civil Partnership	X			

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. unpaid carers, current & former Armed Forces personnel (please specify)		x	x	<p>Angus and Dundee residents:</p> <p>Potentially negative –the availability/cost of public transport/ travel to Perth from Angus or Dundee may be prohibitive to family members/ unpaid carers. This could prevent family members/ carers from visiting as often which could have an impact on maintaining family life. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Potentially positive – Families/ unpaid carers may see the improved environment and living conditions as being a positive development and welcome the new accommodation.</p> <p>Perth and Kinross residents:</p> <p>Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting.</p> <p>Potentially Positive Impact – Care closer to home – P&amp;K residents will receive inpatient care within Perth which will ensure care is provided closer to home</p>
<u>Human Rights</u> (Issues and impacts affecting		x	x	<p>Angus and Dundee residents:</p> <p>Potentially negative –the availability/cost of public transport/ travel to Perth from Angus</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections).				<p>or Dundee may be prohibitive to family members/ unpaid carers. This could prevent family members/ carers from visiting as often which could have an impact on maintaining family life. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting.</p> <p>Perth and Kinross residents:</p> <p>Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting.</p> <p>Potentially Positive Impact – Care closer to home – P&amp;K residents will receive inpatient care within Perth which will ensure care is provided closer to home</p>

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age		x	x	Potentially negative – A very low number of staff have indicated that they are able to

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>move to MRH. This may mean that some staff will be redeployed to other service areas and may become deskilled in Learning Disabilities where there is already a shortage of suitably qualified staff. This may have an impact on succession planning within NHS Tayside.</p> <p>Potentially negative – A low number of staff have indicated that they are able to move to MRH, this means that recruitment may be required and there is a potential that staff recruited will not have the necessary experience.</p> <p>Potentially negative – Wards are currently reliant on the use of bank staff, there is a risk that bank staff within the Dundee area will choose not to work in Perth. This may result in staff shortages.</p> <p>Potentially positive impact: Staff will be working in a modern, purpose-built building which will provide a better standard of working conditions.</p> <p>Potentially positive impact: It may be easier to attract staff from the central belt to work in Perth than it is to work in Dundee.</p>
Sex		x	x	<p>Potentially negative – A very low number of staff have indicated that they are able to move to MRH. This may mean that some staff will be redeployed to other service areas and may become deskilled in Learning Disabilities where there is already a shortage of suitably qualified staff. This may have an impact on succession planning within NHS Tayside.</p> <p>Potentially negative – A low number of staff have indicated that they are able to move to</p>

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>MRH, this means that recruitment may be required and there is a potential that staff recruited will not have the necessary experience.</p> <p>Potentially negative – Wards are currently reliant on the use of bank staff, there is a risk that bank staff within the Dundee area will choose not to work in Perth. This may result in staff shortages.</p> <p>Potentially positive impact: Staff will be working in a modern, purpose-built building which will provide a better standard of working conditions.</p> <p>Potentially positive impact: It may be easier to attract staff from the central belt to work in Perth than it is to work in Dundee.</p>
Disability	x			
Race	x			
Sexual Orientation	x			
Religion or Belief	x			
Gender Reassignment	x			
Pregnancy and Maternity		x	x	Potentially negative – A very low number of staff have indicated that they are able to move to MRH. This may mean that some staff will be redeployed to other service areas and may become deskilled in Learning Disabilities where there is already a shortage of

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>suitably qualified staff. This may have an impact on succession planning within NHS Tayside.</p> <p>Potentially negative – A low number of staff have indicated that they are able to move to MRH, this means that recruitment may be required and there is a potential that staff recruited will not have the necessary experience.</p> <p>Potentially negative – Wards are currently reliant on the use of bank staff, there is a risk that bank staff within the Dundee area will choose not to work in Perth. This may result in staff shortages.</p> <p>Potentially positive impact: Staff will be working in a modern, purpose-built building which will provide a better standard of working conditions.</p> <p>Potentially positive impact: It may be easier to attract staff from the central belt to work in Perth than it is to work in Dundee.</p>
Marriage and Civil Partnership	X			
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. unpaid carers, current & former Armed Forces	X			



Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
personnel (please specify)				
<u>Human Rights</u> (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections).	x			

## 9. EQIA FINDINGS AND ACTIONS

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Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
Option 1 - No major change required (where no impact or potential for improvement is found and no actions have been identified)	
Option 2 - Adjust (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)	x
Option 3 - Continue (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	
Option 4 - Stop and review (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)	

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	Date for Completion	Who is responsible (initials)
Action 1 - Staffing – Continue to engage with staff to understand any barriers to moving to Perth and seek to identify any actions to support staff.	Ongoing – Aug 25	
Action 2 - Engagement – Engagement to take place with patients in LDAU to understand how they feel about the planned move.	Ongoing - Aug 25	
Action 3 – Engagement – continue to work with families to understand any barriers that they face are a result of the move to Perth and identify any mitigating actions to support them.	Ongoing – Aug 25	
Action 4 – Data – populate missing data as identified within this assessment.	May 25	

## 10. EVIDENCE OF DUE REGARD - EQUALITY ACT

Public Sector Equality Duty: The responsible officer should be satisfied that the group, service or organisation behind the policy, practice or project has given 'due regard' to the below duties. Please evidence which parts of the General Equality Duty have been considered. To 'have due regard' means that AHSCP have a duty to consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty.

	Please mark with an (X) in the relevant boxes.
Eliminate unlawful discrimination, victimisation and harassment.	
Advance equality of opportunity	X
Foster good relations between any of the Protected Characteristic groups	

## 11. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA) – STRATEGIC DECISIONS ONLY

The Fairer Scotland Duty (FSD) places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. FSD assessments are only required for strategic, high-level decisions.

There are clear links between socio-economic disadvantage and Equality considerations and the protected characteristics so you may find it beneficial to complete the FSD assessment regardless of whether your policy, practice or project is strategically important or not. In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socio-economic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion.

To read more information please visit: [Fairer Scotland Duty Guidance - Scottish Government](#)

## 12. FSDA - SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No?	YES - Proceed to section 13. Full Fairer Scotland Duty Assessment (FSDA) below	NO – Provide reasoning below and proceed to sections 14 onwards to conclude.
		X – this is an operational decision.

## 13. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence				
What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?				
Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:				
	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence on your selection
Low and/or no income (those living in relative poverty.)				

Low and/or no wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.)				
Material Deprivation (those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance, leisure and hobbies.)				
Area Deprivation (where people live e.g. rural areas, or where they work e.g. accessibility of transport. Living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.)				
Socio-economic Background (social class including parents' education, people's employment and income)				
Unpaid Carers				
Homelessness, Addictions and Substance Use				
Children, Family and Justice				
Other e.g. current & former Armed Forces personnel (please specify)				

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#### 14. CONSUMER DUTY ASSESSMENT (CDA) – STRATEGIC DECISIONS ONLY

The [Consumer Scotland Act 2020 Duty](#) came into force on 1 April 2024. The Act requires that a relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, consider the impact of those decisions on consumers in Scotland, and the desirability of reducing harm to them. Angus Health and Social Care Partnership must comply with the obligations and duties set out in the 2020 Act:

*Duty to have regard to consumer interests*

(1) A relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, have regard to:

- (a) the impact of those decisions on consumers in Scotland, and
- (b) the desirability of reducing harm to consumers in Scotland.

The definition of 'consumer' for the purposes of the 2020 Act is an individual or small business who buy, use or receive goods or services in Scotland, or could potentially do so, supplied by a public authority or other public body. For example, a service user or patient accessing services through the IJB would meet the definition as a consumer.

There are also the seven consumer principles which must be taken into consideration: Access, Choice, Safety, Information, Fairness, Representation and Redress.

#### 15. CONSUMER DUTY– SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No?	YES (X) - Proceed to question 16 below	NO (X) – Provide reasoning below and proceed to sections 17 onwards to conclude.
		X – this is an operational decision.

#### 16. EVIDENCE OF DUE REGARD – CONSUMER DUTY

If this strategic decision impacts consumers e.g. service users and patients, you have a duty to give regard to consumer interests. Please confirm that throughout this combined impact assessment you considered and evidenced the following two requirements:	
	Please mark with an (X) in the relevant boxes.
The impact of the strategic decision on consumers and the desirability of reducing harm to consumers have been considered throughout the process.	
An outcomes-based approach has been taken to achieve the best outcomes for consumers.	

#### 17. CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA) - ASSESSING CHILDREN'S RIGHTS

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We should encourage children and young people's participation in decision-making; champion their interests, and think about what we can do to place children and young people at the centre of our policies/proposals. You need to:

- identify, research, analyse and record the anticipated impact of any proposed policy, service or other measure on children's human rights and wellbeing.
- think about the means of involving children and young people in the development of your policy/measure.
- ensure decisions are necessary and proportionate when balanced against any impact on children's rights.

\*Please Note: There is a new requirement in 2024 to carry out a children's rights assessment under the United Nations Convention on the Rights of the Child for young people aged up to 18.

There are four articles in the [United Nations Convention on the Rights of the Child](#) (UNCRC) that are seen as special. They're known as the "General Principles". They help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children. Please answer the following questions below:

Which of the general principles apply to your proposal? Select all that apply: (please mark with an (x) as appropriate)

1. Non-discrimination (Article 2)	<input type="checkbox"/>	2. Best interest of the child (Article 3)	<input type="checkbox"/>
3. Right to life, survival and development (Article 6)	<input type="checkbox"/>	4. Right to be heard (Article 12)	<input type="checkbox"/>
None	x		

What impact will your proposal have on children's rights, i.e. positive, negative or neutral?	None – this change applies to adults only.
How will the proposal give better effect to the UNCRC in Scotland?	N/A - as above
How will the impact be monitored?	N/A - as above
How will you communicate to children and young people the impact of the proposal on their rights?	N/A - as above

## 18. PUBLICATION

Is the corresponding IJB/Committee paper	No
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exempt from publication?	
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### 19. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	Lindsey Bailie
Designation:	General Manager - Inpatient Learning Disability Service
Date:	19/03/2025

Lead Equalities Officer Responsible		Service Leader Responsible	
I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.		I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.	
Name:	Jordan Russell	Name:	
Designation:	Corporate Equalities Team Lead NHS Tayside	Designation:	
Date:	19/03/2025	Date:	

For further information on this Combined Assessment, or if you require this assessment in an alternative format, please email: [tay.corporateequalities@nhs.scot](mailto:tay.corporateequalities@nhs.scot)

### 20. EQIA REVIEW DATE

A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)	Project is not complete – EQIA will continue to be updated. Final version due August 2025.
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### 21. EQIA 6 MONTHLY REVIEW SHEET

Title of policy, practice or project being reviewed	
Lead Officer responsible for review	
Date of this review	



Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.	Status of action (with reasoning) <ul style="list-style-type: none"><li>• Complete</li><li>• Outstanding</li><li>• New</li><li>• Discontinued etc.</li></ul>
Action 1 -	
Action 2 -	
Action 3 etc. -	

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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 16 APRIL 2025

**REPORT ON:** EQUALITY MAINSTREAMING AND EQUALITY OUTCOMES PROGRESS REPORT 2023-2025

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB22-2025

## **1.0 PURPOSE OF REPORT**

To seek approval of the Dundee Integration Joint Board's Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this report.
- 2.2 Approve the Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025 (section 4.2 and appendix 1).

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

### **4.1 The Public Sector Equality Duty**

- 4.1.1 The Public Sector Equality Duty, laid out in the Equality Act 2010 (the Act), came into force in Scotland in April 2011. This equality duty is often referred to as the "general duty" and it requires public authorities (including Integration Authorities) to have "due regard" to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
- Foster good relations between people who share a protected characteristic and those who do not.

The general duty covers the following protected characteristics: age; disability; sex; gender reassignment; pregnancy and maternity; sexual orientation; marriage and civil partnership; religion, belief or lack of religion/belief; and, race. In addition, due to their association with people who have protected characteristics, unpaid carers must also be considered when implementing the provisions of the Equality Act.

- 4.1.2 Integration Authorities were added to the list of public bodies subject to the requirements of the Act in 2015 and were required to publish Equality Outcomes and mainstreaming plans by the end of April 2016. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) impose “specific duties” on Scottish public authorities to publish a set of Equality Outcomes at least every four years and a report showing progress being made in mainstreaming equality at intervals of not more than two years.
- 4.1.3 From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The duty places a legal responsibility on public bodies, including IJBs to ‘pay due regard’ to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.
- 4.1.4 Dundee IJB last approved and published their last Equality Mainstreaming and Equality Outcomes Progress report, including a revised set of Equality Outcomes, in 2023, to last for a period of four years (2023-2027) (Article V of the minute of the meeting of the Dundee Integration Joint Board held on 19 April 2023 refers). As two years have passed since the publication of the last mainstreaming equality update report there is now a statutory requirement for the IJB to agree and publish an up-to-date report prior to the end of April 2025.

## 4.2 Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

- 4.2.1 The Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report, attached as appendix 1, provides an overview of progress made in achieving the IJB’s equality outcomes and equality mainstreaming duty over the last two years. The report is compliant with the Act, supplementary regulations and guidance issued by the Equality and Human Rights Commission.
- 4.2.2 As well as summarising progress made in mainstreaming equality within IJB functions and towards achieving the IJB’s Equality Outcomes, the report also includes examples of how the Health and Social Care Partnership is contributing to the mainstreaming of equality and the Equality Outcomes in both Dundee City Council and NHS Tayside via the delivery of operational services commissioned by the IJB.
- 4.2.3 Equality is integrated into the daily work of the IJB and HSCP through various activities, including participation in equality structures, workforce learning, and completing equality impact assessments. Some particularly noteworthy developments achieved over the last two years include:
- **Listening to Local People:** The IJB has engaged with local Trans and Non-Binary communities to understand their needs and concerns better, leading to follow-up meetings and planned actions. Engage Dundee records citizens’ experiences, particularly regarding the cost of living, to support impact assessments and inform public sector plans and services
  - **Equality Training:** Core equality training is provided through NHS and Council e-learning, with significant completion rates among council and NHS colleagues, and support for third sector and independent sector agencies.
  - **Integrated Impact Assessment:** The IJB has implemented improvements in their Integrated Impact Assessment (IIA) process to ensure equality and fairness impacts are effectively assessed and published.
  - **Accessibility of Publications and Information:** The Plan for Excellence in Health and Social Care in Dundee was published in Plain English and other accessible formats. Additionally, all engagement and consultation activities over the past two years have included digital alternatives and options for providing input via telephone.
  - **Workplace Discrimination:** Work has progressed focussed on better understand the scale, nature and impact of racial discrimination on the local health and social

care workforce. Links have been made to national networks, training resources and research materials and Renfrewshire Health and Social Care Partnership has been identified as a best practice examples from which Dundee can learn.

- 4.2.4 The Mainstreaming and Outcome Progress Report also highlights planned areas for further work over the next two years, specifically focused on the four Equality Outcomes set by the IJB.

### 4.3 Publication

- 4.3.1 The Regulations specify that equality mainstreaming progress reports must be published in such a way that they are clearly identifiable and accessible to any member of the public who may have an interest in them. The Equality and Human Rights Commission recommends that reports are published on websites in a location that is easy to find and in a format that is compatible with accessibility features, such as screen reading facilities for people with sight impairments.
- 4.3.2 Dundee City Council Design Service has supported the formatting of the Equality Mainstreaming and Equality Outcomes Progress Report, including following accessibility standards. The report, if approved, will be published on the dedicated page within the Dundee Health and Social Care Partnership for equality information. The web page also offers contact details should anyone wish to have a printed copy sent to them or to access the document in an alternative format.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Arrangements within the Dundee IJB are not sufficiently robust to ensure that the needs of people who have protected characteristics are fully understood and reflected in their strategic commissioning activities, leading to poorer outcomes and a widening inequality gap.
<b>Risk Category</b>	Governance, Operational
<b>Inherent Risk Level</b>	Likelihood 5 x Impact 4 = Risk Scoring 20 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources)	<ul style="list-style-type: none"> <li>Equality Outcomes agreed and published; mainstreaming update report published every 2 years.</li> <li>A number of Strategic Planning Groups with a specific focus on the needs and rights of people who share protected characteristics are in place.</li> <li>Good links are in place with Dundee City Council and NHS Tayside equality and fairness structures.</li> <li>Complaints mechanism available to people using services who may wish to report service responses falling below the desired standard.</li> <li>Equality Outcomes has an emphasis on improving engagement and representation in-line with the diversity of the population.</li> <li>Improvements made in relation to how the IJB published equality and fairness information, including single web page for key information and contacts.</li> </ul>

	<ul style="list-style-type: none"> <li>Improvements made in relation to completion and quality of equality impact assessments for IJB decisions.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a HighRisk Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Assessment of Risk Level</b>	Given the risk mitigation actions in place the risk is assessed to be manageable and acceptable.

## 7.0 CONSULTATIONS

- 7.1 The Strategic Planning Advisory Group, Chief Finance Officer, Head of Service, Health and Community Care, NHS Tayside Equality & Diversity Governance Group, Dundee City Council Corporate Equalities Steering Group and the Clerk have been consulted in the preparation of this report.

## 8.0 DIRECTIONS

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

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: 20 February 2025

Joyce Barclay  
Senior Officer, Strategic Planning

# Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

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## Introduction

Dundee Integration Joint Board (IJB) is a 'Public Body' with duties under the Equality Act 2010. The IJB is responsible for setting Equality Outcomes and reporting progress towards these at least every 2 years. The Equality Outcomes are part of the IJB's plan to deliver the best possible health and care services to the people in Dundee. These services are delivered by the Health and Social Care Partnership (HSCP), which is a partnership between Dundee City Council, NHS Tayside and the third and independent sector.

The IJB and the HSCP are responsible for equality and fairness matters which are mainstreamed into planning and day to day work<sup>1</sup>. Officers from Dundee HSCP support the Dundee IJB to set and deliver their own Equality Outcomes and to mainstream equality within the strategic commissioning functions that the IJB is responsible for. Officers are also responsible for carrying out and reporting on activities that meet Equality Act requirements within operational services, in collaboration with both NHS Tayside and Dundee City Council, and they contribute to Equality Outcomes of both these partners.

For more information about Equality in Dundee IJB and HSCP by visiting [Equality Matters in Dundee Health and Social Care Partnership | Dundee Health and Social Care Partnership \(dundeehscp.com\)](https://www.dundeehscp.com)

Dundee IJB Equality and Fairness Duties are:

- General Equality Duty – to eliminate discrimination, advance equality of opportunity, and foster good relations.
- Publish equality outcomes and report on progress.
- Report on mainstreaming of the Equality Duty.
- Assess and review policies and practices for equality and fairness impacts.

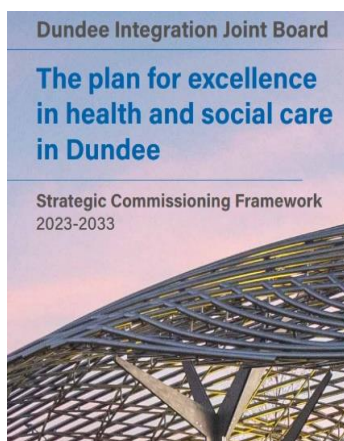
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<sup>1</sup> It is important to note that the Health and Social Care Partnership is not a legal entity nor a public body, and is therefore not subject to the public duties under the Equality Act 2010 in its own right. However, as the HSCP is a partnership between Dundee City Council and NHS Tayside, is subject to the Public Body duties within the Equality Act 2010 placed on those organisations. This mainstreaming report describes the equality mainstreaming and equality outcomes progress for the Dundee Integration Joint Board and the contribution that Dundee Health and Social Care Partnership has made to equality mainstreaming within Dundee City Council and NHS Tayside. Please note that both NHS Tayside and Dundee City Council publish their own mainstreaming update report.

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

- Publish information in a manner that is accessible to people

This report notes progress by Dundee IJB from April 2023 until April 2025, towards Equality Outcomes identified in the [IJB Equality Mainstreaming Report 2023-2027](#). The IJB is not an employer, and therefore the Progress Report does not include Employee Data, Equal Pay Information or Gender Pay Gap Information.



Click on the image of the plan for further information.

The ambition of The Plan for Excellence in Health and Social Care, Dundee Integration Joint Board (IJB) Strategic Commissioning Framework 2023-2033 is that:

**‘People in Dundee will have the best possible Health and Wellbeing’**

To achieve this ambition local people will be supported by health and social care services that:

- Help to reduce inequalities in health and wellbeing that exist between different groups of people.
- Are easy to find out about and get when they need them.
- Focus on helping people in the way that they need and want.
- Support people and communities to be healthy and stay healthy throughout their life through prevention and early intervention.

When realising this ambition, the IJB ensures that the decisions they make are consistent with, and supportive of, the General Equality Duty in the Equality Act 2010. This duty means that the IJB as a Public Body must eliminate discrimination, advance equality of opportunity, and foster

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

good relations. The IJB set four Equality Outcomes for 2023-2027<sup>i</sup>. to support work to make sure local people are treated fairly and with dignity.

**Equality Outcome 1** Information published by the IJB will be more accessible to people who have a sensory impairment or learning disability, whose first language is not English (including British Sign Language Users) and those people who are older

**Equality Outcome 2** The IJB has increased the range and effectiveness of ways to listen, hear and learn what matters to older people, people from minority ethnic groups and the LGBTQ community about health and social care services and support.

**Equality Outcome 3** IJB membership will be more diverse and more closely reflect the overall population of Dundee across the following protected characteristics- sex, disability, race, and age.

**Equality Outcome 4** The IJB contributes to an improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination in the workplace.

## Mainstreaming Equality

The IJB has an overall approach that makes sure equality is part of their work and the work of the services that the HSCP commissions and delivers. Mainstreaming equality refers to the work that makes sure equality is central to the day-to-day working of all services.

There are several activities undertaken by DHSCP colleagues that support the IJB to achieve their Equality Outcomes. These include:

- Participation in Dundee City Council and NHS Tayside Equality structures and activities.
- Workforce learning activities including DHSCP Workforce Equality Network.
- Completing screening to identify when further Equality Impact Assessment is required.
- Completing Equality Impact Assessment as part of an Integrated Impact Assessment and publishing this.
- Language interpretation.

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

- Learning and development activities.

### *Equality Example- Listening to local people about what matters in Trans<sup>2</sup> and Non-binary Health and Social Care in Dundee*

Dundee IJB wanted more information about the needs and views of Transgender and Non-Binary people to inform future plans. In June 2023 'Scottish Trans' (part of the Equality Network) hosted their national annual conference in Dundee. The topic was Care and Community. A Workshop Session hosted a HSCP officer and an IJB Member) was attended by 16 local people who welcomed a chance to share views and information.

Several concerns were raised:

- General awareness among local professionals could be improved, including practitioners in all parts of the Health and Social Care Partnership.
- People could benefit from aligned, smooth processes from all Public Bodies to change names on records.
- The emotional wellbeing and mental health of individuals in Dundee can be seriously impacted by lengths of wait and uncertain pathway to be assessed by Gender Identity Clinic.
- There is no specific, specialist Trans and Non-binary (funded) support for adults in Dundee. Some services including The Corner, support under 25's.

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<sup>2</sup> Trans\* is used as a way of including all Trans, non-binary and gender non-conforming identities. The Equality Act 2010 protects Trans people from discrimination on the grounds of gender reassignment (proposing to undergo, undergoing or having undergone a process to reassign their sex). It is therefore the case that not all people who identify as Trans\* are protected under the Equality Act 2010, however it is recognised that the views of all Trans\* people about their health and social care needs, preferences and experiences (including inequalities) can help inform action taken by the IJB to ensure their compliance with the provisions of the Act.

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

- A Tayside Information website/webpage with specific information on Trans matters is something local people would welcome.
- Housing and Homeless can be more problematic for some in this group of people. Consequently, adults currently living in Dundee may move other places (often in Tayside) a Pan- Tayside approach from Health and Social Care would be welcomed.

Several follow up meetings with people from this group (and others who joined later) have taken place. Further actions need to be planned with practitioners who have a work focus in Trans and Non-Binary matters in Dundee/Tayside along with local people who are Trans/Non-binary. In August 2024 Dundee IJB received an update about progress in an [EQUALITY OUTCOMES – UPDATE](#) (see page 169).



### Partnership working with Dundee City Council and NHS Tayside

As part of partnership working, colleagues who work in Dundee HSCP attend regular meetings of the equality planning groups of the two partners agencies (Dundee City Council Corporate Equality Steering Group and NHS Tayside Equality and Diversity Governance Group, Equality Outcomes Implementation Group and NHS Tayside Equality Champions Network Meetings) as well as the HSCP Equality Peer Support Network (Scotland).

When Dundee IJB and DHSCP were formed the partner agencies agreed that they would continue to provide Equality expertise and advice. Responsibility for equality is mainstreamed within DHSCP with officers from Strategic Planning and Business Support Team taking a lead as required. There are no designated Equality Officers employed to work in DHSCP. Officers in DHSCP support a partnership approach to common issues.

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

### *Equality Example - A Gendered Approach at The Corner*



Click on the image for more information.

The Corner is a health and wellbeing service based in Dundee city centre for young people aged 11-19 years or up to age 25 for vulnerable young people. An NHS Tayside multi-disciplinary team provides a range of support including sexual health, emotional health, crisis intervention, substance use, young carer support and counselling.

The Corner was awarded the Welcoming Women Award for their commitment to providing a safe, inclusive, and empowering environment for women across the city. The certification is for organisations who actively think about the needs of women and their response to those needs.

The Corner has worked alongside the Dundee Violence Against Women Partnership over the past year to identify areas of service delivery that could be improved. The Welcoming Women Award recognises efforts made to understand and address the unique challenges, issues, and needs faced by women in Dundee.

### **Core Equality Training provided through NHS and Council E- Learning**

From April 2023 until November 2024 290 council colleagues working in HSCP completed Equality e-learning as part of their induction to a variety of roles including Social Care workers, Social Workers, Peer Support workers, Administration colleagues and Domestic Assistants.

In November 2024 92 % of HSCP colleagues working in NHS Tayside had completed e-learning at Foundation level Equality, Diversity and Human Rights (1,523 colleagues in total).

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

Care and Support workers in contracted third sector and independent sector agencies will be supported to fulfil their equality learning requirements and can arrange to access the e-learning available from the Council and NHS if desired. There is no record of the number of colleagues from these sectors who have completed training.

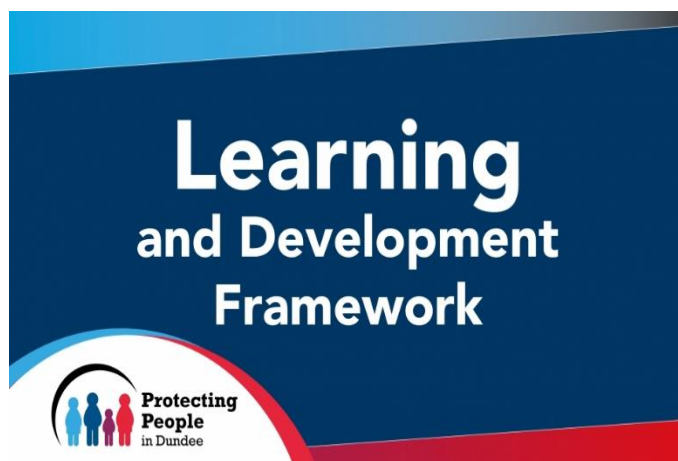
Equality Learning will be provided to Social Services Workers through their employer. All Social Service Employers and Workers must comply with Scottish Social Services Council Codes of Practice. Employers are expected to provide good quality accessible induction and learning and development opportunities to support workers to carry out their role safely and effectively. This means the workforce will have Equality and Human Rights learning that supports them to respect and promote the rights and, where appropriate, the views, wishes and choices of individuals and carers; respect and maintain the dignity and privacy of individuals; and promote diversity and respect for all identities, values and culture.

### Learning activities

Colleagues across DHSCP access a full range of Protecting People Learning Activities which fully embody a Human Rights approach with a perspective of Equality and Fairness.

#### *Equality example - Protecting People Learning Framework*

The Dundee Protecting People Learning Framework was launched in September 2023 to bring together all learning opportunities relating to protecting people including child and adult protection, trauma informed practice, substance use, violence against women and suicide prevention. The framework includes face to face training as well as e-learning, self- directed learning resources and a wide range of additional learning opportunities such as podcasts, books and TV shows. Practitioners in DHSCP continue to access learning and development through this framework which embodies Human Rights, Equality and Fairness at its core.



Click on the image to find out more.

The Dundee HSCP Equality and Human Rights Workforce Learning Network was formed in 2022. Colleagues from Dundee City Council, NHS Tayside, Independent and Third Sector meet several times a year to share and increase their learning and understanding of equality and human rights matters. Topics have included LGBT+ competent service provision with a focus on Dementia Care, Human Rights, Advocacy and responding to Scottish Government Human Rights Bill consultation.

Following the Learning Network discussions DHSCP colleagues in Older Peoples Community Mental Health Teams have now taken part in Care Providers Forums to discuss Dementia Care and people who are LGBTQA+.

A number of Learning Network Members joined with care at home colleagues for Hate Incident /Crime Training. Later, some groups and agencies arranged training for colleagues, including some Social Care provider groups.

## Development Activities

Regular email updates on equality human rights matters are sent to colleagues in services commissioned by Dundee City Council and DHSCP Council colleagues via all staff email. Managers of NHS employed DHSCP colleagues are encouraged to share these with relevant employees. NHS Tayside's corporate staff newsletter 'Vital Signs' has also been used throughout the last two years to share equality and human rights information, including information about equality impact assessment and translation and interpretation services.



## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

Managers of Council employed DHSCP colleagues are all encouraged to share these communications with relevant employees.

DHSCP arranged an introduction session called “Engaging with Refugees and Asylum Seekers’ this was delivered by the Mental Health Foundation along with Partners Agencies on 8<sup>th</sup> May 2024. Partner agencies also joined the session.



Unpaid carers with a Ukrainian background attended an Information Session at Dundee Carers Centre to learn more about supports and services available from DHSCP and others. The session took place in March 24 and provided a network of contacts for the carers who attended.

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025




**Your invitation to an Information Session**

**Do you or someone you know give help, care, or support to a friend or family member?**

Do you want to learn more about how agencies can work in partnership with people in local communities to make sure their Health and Social Care Needs are met?

Do you want to know more about the advice and support that can be given if you help adults and children with additional support needs?

You are invited to a meeting at **Dundee Carers Centre, 132 Seagate, Dundee, DD3 6DR, on Wednesday 20 March 2024 at 11 am**. It will last about an hour. This meeting is planned for **people from Ukraine**. There will be an interpreter.

Juice, tea and coffee provided.

Please let us know if you're thinking about coming but booking isn't necessary.  
[joyce.barclay@dundeecity.gov.uk](mailto:joyce.barclay@dundeecity.gov.uk)

**This session is for you**

- If you, or someone you know, help a child or an adult who needs this help because they have a health or wellbeing issue or.
- If you have help from a child or adult in your family and want to know more about the support they might get or.
- You worry that someone you know might need more help from you in the future.

---

**Ваше запрошення на інформаційну сесію**  
**Чи надаєте ви чи хтось із ваших знайомих допомогу, турботу чи підтримку другові чи члену родини?**

Хочете дізнатися більше про те, як агентства можуть співпрацювати з людьми в місцевих громадах, щоб забезпечити задоволення їхніх потреб у сфері охорони здоров'я та соціальної допомоги?

Хочете дізнатися більше про поради та підтримку, які можна отримати, якщо ви допомагаєте дорослим і дітям, які потребують додаткової підтримки?

Вас запрошують на зустріч у **Dundee Carers Center, 132 Seagate, Dundee, DD3 6DR, у середу, 20 березня 2024 року, об 11 ранку**. Це триватиме близько години.

Ця зустріч планується для людей з України. Буде перекладач.


Надається сік, чай, кава.

Будь ласка, дайте нам знати, якщо ви плануєте відвідати данню подію, але бронювання не потрібне. [joyce.barclay@dundeecity.gov.uk](mailto:joyce.barclay@dundeecity.gov.uk)

**Ця сесія для вас**

- Якщо ви або хтось із ваших знайомих допомагає дитині чи дорослому, який потребує цієї допомоги через проблеми зі здоров'ям чи благополуччям, або,
- Якщо ви отримуєте допомогу від дитини чи дорослого у вашій сім'ї та хочете дізнатися більше про підтримку, яку вони можуть отримати або,
- Ви переживаєте, що хтось із ваших знайомих може потребувати додаткової вашої допомоги в майбутньому.



## Integrated Impact Assessment

Equality and Fairness Impact Assessments are included in the Integrated Impact Assessment tool used by Dundee IJB.

Throughout 2023 and 2024 the IJB members and HSCP report writers undertook an agreed improvement program for Integrated Impact Assessment (IIA) processes. The improvement program involved officers in the HSCP working with the Council to revise the process for IIAs. IJB members attended briefing sessions about the new impact assessment tool, and IJB Equality Act duties focusing on Equality Impact Assessment. Some IJB members took up the opportunity to discuss impact assessment individually. Individual and shared meetings were arranged with colleagues who are part of strategy groups and policy development to discuss impact assessment and how best to record this using the revised IIA tool. This included sessions about the IJB recording tool and learning opportunities about the Council recording tool. NHS Tayside are revising their tool late 2024 / early 2025 and will plan how to share this with relevant colleagues.

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

The following key improvements and activities have been implemented within Dundee IJB's IIA process:

- The IJB Impact assessment screening tool and Integrated Impact Assessment (IIA) recording tool have been updated based on information shared at the Equality and Human Rights Commission (EHRC) workshop, a review of EHRC guidance and feedback from officers who have experience of completing IIAs.
- From February 2023, all reports to the IJB were expected to have a completed screening tool. The screening tool helps officers supporting the IJB to establish when an IIA is required.
- Where indicated by the screening tool, officers complete an IIA record. Reports requiring IIAs must have a completed IIA when report is submitted before being able to proceed through the committee process.
- Specific improvements that have been made include updating of the IIA form to: record the various sources of evidence and other input that has informed the information and assessment contained within the IIA; more specifically capture actions planned to monitor the actual impact of the policy or practice once implemented, including mitigating actions to address any potential negative impacts; and, a summary section to ensure the key points of the assessment are set out clearly, and can be easily found and understood by IJB members and other stakeholders.
- Arrangements for the publication of IIAs have been significantly revised to ensure they are easily accessible to the public. Within the website for the Dundee Health and Social Care Partnership a specific page for equality information has been set-up: <https://www.dundeehscp.com/equality-matters-dundee-health-and-social-care-partnership>. A search via Google for terms such as 'Dundee IJB equality' or 'Dundee IJB equality impact assessment' returns the page link within the top 3 results.
- Dundee HSCP webpages have information about the IJB's equality duties and links to key documents, such as Equality Outcome and Equality Mainstreaming Progress reports. The page also has a specific section for EIA. This section explains the duty to EIA and how the IJB does this through the IIA process.

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

- Following the IJB decision Dundee HSCP publishes IIA submitted to the IJB (alongside the report they relate to for ease of reference) on the dedicated web page. This arrangement has significantly improved public access to IIAs undertaken for the IJB by providing them as separate documents from a single location.
- Workshops have been provided to IJB members and to officers who are involved in developing policy and practice on behalf of the IJB. These workshops focused on raising awareness of the PSED and Fairer Scotland duties, Dundee IJB's IIA process and the distinct role and responsibilities that members and officers have within the process.
- Information about best practice in completing good quality IIAs was also shared with officers.

### Engage Dundee

ENGAGE Dundee provides officers, colleagues, report writers, policy makers and IJB Members with good quality, update information shared by people in Dundee; knowing information about people in Dundee supports more effective impact assessment.

The 'Engage Dundee' work records citizens' experiences of coping with the cost of living and is a partnership approach from Dundee Health and Social Care Partnership, Public Health Scotland (PHS), Dundee City Council and NHS Tayside. The most recent survey was circulated in September 2023 and promoted across various platforms with a weblink and QR code. Paper copies were available and support for completion provided for the digitally excluded, speakers of other languages, and members of the deaf community who could request further support to complete.

1,181 responses were submitted from all parts of the city. Three-quarters of respondents were female, 1 in 12 was unemployed, 1 in 10 medically unfit for work, and almost one-third on means-tested benefits. Most respondents were working aged; however, 18% were aged over 60 years and above. 22% provided unpaid care and 699 incidences of disability or health condition were reported. Just over 90% of respondents were White Scottish/ British.

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

Results showed that the majority of those who responded were struggling to cope with the cost of living. Some were not able to make ends meet and were using savings for essential spend or getting into debt. Respondents reported cutting back significantly on costs including for basic needs such as food and home energy. There is evidence that struggling financially is pervasive and a source of stigma and shame. This will be a reality for many citizens who experience cost of living impacts who are affected by one or more protected characteristic. Full sub-analyses were undertaken for electoral ward areas, unpaid carers, long-term sick and disabled, and those living alone. In addition, analyses of themes from comments were undertaken for females, those aged over 60 years, and non-white Scottish British.

Results were shared widely with the public, communities, service providers and partners. Findings were presented to Strategic Planning Groups and Partnerships to help influence decisions and shape services and plans. Actions are emerging from this exercise including changes to the way that Dundee promotes its cost-of-living support, co-production of a mental health promotion leaflet and website, and various cost of living events and interventions across the city.



### Language Interpretation

Some aspects of HSCP work require a face-to-face interpreter for people whose first language is not English. This includes interpreting for spoken language and British Sign Language (BSL) interpreting for deaf patients for whom this is their preferred language.

NHS Tayside provides Interpretation Services for work undertaken by colleagues in Dundee HSCP and who are employed by NHS Tayside and Dundee City Council. The support given includes a telephone interpretation service for work with people who cannot speak English or find it difficult to speak in English. Work has taken place during 2024 to provide additional guidance to colleagues accessing the service to ensure that Interpretation support is provided in the best way, at the right time.

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

### *Equality Example- Communicating with Customers –Partnership Working*

In 2023-24 DHSCP colleagues have supported meetings and discussions with local BSL community relating to completion of NHS Tayside and Dundee City Council British Sign Language plans. Both agencies work in partnership with DHSCP to share best practice, quality data and information about developments and the views of local BSL users. DHSCP will continue to implement the actions in the National BSL plan and the plans of NHS Tayside and Dundee City Council.



Click on the images for more information.

## Supporting Employees

NHS Tayside Employee Networks are available for all Council and NHS Tayside employees in DHSCP. DHSCP can access the following groups which are supported by NHS Tayside Corporate Equalities Team Leads: LGBTQA+, BAME, Disability, Armed Forces and Carers Network.

Dundee City Council hosts a 'Workforce with Lived experience of Trauma' Project which is a support for employees of the council who experienced Trauma for any reason including related to Protected Characteristics.



Click on the image for more information

## Equality Outcomes

The IJB set out four Equality Outcomes in 2023. Some of the progress that has been made towards these outcomes is noted below as 'key achievements' alongside plans for further action, 'next steps'

### Equality Outcome 1

Information published by the IJB will be more accessible to people who have a sensory impairment or learning disability, whose first language is not English (including British Sign Language Users) and those people who are older.

#### *Key achievements:*

- The Plan for Excellence in Health and Social Care in Dundee the IJB Strategic Commissioning Framework 2023-2033 was produced as Plain English document and published on Dundee HSCP webpages. Alongside the publication a screen reader compatible version and other more accessible versions have also been published. These include information about The Plan for Excellence (short summary) and screen reader compatible version as well as a single page copy of the the IJB's Ambition.
- When the Alcohol and Drug Partnership produced their Delivery Plan in 2024 efforts were made to optimise the accessibility of the language used. Feedback from ADP members and stakeholders welcomed the format and found it more accessible than previous publications. [Delivery Plan Update July 2024.pdf \(dundeeadp.co.uk\)](https://dundeeadp.co.uk/DeliveryPlanUpdateJuly2024.pdf)
- A comprehensive Carers of Dundee information and advice service is provided by Dundee Carers Centre on behalf of the Local Authority. As part of the information the Carers Centre has established 'Let's Talk' which is a collection of interviews and

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

information videos that aim to provide carers, young carers, their families, and the workforce with different types of support available throughout Dundee. Let's Talk is now in Season 3 and recent episodes include Discovery Credit Union, Alzheimer's Scotland Dundee Centre, Mental Health Awareness Week, 4 Essential Human Rights Every Carer Should Know and Have (Hearing Voices Network).

- All engagement and consultation activity undertaken on behalf of the IJB over the last 2 years has included digital alternatives, provided via visits to community groups and options to provide input and views via telephone.

### *Next steps:*

- There will be further development of Dundee HSCP capacity to support inclusive communication within the Strategic Planning and Business Support Team.
- There will be further exploration of alternative media to share information with an acknowledgement that digital communication needs to be supplemented, when possible, including with videos, face-to-face communication, British Sign Language Information.
- There will be further exploration of options to reduce reliance on written communication and to consider how audio and visual communication can be more effectively used by the IJB in the future.

## Equality Outcome 2

The IJB has increased the range and effectiveness of ways to listen, hear and learn what matters to older people, people from minority ethnic groups and the LGBTQ community about health and social care services and support.

### *Key achievements:*



## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

- Regular opportunities have been supported to meet, listen to and inform older people about matters that they have identified as important to them including Primary Care Improvements.
- In May 2024 IJB Strategic Planning Advisory Group (SPAG) members discussed reports that directly addressed the IJB Equality Outcomes including listening and learning about the needs of Trans and Non-Binary Adults in Dundee. Local people met with an officer of Dundee HSCP and an IJB Member to share what is important to them in relation to IJB responsibilities.
- Engage Dundee is a partnership approach to learning circumstances, experiences and views about what matters to citizens of Dundee in relation to the cost of living. The information gathered is vital to Fairness Impact assessment of Public Sector plans as well as giving valuable insight into the lives of people who experience deprivation. (It is known that many individuals with protected characteristics experience financial disadvantage.) The work involves Dundee Health and Social Care Partnership, Public Health Scotland (PHS), Dundee City Council and NHS Tayside. The Dundee Fighting for Fairness Group and other relevant agencies gave suggestions from a lived experience of poverty perspective.
- The Community Health Advisory Forum (CHAF) brings together people from across the city involved in learning about health who deliver health-related groups and activities in their own localities. Supported by the Community Health Team, the CHAF meets monthly to share experiences and ideas, hear about local and national developments, and discuss how to take forward action that can help reduce health inequalities. The group links with other local people in our more disadvantaged communities to find out what matters to them and supports Dundee Health and Social Care Partnership and other organisations to ensure that residents at higher risk of poor health and wellbeing are meaningfully involved in decisions.

*Next steps:*

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

- Further explore the development of a Tayside Health and Social Care Collaborative to support networking and development for professionals with remit and an interest in supporting people who are Trans.
- Continue to develop approaches to listening and learning to people from minority ethnic groups (see Outcome 4 below).
- Attend Dundee City Council/Faith in The Community Group when invited to discuss IJB/HSCP Matters.

### Equality Outcome 3

IJB membership will be more diverse and more closely reflect the overall population of Dundee across the following protected characteristics- sex, disability, race, and age.

#### *Key achievements:*

- The required composition of the group of IJB members is set out in the Public Bodies (Joint Working) (Act) 2014. The board must include City Council Elected Members, NHS Tayside Non-Executive Board Members, IJB Chief Officer, IJB Chief Finance Officer, Registered medical practitioners, a Carer Representative, Service User/Patient Representative. The Gender Representation on Public Boards Act 2018 sets a gender representation objective of (at least) 50% women for certain public boards. While the IJB is not legally required to comply with this it is best practice to do so. The current board composition (as of 31 March 2023) met these requirements with 2 male voting members and 4 female voting members.

#### *Next steps:*

- There have been several changes in IJB membership, particularly voting members, over the last two years and therefore the diversity profile of the IJB has been continuously evolving. During 2025 the Dundee IJB will be invited to undertake a voluntary

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

assessment of characteristics and after this an analysis of how reflective the group is of Dundee's population will be undertaken.

- It should be noted that in terms of workforce characteristic monitoring, as DHSCP is not an employer it is not a requirement nor is it possible to produce or publish equality information about its employees. There are around 2,500 people who are directly employed by Dundee City Council and NHS Tayside to deliver DHSCP services and support as well as contracted third and independent sector organisations. The IJB relies on NHS Tayside and Dundee City Council information gathering to learn more about the workforce and work together with them on matters of workforce equality. This limits the ability to have an overall picture as there is not a complete picture of employees of externally contracted services and therefore of the overall balance of the integrated health and social care workforce. Working in partnership with employers will allow us to have some insights over some potential issues, e.g., impact of racism and learn directly from workforce about equality matters and potential issues.

### Equality Outcome 4

The IJB contributes to an improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination in the workplace.

#### *Key achievements:*

- In August 2024 the IJB received a [report](#) that directly addressed workplace discrimination in Dundee, with a particular focus on Race Discrimination. The report highlighted the impacts this is known to have on the workforce across health and social care, in particular the workforce in Care at Home Services and how the IJB might support plans to address this.
- Connections have been made between local officers and relevant national networks and organisations, including attendance at learning and development events. Links have also been made to work being undertaken by the Scottish Social Services Council to develop

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

resources to inform and upskill social workers about anti-racist practice and consideration of how these can be promoted and used within Dundee.

- Connections have been strengthened to the NHS Tayside Employee Network (which is available to NHS and Council employed staff), as an important site through which to gather ongoing feedback about local workforce experiences and regarding anti-discriminatory work being progressed by the corporate bodies.
- The 'Help Tackle Racism' survey from CREAR for the health and social care workforce was actively promoted. Results are not yet available but will be utilised to inform future actions and planning.
- Local learning and development opportunities have been provided, including a Hate Incident, Hate Crime session for 30 colleagues across social care, housing support and employability services, and a Mental Health Foundation session on Engaging with Refugees and Asylum Seekers for 20 colleagues across the health and social care workforce.
- Renfrewshire Health and Social Care Partnership has been identified as an example of a best practice approach to tackling race discrimination, including having developed a policy framework within which to address instances of race discrimination that applies across all employers. Officers supporting the IJB will learn from their work and apply this in Dundee in the future.

### *Next Steps:*

- Seek ways to further develop a zero-tolerance approach to all discrimination for colleagues and service users.
- Progress a multi-agency working group to develop anti-racism actions.
- Contribute to NHS Tayside Anti-Racism Action Plan.

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2023-2025

The IJB is required to review their Equality Outcomes again by April 2027. However, during 2026 they will begin the process of reviewing their Strategic Commissioning Plan (A Plan for Excellence in Health and Social Care in Dundee) and will consider the Equality Outcomes as part of this process.

## Further Examples of Progress in Mainstreamed Equality Work.

These examples sometimes relate to more than one Equality or Fairness Characteristic.

### *Disabled and Older People (age and disability)*

Colleagues, family members and residents of care homes over the past few years have sometimes been isolated from their local communities. Acting on feedback from care homes, Scottish Care sought a way to remind everyone that care homes are still part of the community and for anyone who lives in a care home, that this should never impact on them being able to connect and have connections with their wider communities.

In conjunction with DVVA and the V & A, Dundee we held the Big Tartan Day Out **2 October 2023** when staff and residents come together at the V & A, Dundee to socialise and make connections with each other as well as services that are looking to contact care homes.

The Big Tartan Day Out was the springboard to restarting the Dundee Activity Network that involves care homes and daycare centres from across the city. The aim of this group was to improve the quality of life and physical and mental health and wellbeing of care home residents through offering person-centred meaningful activity which is focused on the needs, interests, and hobbies of residents.

Network members have held get togethers, events and friendly competitions. The Going for Gold Event in Dundee was held in September 2024. The Network worked with staff from Leisure and Culture, Dundee and DVVA. The theme was the 'Dundee Olympics.' In the weeks leading up to the Going for Gold there were preparation activities choosing team names and making banners etc. as well as practicing for taking part in the team events like boccia, football, golf, javelin throw, tennis, cup pong, basketball/netball, ten pin bowling and sport reminiscence.

There was lots of fun and laughter throughout the event which took place in Menzieshill community hub. Each of the participants received an Olympic medal and a certificate of achievement for every care home/daycare who took part.



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### *Women's Hub Video- disability access (sex and disability)*

Dundee Women's Hub is a multi-agency support hub for women impacted by substance use and other disadvantages such as gender-based violence, homelessness, poor mental health, isolation, and trauma. Their main communication source is their Facebook Page. In 2024 videos of how wheelchair users can access their building have been posted.



Click on the image for more information.

### *Boomerang Inclusive Group - Social Group for LGBTQIA+ (disability, gender reassignment and sexual orientation)*

In 2024, the Boomerang Community Centre was awarded Drug and Alcohol Partnership Funding to provide a regular social club in a sober environment for people who identify as LGBTQIA+.

**Boomerang's  
LGBTQIA+ Social Club**  
18+ only  
Saturday 10th August  
2pm-3.30pm

**Come along to  
socialise in a safe sober space, with  
like minded people, build  
connections and make new friends!  
Refreshments provided.**

**Please enter through our accessible  
entrance on Raglan Street, DD4 6NU**

10 Kemback Street, Dundee. DD4 6ET  
Reception 01382 455656  
Scottish Charity SCO47467

Dundee Health & Social Care Partnership  
Protect People in Dundee

## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

### *Project Search (disability, age and fairness)*

DFN (David Forbes-Nixon Family Charitable Foundation) Project SEARCH Ninewells aims to support young people with diverse additional needs into meaningful employment. A partnership between Dundee & Angus College, NHS Tayside and Dundee HSCP has developed a local Project SEARCH initiative which is based at Ninewells Hospital.

The project addresses areas of key skills shortage within NHS Tayside, whilst transforming the lives of the learners and their families. Dundee and Angus College provide a structured, supportive pathway to meaningful employment. Support is highly individualised, with one-on-one training provided for young people who have complex barriers to employment. There is significant support throughout the 36-week programme as well as an extensive aftercare period to ensure sustainability.

An additional benefit of the programme has been a wider recognition of the needs of employees with disabilities, not just those within Project SEARCH. Removing Barriers to Employability. The Project won the SURF Awards for Best Practice in Community Regeneration in 2024 for Removing Barriers to Employability.



### *Community Health Advisory Forum (fairness, disability and sex)*

The Community Health Advisory Forum (CHAF) is a Dundee group who commit to learning about health and wellbeing and undertake health-related groups and activities in their local community. The Community Health Team support the group to meet monthly to share experiences and ideas, hear about local and national developments, and discuss how to take forward action that can help reduce health inequalities. Group members are actively listening to people living in the most disadvantaged local communities to find out what matters to them. Group members support Dundee Health and Social Care Partnership and other organisations to ensure that residents at higher risk of poor health and wellbeing are meaningfully involved in decisions.

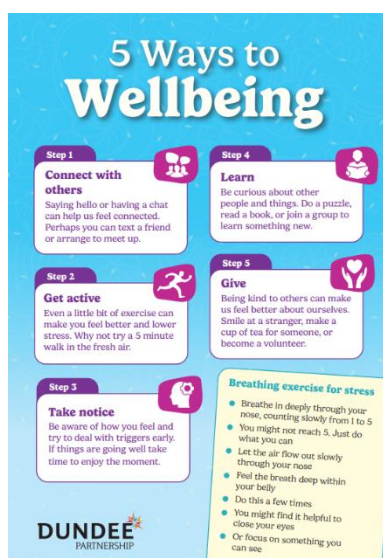
CHAF members undertake an accredited Health Issues in the Community Course, which explores topics such as social justice, democracy, and participation. They are committed to the inequalities agenda and use their own experience in addition to hearing from others. In November 2024, the group organised a city-wide drop-in information event to respond to the findings of the Engage Dundee Survey, which was attended by over 80 people.



## Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025

The CHAF has contributed to several important developments in the city including the Suicide Prevention Delivery Plan, the GP Premises Strategy, the IJB Plan for Excellence, the CLD Plan, and mental health promotion materials.

CHAF members also reviewed the information about services available in general practice in Primary Health Care. Conversations with the public highlighted that many people were unaware of the services available at General Practices. CHAF gave advice about how best provide information on TV screens. The screens are displayed across general practices and community venues in Dundee.



2023/4 CHAF advised using leaflets to share information about wellbeing and co-designed these.

*Supporting school pupils with challenges - MCR Pathways (Motivation, Commitment and Resilience) (fairness, age, disability, sex, gender reassignment, sexual orientation, religion, belief, or lack of religion/belief, and race).*

Colleagues across Dundee HSCP support local pupils to achieve their potential.

MCR Pathways is a national, award-winning mentoring programme dedicated to addressing the inequality in education outcomes, career opportunities and life chances for young people in care and those experiencing disadvantage

HSCP colleagues volunteer to support young people who need it. The young people they support are affected by a significant gap in outcomes compared to their peers. They are not reaching their potential—but mentoring can change that.

Taking time to be a mentor is a voluntary contribution by colleagues to support young people in Dundee.

Mentors give one hour a week to boost confidence, academic performance and open doors to a brighter future. rough no fault of their own, care-experienced, and young people facing challenges are affected by a significant gap in outcomes compared to their peers.



*MAT -Medication Assisted Treatment Charter of Rights (disability, age, sex and fairness)*

Work is progressing locally to realise the National MAT Charter of Rights

The MAT Standards highlight the importance of human rights. There are ten standards which The MAT Standards identify that It is important for the realisation of human rights that people can choose to have care in a primary care setting in local communities. [MAT Standards](#)

MAT7 recognises that not everyone needs specialist services throughout their recovery and people should be able to choose to receive their medication and other support through primary care providers. This includes general practice, community pharmacy and Third Sector organisations. The benefits include patients not having to attend a specialist service so more discrete, reduced travel costs and time to attend appointments; but importantly it is anticipated that individuals with underlying conditions (particularly with an ageing substance use population) will benefit from having an approach that manages wider health problems.

Currently in Dundee there are some of 'test of change' initiatives that support the implementation of MAT7. These are:

- i) General Practice providing care to patients on opioid substitution therapy (OST) who are more stable, known as GP Shared Care.
- ii) General Practice providing care to their patients with substance use issues known as GP Enhanced Shared Care
- iii) General practice providing Holistic Health Checks whereby the practice actively looks to complete an annual health check with their substance use patients.

Using the Charter of Human Rights in Recovery, the project is reviewing the service provision against those rights to ensure it is a right- based, person centred approach being taken, and people are treated with dignity and respect. The work promotes a culture where practitioners support and guide individuals in their recovery and realise their rights and feel empowered in their own lives. Work will continue to progress on the delivery of the MAT Standards.

# MAT Standards

MAT = Medication Assisted Treatment

what  
are  
they?

## 1. Help on the day you ask

Being in treatment is a matter of life and death  
- when people ask for help we should be ready to provide it. Services will bring in new guidance to allow this to either be a prescription when clinically appropriate, or to ensure access to other support from day one.

## 2. Choice

We should all be involved in the decisions that affect our care, after all, it is us that have to live with it. Different medication options that are available will be discussed with people and they will be supported to make the right choice for them.

## 3. Reaching out

Staff contact and follow up with individuals they are concerned about, especially during times of high risk. Support will also be offered when a person's risk factors might be changing - e.g when a person is leaving hospital.

## 4. Harm reduction for everyone

While a person is in treatment and prescribed medication, they are still able to access harm reduction services - e.g needles and syringes, testing for blood-borne viruses, injecting risk assessments, wound care and naloxone. They would be able to receive these from a range of providers - including their treatment service - and this would not affect their treatment or prescription.

## 5. Staying in treatment

People are to be given support to stay in treatment for as long as they like and especially at times when things are difficult for them. All discharges from services should be planned with the person to ensure this is managed safely.

## 6. Improving mental wellbeing

We know that for many people, substances are used as a way to cope with difficult emotions and issues from the past. Services will focus on supporting people to develop positive relationships and new ways of coping as these are just as important as having the right medication.

## 7. Involving GPs & primary care

Not everyone needs specialist services throughout their recovery, and people should be able to choose to receive their medication and other support through primary care providers.

## 8. Meeting everyday needs

To support the whole person not just their drug use, people have the right to ask for support to improve their living circumstances, such as housing and access to their welfare entitlements. Dedicated independent workers will support people to make sure they get what best suits them and that they are treated fairly.

## 9. Treating mental health

People have the right to ask for support with mental health difficulties and to engage in mental health treatment while being supported as part of their drug treatment and care.

## 10. Respecting trauma

This ensures we listen to people and offer the kind of relationship that promotes their recovery, does not cause further trauma or harm, and helps build resilience.

**MIST**

MEDICATION ASSISTED TREATMENT  
IMPLEMENTATION SUPPORT TEAM

[mat standards scotland charter of rights - Search Images](#)

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# Dundee Integration Joint Board Integrated Impact Assessment

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

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

<b>Document Title</b>	Equality Mainstreaming and Equality Outcomes Update Report 2023-2025					
<b>Type of document</b>	Policy		Plan		Other- describe X – Update report	
<b>Date of this Pre-Integrated Impact Assessment Screening</b>	20 February 2025					
<b>Date of last IIA (if this is an update)</b>	n/a					
<b>Description of Document Content &amp; Intended Outcomes, Planned Implementation &amp; End Dates</b>						
The report provides an update on progress made by the Dundee IJB over 2023/24 and 2024/25 in mainstreaming equality and towards implementation of their agreed Equality Outcomes. It is intended to meet the statutory duty to prepare and publish a Mainstreaming Update Report at least every 2 years, and to inform members of the public regarding progress made in this area of work.						
<b>Lead Officer/Document Author (Name, Job Title/Role, Email)</b>						
Joyce Barclay, Senior Officer, Strategic Planning, joyce.barclay@dundeecity.gov.uk						
<b>Officer completing Pre-Integrated Impact Assessment Screening &amp; IIA (Name, Job Title/Role, Email)</b>						
Kathryn Sharp, Acting Head of Service, Strategic Services, kathryn.sharp@dundeecity.gov.uk						
<b>Job Title of colleagues or name of groups who contributed to pre-screening and IIA</b>						
<p><u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</p>						
<b>Can the IJB report and associated papers be described as any of the following?</b> Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					<b>Yes</b>	<b>No</b>
A document or proposal that requires the IJB to take a decision					X	
A major Strategy/Plan, Policy or Action Plan						X
An area or partnership-wide Plan						X
A Plan/Programme/Strategy that sets the framework for future development consents						X
The setting up of a body such as a Commission or Working Group						X
An update to an existing Plan (when additional actions are described and planned)					X	
<b>Will the recommendations in the report impact on the people/areas described below?</b> <b>When the answer is <u>yes</u> to any of the following an IIA <u>must</u> be completed</b>					<b>Y</b>	<b>N</b>
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation					X	
Human Rights. For more information visit: <a href="https://www.scottishhumanrights.com">https://www.scottishhumanrights.com</a> Children's Rights. Visit <a href="https://www.unicef.org/child-rights-convention#learn">https://www.unicef.org/child-rights-convention#learn</a>					X	

## Dundee Integration Joint Board Integrated Impact Assessment

Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.	X	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).	X	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	X	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	X	
Offenders and former offenders	X	
Effects of Climate Change or Resource Use		X
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.		X
Transport, Accessible transport provision; sustainable modes of transport.		X
Natural Environment		X
Air, land or water quality; biodiversity; open and green spaces.		X
Built Environment. Built heritage; housing.		X
<p><b>An IIA is required when YES is indicated at any question in the screening section above.</b></p> <p><b>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</b></p>		
<b>From information provided in Step 1 (Pre-screening) Is an IIA needed?</b>	Y	X N
<b>In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)</b>		
<b>Anticipated Date of IJB</b>	16 April 2025	<b>IJB Report Number</b> XXX
<b>Date IIA completed</b>	20 February 2025	

### STEP 2 -Impact Assessment Record

#### Conclusion of Equality, Fairness and Human Rights Impact Assessment

(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)

The proposed future actions contained within the update report will continue to have a positive impact on people with a range of protected characteristics.

## Dundee Integration Joint Board Integrated Impact Assessment

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
n/a	n/a	n/a	n/a

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

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

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

Age	Explanation, assessment and potential mitigations	
Positive	X	Further actions to support progress towards Equality Outcomes 1, 2 and 3 are likely to have a positive impact on the basis of age.
No Impact		
Negative		
Not Known		
		<p>Equality Outcome 1 has a specific focus on older people and proactively improving the accessibility of key information published by the IJB to this group. This reflects the recognition that the widespread use of digital communication and publication does not meet the needs of older people as well as it does for the rest of the population. 18 % of Dundee's population is aged 65 years or over and 68% of this group have one or more long-term condition that might impact on their communication needs. Publication of information in alternative formats is likely to support better communication with older people and support more effective engagement between them as individuals and as a group with the IJB.</p> <p>Equality Outcome 2 includes a focus on enhancing current arrangements for strategic engagement by the IJB with older people. This is intended to enhance the number and diversity of older people who are actively involved in influencing the strategic planning activities of the IJB. Ensuring that the voice of older people is better placed to inform the plans and decisions of the IJB is likely to improve the effectiveness of the services they commission in the longer-term, including in improving health and wellbeing outcomes for older people.</p>



## Dundee Integration Joint Board Integrated Impact Assessment

		<p>Equality Outcome 3 has a specific focus on the characteristics of members of the Integration Joint Board. Health and social care services support adults of all ages. Although in some service areas, such as care at home, older people make up a significant majority of those people being supported, there are many younger adults and adults of working age who require care and support from community and in-patient services that are part of the delegated functions of the IJB. Having an IJB membership that includes adults of a wider variety of ages would more closely reflect the overall population of Dundee. This has potential positive benefits in ensuring that the needs and views of younger and working age adults have an enhanced voice within IJB membership. In turn it is anticipated that this will lead to an improvement in the effectiveness of services commissioned by the IJB and health and wellbeing outcomes for younger adults and adults of working age.</p>
Disability		Explanation, assessment and potential mitigations
Positive	X	<p>Further actions to support progress towards Equality Outcomes 1 and 3 are likely to have a positive impact for people who have a disability.</p>
No Impact		
Negative		
Not Known		<p>Equality Outcomes 1 has a specific focus on people with a sensory impairment, learning disability of who are BSL users and proactively improving the accessibility of key information published by the IJB to these group. This reflects the recognition that in its current format much of the information published by the IJB does not meet the specific communication needs of these groups. For every 1,000 people living in Dundee just under 25 are blind or have partial sight loss and just under 70 are deaf or have partial hearing loss. Dundee also has the highest population of adults with a learning disability of any local authority area in Scotland (in 2019: 1101 adults over 16, with a further 227 people known to have an autistic spectrum disorder). Although alternative formats can be requested by people, proactive publication of more accessible information would positively impact on communication and support more effective engagement between them as individuals and as a group with the IJB.</p> <p>Equality Outcome 3 has a specific focus on the characteristics of members of the Integration Joint Board. Health and social care services support people with a wide variety of disabilities. Having an IJB membership that includes adults who have a disability would more closely reflect the overall population of Dundee. This has potential positive benefits in ensuring that the needs and views of people who have a disability have an enhanced voice within IJB membership. In -turn this is likely to improve the effectiveness of services commissioned by the IJB and health and wellbeing outcomes for people who have a disability, including carers with a disability.</p>
Gender Reassignment		Explanation, assessment and potential mitigations
Positive	X	<p>Further actions to support progress towards Equality Outcome 2 is likely to have a positive impact on people who have undergone gender reassignment.</p>
No Impact		
Negative		
Not Known		<p>Equality Outcome 2 includes a focus on enhancing current arrangements for strategic engagement by the IJB with queer* people, including people who have undergone gender reassignment. This is intended to enhance the number and diversity of queer people who are actively involved in influencing the strategic planning activities of the IJB. Ensuring that the voice of queer people is better placed to inform the plans and decisions of the IJB is likely to improve the effectiveness of the services they commission in the longer-term, including in improving health and wellbeing outcomes for queer people.</p> <p>*Queer is an umbrella term for people whose sexual or gender identity does not correspond to established ideas of sexuality and gender.</p>



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<b>Marriage &amp; Civil Partnership</b>		<b>Explanation, assessment and potential mitigations</b>
Positive		The Equality Mainstreaming and Equality Outcomes Update report does not contain any specific information impacting on this protected characteristic.
No Impact	X	
Negative		
Not Known		
<b>Pregnancy and Maternity</b>		<b>Explanation, assessment and potential mitigations</b>
Positive		The Equality Mainstreaming and Equality Outcomes Update report does not contain any specific information impacting on this protected characteristic.
No Impact	X	
Negative		
Not Known		
<b>Religion &amp; Belief</b>		<b>Explanation, assessment and potential mitigations</b>
Positive		The Equality Mainstreaming and Equality Outcomes Update report does not contain any specific information impacting on this protected characteristic.
No Impact	X	
Negative		
Not Known		
<b>Race &amp; Ethnicity</b>		<b>Explanation, assessment and potential mitigations</b>
Positive	X	<p>Further actions to support progress towards Equality Outcomes have a potential positive impact on minority ethnic people and communities.</p> <p>Equality Outcomes 1 has a specific focus on people whose first language is not English (the majority of whom are people who are part of a minority ethnic group) and proactively improving the accessibility of key information published by the IJB to this group. This reflects the recognition that in its current format much of the information published by the IJB does not meet the specific communication needs of these groups. Evidence from 2021 Census shows that 12,121 people in Dundee use a language other than English at home. Although alternative formats can be requested by people, proactive publication of more accessible information would positively impact on communication and support more effective engagement between them as individuals and as a group with the IJB.</p> <p>Equality Outcome 2 includes a focus on enhancing current arrangements for strategic engagement by the IJB with people who are part of a minority ethnic group. This is intended to enhance the number and diversity of people from minority ethnic groups who are actively involved in influencing the strategic planning activities of the IJB. Ensuring that the voices of minority ethnic people are better placed to inform the plans and decisions of the IJB is likely to improve the effectiveness of the services they commission in the longer-term, including in improving health and wellbeing outcomes for people from minority ethnic groups.</p> <p>Equality Outcome 3 has a specific focus on the characteristics of members of the Integration Joint Board. Having an IJB membership that includes adults of a wider variety of ethnic origin would more closely reflect the overall population of Dundee. This has potential positive benefits in ensuring that the needs and views of minority ethnic people have an enhanced voice within IJB membership. In -turn this is likely to improve the effectiveness of services commissioned by the IJB and health and wellbeing outcomes for people from minority ethnic groups.</p> <p>Equality Outcome 4 has a specific focus on members of the workforce who are from minority ethnic communities. Recent research in the health and social care sector has demonstrated ongoing experiences of racial discrimination in the workplace. Local intelligence gathered via employee networks has also identified a number of areas for improvement in terms of supporting the minority ethnic workforce and actively challenging discrimination. The IJB has an important leadership role in supporting this change. This active is targeted to further reduce experiences of discrimination and harassment and to improve workplace health and wellbeing for this group of staff.</p>
No Impact		
Negative		
Not Known		

## Dundee Integration Joint Board Integrated Impact Assessment

<b>Sexual Orientation</b>		<b>Explanation, assessment and potential mitigations</b>
Positive	X	<p>Further actions to support progress towards Equality Outcomes 2 is likely to have a positive impact in relation to sexual orientation</p> <p>Equality Outcome 2 includes a focus on enhancing current arrangements for strategic engagement by the IJB with LGBTQ+ people. This is intended to enhance the number and diversity of LGBTQ+ people who are actively involved in influencing the strategic planning activities of the IJB. Ensuring that the voices of LGBTQ+ people are better placed to inform the plans and decisions of the IJB is likely to improve the effectiveness of the services they commission in the longer-term, including in improving health and wellbeing outcomes for LGBTQ+ people.</p>
No Impact		
Negative		
Not Known		
<b>Sex</b>		
Positive	X	<p>Further actions to support progress towards Equality Outcome 3 is likely to have a positive impact in relation to sex.</p> <p>Equality Outcome 3 has a specific focus on the characteristics of members of the Integration Joint Board. Having an IJB membership that includes a 50/50 sex balance would more closely reflect the overall characteristics of the population of Dundee. This has potential positive benefits in ensuring that the needs and views of both males and females have a voice within IJB membership. In -turn this is likely to improve the effectiveness of services commissioned by the IJB and health and wellbeing outcomes for people of both sexes.</p>
No Impact		
Negative		
Not Known		
<p><b>Describe any Human Rights impacts not already covered in the Equality section above.</b>  <b>Describe any Children's Rights impacts not covered elsewhere in this record.</b></p>		
None		

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

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

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

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
<b>Strathmartine</b> (Ardler, St. Mary's & Kirkton)		X		
<b>North East</b> (Whitfield, Fintry & Mill O'Mains)		X		
<b>Lochee</b> (Lochee Beechwood, Charleston & Menzieshill)		X		

## Dundee Integration Joint Board Integrated Impact Assessment

<b>Coldside</b> (Hilltown, Fairmuir & Coldside)		X		
<b>East End</b> (Mid Craigie, Linlathen & Douglas)		X		
<b>Maryfield</b> (Stobswell & City Centre)		X		
<b>Other areas in Dundee</b> (not CRA but individual/households still might be impacted by Fairness issues)				
<b>West End</b>		X		
<b>The Ferry</b>		X		
<b>Description of impacts on Fairness-</b> Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
No specific impacts associated with individual geographic localities have been identified in relation to the IJB Equality Outcomes				

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

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

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

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive	X	By their association with older people and people with a disability in particularly there could be some positive indirect impacts on unpaid carers in relation to further planned progress towards Equality Outcomes 1, 2 and 3.  As described above the implementation of these outcomes has a focus on enhancing the ability of the IJB to understand the needs of older people and people with a disability more fully, and subsequently to commission services that more
No Impact		
Negative		
Not Known		

## Dundee Integration Joint Board Integrated Impact Assessment

		effectively meet their needs and improve their outcomes. This is likely to in-turn also have a positive impact on unpaid carers who provide care and support.
		Given that it is known that most unpaid carers in Dundee are female and aged 50 and over, any positive impact on carers is also likely to be most beneficial to these protected groups.
<b>Lone Parent Families/Single Female Parent Household with Children</b>		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
<b>Households including Young Children and/or more than 3 children</b>		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
<b>Retirement Pensioner (s)</b>		
Positive	X	Equality Outcomes 1 and 2 for older people.
No Impact		<p>Equality Outcomes 1 has a specific focus on older people and proactively improving the accessibility of key information published by the IJB to this group. This reflects the recognition that the widespread use of digital communication and publication does not meet the needs of older people as well as it does for the rest of the population. 18 % of Dundee's population is aged 65 years or over and 68% of this group have one or more long-term condition that might impact on their communication needs. Publication of information in alternative formats is likely to support better communication with older people and support more effective engagement between them as individuals and as a group with the IJB.</p> <p>Equality Outcome 2 includes a focus on enhancing current arrangements for strategic engagement by the IJB with older people. This is intended to enhance the number and diversity of older people who are actively involved in influencing the strategic planning activities of the IJB. Ensuring that the voice of older people is better placed to inform the plans and decisions of the IJB is likely to improve the effectiveness of the services they commission in the longer-term, including in improving health and wellbeing outcomes for older people.</p>
Negative		
Not Known		
<b>Serious &amp; Enduring Mental Health Conditions</b>		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
<b>Homeless (risks of Homelessness)</b>		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
<b>Drug and/or Alcohol issues</b>		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
<b>Offenders and Former Offenders</b>		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		

## Dundee Integration Joint Board Integrated Impact Assessment

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

Explanation, assessment and any potential mitigations		
<b>Personal/Household Income.</b> (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
<b>Fuel Poverty-</b> household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
<b>Earnings &amp; employment</b> -including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
<b>Connectivity / Internet Access/ Digital Skills</b>		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
<b>Health (including Mental Health)</b> Specifically consider any impacts to <b>Child Health</b>		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
<b>Life expectancy</b>		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
<b>Healthy Weight/Weight Management/Overweight / Obesity</b>		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	
Negative		
Not Known		
<b>Neighbourhood Satisfaction</b> -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		No specific impacts have been identified for this fairness group.
No Impact	X	

## Dundee Integration Joint Board Integrated Impact Assessment

Negative		No specific impacts have been identified for this fairness group.
Not Known		
<b>Transport</b> (including accessible transport provision and sustainable modes of transport)		
Positive		
No Impact	X	
Negative		
Not Known		
<b>NOW COMPLETE THE CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2</b>		

<b>Environment- Climate Change</b>		
<b>Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change</b>		
Positive		No specific impacts have been identified for this factor.
No Impact	X	
Negative		
Not Known		
<b>Resource Use</b>		
<b>Energy Efficiency and Consumption</b>		
Positive		No specific impacts have been identified for this factor.
No Impact	X	
Negative		
Not Known		
<b>Prevention, Reduction, Re-use, Recovery, or Recycling of Waste</b>		
Positive		No specific impacts have been identified for this factor.
No Impact	X	
Negative		
Not Known		
<b>Sustainable Procurement</b>		
Positive		No specific impacts have been identified for this factor.
No Impact	X	
Negative		
Not Known		
<b>Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces</b>		
Positive		No specific impacts have been identified for this factor.
No Impact	X	
Negative		
Not Known		
<b>Built Environment - Housing and Built Heritage</b>		
Positive		No specific impacts have been identified for this factor.
No Impact	X	
Negative		
Not Known		

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

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

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

## Dundee Integration Joint Board Integrated Impact Assessment

### Strategic Environmental Assessment

#### Statement 1

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

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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#### Statement 2

Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Use the <a href="#">SEA flowchart</a> to determine whether this plan or proposal requires SEA.
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**If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)**

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

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

**End of Impact Assessment Record.**

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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 16 APRIL 2025

**REPORT ON:** STATUTORY REVIEW OF A CARING DUNDEE 2

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB32-2025

## **1.0 PURPOSE OF REPORT**

- 1.1 To update the Integration Joint Board on the findings of the statutory review of a Caring Dundee 2 carried out by the Dundee Carers Partnership.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the work undertaken by the Dundee Carers Partnership, supported by the Strategic Planning Advisory Group, to progress the statutory review of A Caring Dundee 2.,
- 2.2 Complete the statutory review of the Dundee Local Carer Strategy (a Caring Dundee 2) required under Section 33 of the Carers (Scotland) Act 2016 by approving the Carers Partnership recommendation to revise A Caring Dundee 2 during 2025/26.
- 2.3 Approves the recommendation that a revised version of the Short Breaks Service Statement is developed during 2025/26.
- 2.4 Instructs the Chief Officer to provide a final report to the IJB with the revised documents by no later than 31<sup>st</sup> October 2025.
- 2.5 Note that until such times as a revised strategy and Short Breaks Service Statement have been produced, submitted and approved that the current strategy and policy will remain in place and continue to direct the work of the Partnership.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 In October 2024, a report to the IJB advised of plans for the Statutory Review of 'A Caring Dundee 2', the local carers strategy (article XIII of the minute of the meeting of the Dundee Integration Joint Board held on 23 October 2024 refers). The IJB noted that there is a requirement, under Section 33 (3) of the Carers (Scotland) Act 2016, to carry out a statutory review of A Caring Dundee 2 by 21 April 2025. A planned approach and timescale for completion of the statutory review of A Caring Dundee 2 was agreed, and the Chief Officer was instructed to bring forward a report setting out the recommendations of the statutory review of

A Caring Dundee not later than 21 April 2025. The work to review the strategy was to be led by Dundee Carers Partnership and supported by the Strategic Planning Advisory Group.

- 4.1.2 The Carers (Scotland) Act 2016 introduced a duty, under Section 31 (1), for each local authority and health board to jointly prepare a local carer strategy. This duty and other associated duties under Part 5 of the Act were subsequently delegated to Integration Authorities under the Public Bodies (Joint Working) (Scotland) Act. Dundee's first Carers Strategy was approved by the IJB October 2017 (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 31 October 2017 refers), with the current strategy, *A Caring Dundee 2: A strategic plan for working alongside, supporting, and improving the lives of carers in Dundee 2021-2024*, having been approved by the IJB in October 2021 and published in April 2022 (Article XIII of the minute of the meeting of the Dundee Integration Joint Board held on 27 October 2021 refers).
- 4.1.3 The Act, and related regulations, also place a duty on Integration Authorities to review their statutory carers strategy at least once every three-years (sections 33 (3) and (4)) and to subsequently either prepare a revised strategy or to publish a statement that the strategy is not to be revised (sections 33 (6) and (7)). There is therefore a statutory requirement that 'A Caring Dundee 2' is reviewed prior to 21 April 2025 (three-years following the date it was published) and that subsequent to this, appropriate actions are taken under sections 33 (6) and (7) of the Act. That statutory review must include opportunities for consultation with persons and bodies representative of carers (Section 31 (4)).

## 4.2 Statutory Review Process

- 4.2.1 The Dundee Carers Partnership is co-chaired by Dundee Health and Social Care Partnership and Dundee Carers Centre and draws membership from a range of statutory and third sector organisations, as well as including representatives of carers. It leads partnership work in relation to carers of all ages, including young carers, supported by the IJB's Strategic Planning Advisory Group. As part of their strategic planning role, the Carers Partnership developed a plan to ensure that the statutory review of A Caring Dundee 2 is completed within the required timescale (Appendix 1).
- 4.2.2 The following key steps in the statutory review process have been achieved by the Carers Partnership:
- Analysis of published National, regional, and local documents and information relevant to carers since 2021.
  - Collation and analysis of data, including strategic needs information and performance data; this continues to be progressed through a full update against the Carers Partnership Delivery Plan and of the Carers Strategic Needs Assessment. As this progresses it will include relevant data including increasing health and social care needs across the population.
  - Evaluation of information regarding social and financial inclusion of Dundee's population and carers in Dundee, including information from the recent Engage Dundee survey, the Carers Winter Fund and wider evidence about employability and the impact of changes to social security arrangements over recent years (specifically, changes to disability and carers benefits).
  - Assessment and strengthening of the interfaces with Dundee City Council Children and Families and Communities Service, with a view to enhancing understanding of the needs of young carers and wider communities.
  - Published the Carers Partnership Involvement Framework and implementing specific activities in the context of the statutory review of the plan.
  - Gathered further information about the impact of the Dundee Carers Charter.

- Analysis of the suitability of the Short Break Service Statement for consideration whether or not this remains fit-for-purpose or requires to be reviewed or replaced.
- Developing ways to gather data and information regarding Carers eligibility criteria / replacement care and self-directed support.

4.2.3 The Carers Partnership has made considerable progress towards achieving the Strategic Outcomes set out in a Caring Dundee through completing and delivering actions recorded in the Carers Strategy Delivery Plan. Progress is recorded in the delivery plan and analysed through a regular assurance report provided to the Carers Partnership. Qualitative and quantitative information has supported analysis of the impact of the planned actions. Work has continued to record and analyse data about carers in Dundee and across Scotland. The information has been recorded as a dataset document. It is anticipated that this information will be used for future planning purposes and will be available in a Strategic Needs Assessment Format for IJB when complete.

#### 4.3 **Involvement Framework**

4.3.1 The Carers Partnership finalised its Involvement Framework in August 2024. This is a framework designed to actively promote engagement and participation of Carers in Dundee. The framework supports involvement of carers of all ages, from varied backgrounds, caring for a diverse range of people. The framework recognises that engagement and participation methods need to take account of individual circumstances and the issues being considered. Further information about carer involvement and the Carers Partnership Involvement Framework can be found at: <https://carersofdundee.org/carers-involvement/>.

4.3.2 Within the context of the overall Involvement Framework, the Carers Partnership has identified the following opportunities as being key to successful involvement of stakeholders in the statutory review process and future development of the strategy:

- Continued use of the Involvement Page on Carers of Dundee website to inform people of the statutory review and opportunities for involvement, including directed links to digital opportunities.
- Further engagement with young carers and parent carers, supported by Children and Families Services and Young Carers service.
- Survey of the workforce in Partnership and partner agencies, this will include information that we recognise that some workforce members will themselves be carers for family members, friends etc.
- Carers discussion groups and support services continue to be provided on a locality basis with improved links to existing locality planning and involvement groups, such as Local Community Planning Partnerships, Health and Wellbeing Networks and the Community Health Advisory Forum.
- A public facing survey.
- Targeted engagement with age, health, and disability groups and with individuals and organisations representing people with protected characteristics.

#### 4.4 **National, Regional, and Local Developments**

4.4.1 As part of their planning for the statutory review the Carers Partnership has identified a number of significant national and local planning and policy developments that have taken place since A Caring Dundee was published in 2022. These include:

##### **National Developments**

- The publication of the National Carers Strategy with a focus on social and financial inclusion; the impact of COVID; acknowledgement of demographic pressures; intensive caring; and deprivation (<https://www.gov.scot/publications/nationalcarers-strategy/>).
- The introduction of National Care Service Bill, in particular a proposed statutory right to breaks from caring.
- Scottish Children's Rights legislation passed and enacted.
- The introduction of Scottish Carer Support Payment replacing Carers Allowance in 2024.
- Carers Act Implementation monies ending.
- Development of the Scottish Human Rights Bill.
- Introduction of employees up to 5 days Unpaid Carers Leave.

#### **Local Developments:**

The introduction of the:

- IJB Plan for Excellence in Health and Social Care in Dundee.
- Tayside Plan for Children, Young People and Families 2023-26.
- City Plan for Dundee 2022-2032.
- Council Plan 2022-2027.

These changes within the wider planning and policy context have had significant implications for carers in Dundee and across Scotland. The Carers Partnership recognises that the strategy needs to be revised and updated to reflect these developments, as well as other factors identified through the range of activities that have been undertaken.

## **4.5 Progress Against Current Delivery Plan**

- 4.5.1 A Caring Dundee 2 has guided the work of the Carers Partnership to sustain and improve services and supports for carers living and working in the local area. Dundee Carers Partnership continues to take a collaborative and innovative approach to developing services and supports for carers within the framework of the existing strategy.

The Delivery Plan contains many completed actions, this has included:

- The development of a Communication and Involvement sub-group, which has facilitated the Carers of Dundee Involvement page and Carers Involvement Framework. This has supported further development of an involvement culture ensuring that the voices of carers are sought, heard, and acted upon to enhance carer outcomes.
- Increasing the uptake of the Local Carers Charter, working alongside employers to identify and support carers in the workplace.
- Developing and delivering ways to work with more employers including using Local Carers Charter to facilitate support to employees in a caring role, offering flexible working arrangements.
- Delivering Carers of Dundee Awareness Campaign during National Carers Week and TV advertising campaign (short bursts throughout 2022/23).

- Providing a range of learning opportunities for carers and those who work with carers including providing information in accessible formats.
- Partnership working to analyse current provision and decide on future provision. This has included:
  - Testing (and not continuing) a Participatory Budget Approach.
  - Reviewing how carers are supported to advocate for themselves (and concluding that specific Independent Advocacy Provision should continue to be available only for carers who meet other Independent Advocacy criteria and priorities).
  - Providing Carers Winter Assistance Fund and consider potential future delivery (unable to provide after 3 years)
  - Reviewing Carers Interest (Workforce) Network (suspended 2022).
- After evaluation it was agreed that support continue for other recent developments which including support the Listening Service and the Bereavement service, Carers Counselling, Health Checks for all carers including young carers.
- Continued work in the personalisation agenda and Adult Carer Support Planning with increased the appropriate uptake of Adult Carer Support Plans.
- Work to increase respite provision helping to ensure ability to maintain caring role.
- Young Carer developments include supporting young carer ambassadors and in college Carer ambassadors; maintaining Young Carers Voice; and delivering dynamic Annual Young Carer Action Days.

4.5.2 Considerable data and information had been collected that supports the Carers Partnership to plan for carers in Dundee. The information that is available is structured in a way that allows the Carers Partnership to consider the extent to which the Strategic Outcomes have been achieved. The table below provides an extract of some of the key information:

	Nov-19	Dec-22	Mar-24
Total number of Carers in Dundee *estimate	19,130	18,920	18,920
Total number of Carers in Dundee - adults *estimate		18,178	18,178
Total number of Carers in Dundee - young carers *estimate		717	717
Total number of Carers in Scotland *estimate	690,000	696,000	696,000
Total number of Carers in Scotland - adults *estimate		668,000	668,000
Total number of Carers in Scotland - young carers *estimate		28,000	28,000
		Sep-22	Oct-23
Percentage of carers feel they are able to access a range of information and advice (Scotland)		68%	78%
<b>Outcome Information (from carers who accessed Carer Centre)</b>	21/22	22/23	23/24
I feel my health and wellbeing has increased as a result of receiving support	98%	94%	

I feel more confident and able to care as a result of receiving support	97%	93%
I feel I have experienced reduced isolation	85%	80%

#### 4.5.3 Current priority areas of work for the Carers Partnership include:

- Continuing to promote, celebrate and support young carers involvement work, which enables young carers in the city to have their voice heard, ensuring participation and involvement with the Carers Partnership work carried out over the past five years.
- Recording carers involvement information across local planning and delivery activity from a range of partners on [www.carersofdundee.org](http://www.carersofdundee.org).
- Increasing the numbers of carers who choose to accept Adult Carer Support Plans, with a view to offering replacement care when appropriate and providing a choice of options, including care at home and support away from home.
- Supporting Self-Directed Support (SDS) development work to enhance carer outcomes, reduce barriers to accessing SDS and increase local uptake of Options 1 and 2 for carers and for the people they support.
- Enhance carer involvement in hospital discharge, to address requirements of section 28 of the Carers (Scotland) Act 2016.
- Completing a review of the current Carers 'Strategic Needs Assessment' information and produce data relating to the Delivery Plan and stated outcomes in A Caring Dundee 2 to inform future planning.
- Further analysis of the suitability of the Short Break Service Statement; including considering whether or not this is still fit-for-purpose or requires to be reviewed or replaced.

#### 4.6 Information from Carers and Stakeholders

4.6.1 The Carers Strategy Consultation and Involvement Sub-Group has led the involvement work and has met on a six weekly basis to discuss options, plans and share updates. The group has recognised that informal feedback has shaped involvement as well as formal planned involvement activities. The individuals representing agencies who attended the sub-group gave regular updates on information from carer support work and activities undertaken in partnership such as the Triangle of Care work in Hospitals.

4.6.2 More formal information gathering began on 25<sup>th</sup> October 2024 at the Dundee Carers Centre AGM, the existing strategic outcomes were shared (with over 60 stakeholders and carers) and information given about progress so far. Discussions with carers and stakeholder continued throughout November, December and January 2025 including hearing from a carer by email; an interview with a member of the workforce; visits to Care at Home, Day Care and Care Home Providers forums (50) as well as the Launch of the Involvement Framework on Carers Rights Day (30) and visits to 4 Carers Connecting Carers Cafes (45). The IJB Carers Representative and the Carer Centre Chief Executive were heavily involved in listening and feeding back responses.

One Carer reflected that '*Strategies, procedures and principles are good. People are better.*' They praised the workers who gave support via groups. Managed Peer support is really helpful. In particular joint working by Carers agencies and organisations who support people who have care and support needs.

4.6.3 The Strategic Outcomes were seen as valid by those who commented, but the actions to deliver these needed revised and refreshed. Points to note were:

- Some thought the next strategy should be longer and others thought a 3-year Carer strategy might be long enough, or could be longer with 3-year review.
- The Partnership need to simplify information for Carers and look at how to better share info to the older generation. Citizens advice type service for carers would maybe help.
- Could we consider volunteers (with carer background) to provide peer support and contacts?
- Carer finances and risk of poverty were a major concern including long term carers whose finances were poor during working life, and this has implications for retirement. Concerns raised re: ending of winter fund and older people's government fuel payment.
- We need to protect Carers own mental wellbeing, the impact of caring on mental wellbeing and potential longer-term impacts.
- There is a need to look at carers as part of the family and whole family approach (not only for those with under 16's in household).
- Identification of carers – if not identified early enough they are not advised at an early stage of the rights of being a Carer, not included in conversations for cared for person. Could Primary Care Practitioners and General Practice Receptionists help with Carer identification?
- Advice & Information - difficulty in finding information, conflicting information between professionals, desire for 'one stop shop'.
- Discharge from hospital- Dundee has done some great work in making sure people leave hospital as early as possible. This can mean that sometimes their carer has not had sufficient preparation for their return home and transfer of care. Carers may identify that more help is needed after the person returns home. When a person moves to a Care Home, the carer needs support re changing financial situation, housing situation and sharing history of person (sometimes including what has been happening with persons care immediately prior to discharge).

#### Services To Support Those They Care For

- Carers say there are waiting lists for everything.
- Carers in their 80s and 90s are seeking help to look after someone else and can be quite distressed

#### Replacement Care

- Lack of replacement care is preventing carers accessing their own health treatments and surgery etc.
- For many carers respite planned dates are often not possible and having a recuperative (or even essential) activity often needs planning.
- Regarding Older People care concerns raised about lack of availability of suitable regular planned relief/respite care and ongoing support including carer having a short break).
- Cost and means testing of care/respite/replacement care is a concern for many.

- Limited lack of day support services (e.g. young adults with learning disabilities).
- Carers of children are referred to Carer Services via the “FORT” Referral system. Family needs can be much more complex and continued signposting is not helping some intense, chaotic, difficult family circumstances which may benefit more from a whole family therapeutic approach.
- Young people in Transition to Adult Life is an incredibly challenging period for carers. Some Carers report a lack of information and / or information that is contradictory

#### **4.7 Outcome of the Statutory Review Process**

- 4.7.1 Based on all of the information available to them, summarised in this report, the Carers Partnership recommends to the IJB that both A Caring Dundee 2 and the Short Breaks Service Statement are revised and updated. Key steps in the process would include:

##### **A Caring Dundee 2**

- Carers Partnership to consider Evidence, Data and Information about local carers to support future planning for Carers.
- Carers Partnership along with local carers revise Strategic Outcomes to ensure they reflect current circumstances, legislation and policy.
- Plan further work to revise and add actions to the Carers strategy Development Plan, adding new actions and completing or closing outstanding ones. This will take account of any none and anticipated risks to delivery, including financial pressures.
- Carers Partnership to look further into circumstances, views and needs of Young Carers.
- Carers Partnership to work collaboratively with Health and Social Care Partnership/Children’s services colleagues to explore support available for parents/carers of children with additional support needs.
- Carers Partnership to explore further support of young carers to adult caring roles and families where a young person with support needs is transitioning to adult life.

##### **Short Breaks Service Statement**

- Carers Partnership to review local Short Break Services Statement to reflect up-to-date information about short breaks/respite/replacement care.
- Carers Partnership to work collaboratively with Health and Social Care Partnership/Children’s services colleagues in Care and Assessment and in Strategic Planning and Commissioning Groups in Dundee.
- Carers Partnership to consider a Needs Assessment short breaks/ respite/ replacement care and how best to manage support for carers that meets carers needs as well as the needs of those they support.

#### **5.0 POLICY IMPLICATIONS**

- 5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact



Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

## 6.0 RISK ASSESSMENT

This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

<b>Risk 1 Description</b>	Strategic planning and commissioning does not fully reflect the health and social care needs and preferences of the population and is therefore less effective in terms of impact on health and social care outcomes.
<b>Risk Category</b>	Financial, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High risk level)
<b>Mitigating Actions</b> (including timescales and resources )	The Plan has been co-produced with carers and a range of stakeholders to improve the likelihood that actions planned will deliver desired outcomes. The production of a detailed delivery plan and performance measures will support successful implementation. An annual performance review will enable any areas of concern to be identified and adjustments made in partnership with carers and other stakeholders. Scottish Government Carers Act implementation monies has been invested by the Carers Partnership, with approval of the IJB, to target areas identified as a priority within the plan.
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is Low risk level)
<b>Approval recommendation</b>	Given the impact of mitigating actions to reduce to the level of planned risk it is recommended that the risk should be accepted.

## 7.0 CONSULTATIONS

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

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

9.1 None

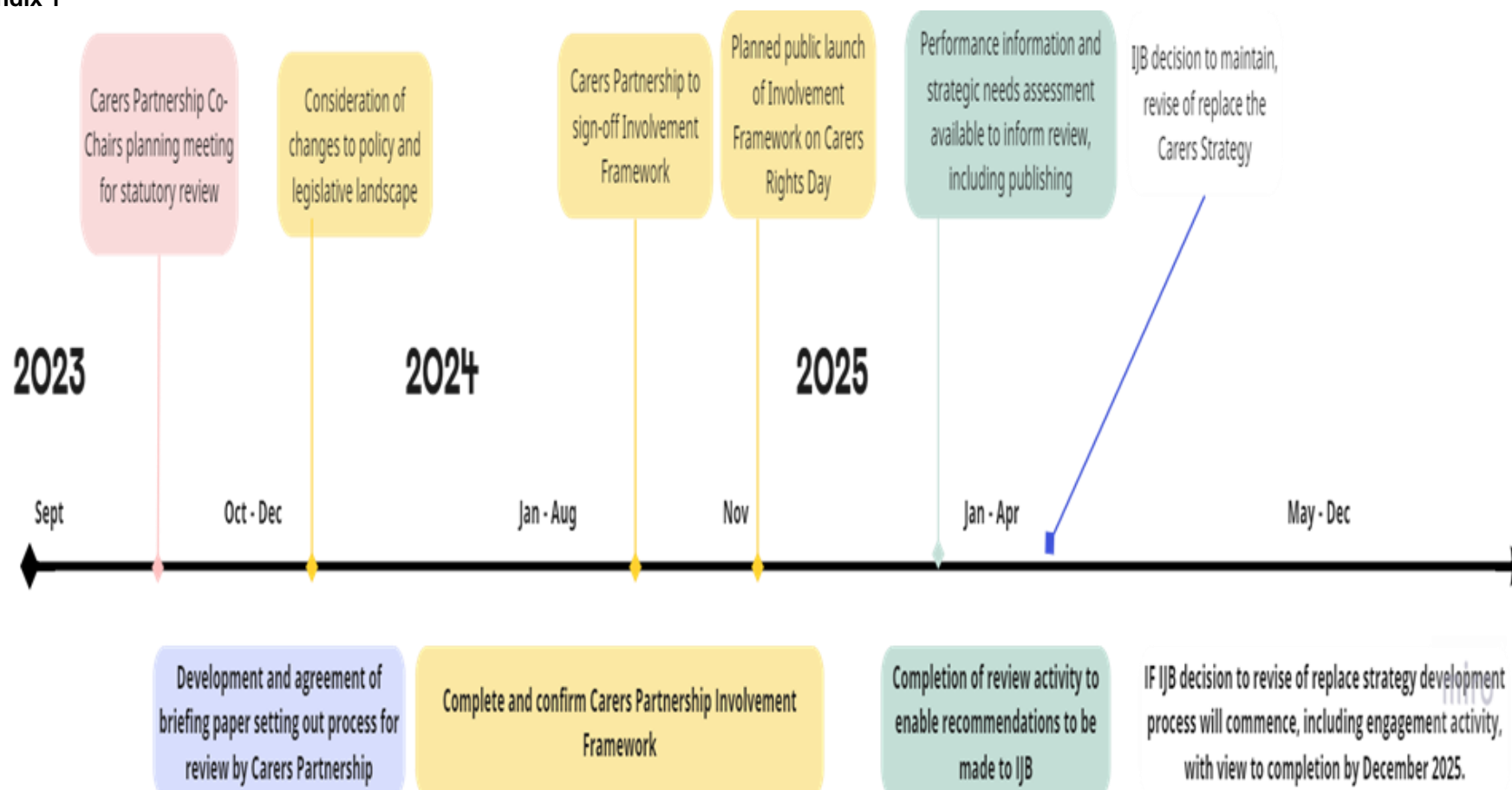
Dave Berry  
Acting Chief Officer

DATE: 28 March 2025

Angie Smith  
Acting Head of Health and Community Care Services

Joyce Barclay,  
Senior Officer, Strategic Planning

## Appendix 1



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## Dundee Integration Joint Board Integrated Impact Assessment

There are 2 steps in this Integrated Impact Assessment process. **Step 1** is a pre-assessment screening tool which should be completed for every IJB report. **Step 2** is the Integrated Impact Assessment to be completed when screening has indicated that IIA is required.

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

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

<b>Document Title</b>	<b>A CARING DUNDEE 2 – STATUTORY REVIEW</b>						
<b>Type of document</b>	Policy		Plan	X	Other- describe	n/a	
<b>Date of this Pre-Integrated Impact Assessment Screening</b>	03/04/2025						
<b>Date of last IIA (if this is an update)</b>	11/10/21						
At date of last IIA impact recorded as:							
Age:	Positive		Race/Ethnicity:	Positive			
Disability:	Positive		Religion or Belief:	Positive			
Gender Reassignment:	No Impact		Sex:	Positive			
Marriage and Civil Partnership:	No Impact		Sexual Orientation:	No Impact			
Pregnancy and Maternity:	No Impact		Fairness and Poverty;	Positive or No impact			
<b>Description of Document Content &amp; Intended Outcomes, Planned Implementation &amp; End Dates</b>							
The purpose of this report is to seek approval to revise our carers strategy - A Caring Dundee 2. The Carers Partnership recommend a series of actions to consolidate work on and update the delivery plan, update data / information regarding / understanding of the views of local carers and to revise the current strategy and short breaks service statement.							
<b>Lead Officer/Document Author (Name, Job Title/Role, Email)</b>							
Angela Smith, Interim Head of Service, Health and Community Care / Co-Chair, Dundee Carers Partnership Neil Campbell Chief Officer Dundee Carers Centre/Co-Chair, Dundee Carers Partnership							
<b>Officer completing Pre-Integrated Impact Assessment Screening &amp; IIA (Name, Job Title/Role, Email)</b>							
Angela Smith Interim Head of Health & Community Care DHSCP							
<b>Names of colleagues or groups who contributed to pre-screening and IIA</b>							
Carer's Partnership,							
<b>Note-</b> some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of a report or decision made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.							
<b>Can the IJB report and associated papers be described as any of the following?</b> Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed. Submit a response for all on Pages 1 and 2.						<b>Yes</b>	<b>No</b>
A document or proposal that requires the IJB to take a decision						x	
A major Strategy/Plan, Policy or Action Plan							x

## Dundee Integration Joint Board Integrated Impact Assessment

An area or partnership-wide Plan		X
A Plan/Programme/Strategy that sets the framework for future development consents		X
The setting up of a body such as a Commission or Working Group		X
An update to an existing Plan (when additional actions are described and planned)		X

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

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

<b>From information provided in Step 1 (Pre-screening) Is an IIA needed?</b>	Y	x	N	
<b>When IIA is required describe planned monitoring and review of IIA with dates</b>				
No IIA Completed at this stage as the report submitted does not contain any recommendations that require the IJB to make a decision, but it is anticipated that an IIA will be provided when the report				

## Dundee Integration Joint Board Integrated Impact Assessment

detailing the outcomes and recommendations of the statutory review is submitted (which will include a requirement for the IJB to make a decision to conclude the review process).

<b>Anticipated Date of IJB</b>	16/04/2025	<b>IJB Report Number</b>	DIJB32-2025
<b>Date Step 1 of IIA completed</b>	03/04/2025		

## Dundee Integration Joint Board Integrated Impact Assessment

Complete Step2 only when IIA is needed

### STEP 2 -Impact Assessment Record

#### Conclusion of Equality and Fairness Impact Assessment

*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

The proposal to review both the Carers Strategy and the Short Breaks Statement has no direct impact on any equality or fairness groups at this time. At this stage the recommendation to the IJB is to make a decision in conclusion of the statutory review process, and will have no immediate direct or indirect impacts in terms of policy, strategy or service delivery. Should the IJB agree the recommendation, at the point at which the revised strategy and statement are completed and submitted for approval a further IIA will be undertaken to assess the likely impacts on equality and fairness groups.

#### Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
October 2024 – January 2025	Statutory review of the current strategy A Caring Dundee 2. <ul style="list-style-type: none"> <li>• Analysis of published national, regional &amp; local documents</li> <li>• Collation and analysis of data</li> <li>• Evaluation of information regarding social and financial inclusion</li> <li>• Gathered information on the impact of the Dundee Carers Charter</li> <li>• Analysis of the suitability of the Short Breaks Service Statement</li> <li>• Direct engagement with carers and carer representatives</li> </ul>	Carer's Partnership	Senior Officer Strategy & Performance



## Dundee Integration Joint Board Integrated Impact Assessment

**STEP 2- Impact Assessment Record** (continued) **Equality, Diversity & Human Rights** – Mark **X** in all relevant boxes. *When assessing impacts throughout this record a **brief explanation is required** and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.*

*(If choosing 'not known' identify if further research is needed and if not, why not.)*

Age		Explanation, assessment and potential mitigations
Positive		The current strategy has had positive outcomes for carers increasing the number of people across all age groups access to supports and information. Adult carers support plans uptake has increased and SDS options for carers has been implemented alongside the waiving of fees where appropriate. The existing strategy will remain in place until such times as a revised strategy has been prepared and approved and it is therefore anticipated that the recommendation to conclude the statutory review by agreeing a revision of the strategy and short breaks statement will have no immediate direct or indirect impact on either older or younger carers or cared for people.
No Impact	X	
Negative		
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive		The current strategy has had positive outcomes for carers increasing the number of people across all age groups access to supports and information. Adult carers support plans uptake has increased and SDS options for carers has been implemented alongside the waiving of fees where appropriate. The existing strategy will remain in place until such times as a revised strategy has been prepared and approved and it is therefore anticipated that the recommendation to conclude the statutory review by agreeing a revision of the strategy and short breaks statement will have no immediate direct or indirect impact people with a disability (either unpaid carers or cared for person).
No Impact	X	
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Race		Explanation, assessment and potential mitigations
Positive		The current strategy has had positive outcomes for carers increasing the number of people across all age groups access to supports and information. Adult carers support plans uptake has increased and SDS options for carers has been implemented alongside the waiving of fees where appropriate. The existing strategy will remain in place until such times as a revised strategy has been prepared and approved and it is therefore anticipated that the recommendation to conclude the statutory review by agreeing a revision of the strategy and short breaks statement will have no immediate direct or indirect impact people from different ethnic groups.
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		

## Dundee Integration Joint Board Integrated Impact Assessment

Not Known		
<b>Religion &amp; Belief</b>		<b>Explanation, assessment and potential mitigations</b>
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
<b>Sex</b>		<b>Explanation, assessment and potential mitigations</b>
Positive		The current strategy has had positive outcomes for carers increasing the number of people across all age groups access to supports and information. Adult carers support plans uptake has increased and SDS options for carers has been implemented alongside the waiving of fees where appropriate. The existing strategy will remain in place until such times as a revised strategy has been prepared and approved and it is therefore anticipated that the recommendation to conclude the statutory review by agreeing a revision of the strategy and short breaks statement will have no immediate direct or indirect for either female or male carers or cared for people.
No Impact	X	
Negative		
Not Known		
<b>Sexual Orientation</b>		<b>Explanation, assessment and potential mitigations</b>
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
<b>Describe any Human Rights impacts not already covered in the Equality section above.</b>		
None at this time. Will be assessed again when revised strategy and short breaks statement are submitted for approval.		

## Dundee Integration Joint Board Integrated Impact Assessment

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

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

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

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
<b>Strathmartine</b> (Ardler, St. Mary's & Kirkton)		X		
<b>North East</b> (Whitfield, Fintry & Mill O'Mains)		X		
<b>Lochee</b> (Lochee Beechwood, Charleston & Menzieshill)		X		
<b>Coldside</b> (Hilltown, Fairmuir & Coldside)		X		
<b>East End</b> (Mid Craigie, Linlathen & Douglas)		X		
<b>Maryfield</b> (Stobswell & City Centre)		X		
<b>Other areas in Dundee</b> (not CRA but individual/households still might be impacted by Fairness issues)				
<b>West End</b>		X		
<b>The Ferry</b>		X		
<b>Description of impacts on Fairness-</b> . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
<p>The current strategy has had positive outcomes for carers across all areas of deprivation. The revision will explore why there is a reduction in perceptions of experience whilst an increase in support and reduction in carers feeling isolated. The existing strategy will remain in place until such times as a revised strategy has been prepared and approved and it is therefore anticipated that the recommendation to conclude the statutory review by agreeing a revision of the strategy and short breaks statement will have no immediate direct or indirect for the different LCPPs.</p>				

## Dundee Integration Joint Board Integrated Impact Assessment

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

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

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

**Household and Family Group-** *consider the impact on households with people with the following circumstances*  
Mark X in all relevant boxes. X must be placed in at least one box

Explanation, assessment and any potential mitigations		
<b>Care Experienced Children and Young People</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Carers (consider Kinship carers and carers who support a family member or friend without pay)</b>		
Positive		The existing strategy will remain in place until such times as a revised strategy has been prepared and approved and it is therefore anticipated that the recommendation to conclude the statutory review by agreeing a revision of the strategy and short breaks statement will have no immediate direct or indirect for either female or male carers or cared for people.
No Impact	X	
Negative		
Not Known		
<b>Lone Parent Families/Single Female Parent Household with Children</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Households including Young Children and/or more than 3 children</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Retirement Pensioner (s)</b>		
Positive		The existing strategy will remain in place until such times as a revised strategy has been prepared and approved and it is therefore anticipated that the recommendation to conclude the statutory review by agreeing a revision of the strategy and short breaks statement will have no immediate direct or indirect for either female or male carers or cared for people.
No Impact	X	
Negative		
Not Known		
<b>Unskilled Workers and Unemployed</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Serious &amp; Enduring Mental Health Conditions</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Homeless (risks of Homelessness)</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Drug and/or Alcohol issues</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		

## Dundee Integration Joint Board Integrated Impact Assessment

Not Known		
<b>Offenders and Former Offenders</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		

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

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

<b>Socio-Economic Disadvantage and Inequalities of outcome</b> – <i>consider if the following circumstances may be impacted for individuals in the following conditions/areas.</i>		
<b>Explanation, assessment and any potential mitigations</b>		
<b>Personal/Household Income.</b> (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Fuel Poverty-</b> household needs to spend 10% or more of its income on maintaining satisfactory heating.		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Employment Opportunities/Status</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Education &amp; Skills</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Caring Responsibilities</b> (including Childcare & Unpaid care)		
Positive		The existing strategy will remain in place until such times as a revised strategy has been prepared and approved and it is therefore anticipated that the recommendation to conclude the statutory review by agreeing a revision of the strategy and short breaks statement will have no immediate direct or indirect for either female or male carers or cared for people.
No Impact	X	
Negative		
Not Known		
<b>Accessibility of Services</b> (including Affordability)		
Positive		The existing strategy will remain in place until such times as a revised strategy has been prepared and approved and it is therefore anticipated that the recommendation to conclude the statutory review by agreeing a revision of the strategy and short breaks statement will have no immediate direct or indirect for either female or male carers or cared for people.
No Impact	X	
Negative		
Not Known		
<b>Connectivity / Internet Access</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Health (including Mental Health)</b>		
Positive		
No Impact	X	

## Dundee Integration Joint Board Integrated Impact Assessment

Socio-Economic Disadvantage and inequalities of income – Continued		
Explanation, assessment and any potential mitigations		
<b>Healthy Weight/Weight Management/Overweight / Obesity</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Child Health</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
<b>Transport</b> (including accessible transport provision and sustainable modes of transport)		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		
NOW COMPLETE THE <b>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</b> AT THE START OF STEP 2		
Negative		The existing strategy will remain in place until such times as a revised strategy has been prepared and approved and it is therefore anticipated that the recommendation to conclude the statutory review by agreeing a revision of the strategy and short breaks statement will have no immediate direct or indirect for either female or male carers or cared for people.
Not Known		
<b>Life expectancy</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this group.
No Impact	X	
Negative		
Not Known		

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

Environment- Climate Change		
<b>Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
<b>Resource Use</b>		
<b>Energy Efficiency and Consumption</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
<b>Prevention, Reduction, Re-use, Recovery, or Recycling of Waste</b>		
Positive		The proposal is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		

## Dundee Integration Joint Board Integrated Impact Assessment

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

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

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

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

<b>Strategic Environmental Assessment</b>				
<b>Statement 1</b>				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes	x	No		
<b>Statement 2</b>				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes		No	x	Use the <a href="#">SEA flowchart</a> to determine whether this plan or proposal requires SEA.
<b>If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)</b>				
<b>Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)</b>				
Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.				

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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
16 APRIL 2025

**REPORT ON:** ADULT SUPPORT AND PROTECTION IMPROVEMENT ACTIVITY UPDATE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB23-2024

## **1.0 PURPOSE OF REPORT**

- 1.1 To inform the Integration Joint Board of progress made by the Health and Social Care Partnership to improve arrangements for identifying and responding to adults at risk of harm following the joint inspection of adult support and protection in Dundee published in December 2023.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the overview of findings from the joint inspection of adult support and protection published in December 2023.
- 2.2 Note the actions progressed by the Health and Social Care Partnership in response to these findings, and initial evidence of impact in terms of improved responses to adults at risk
- 2.3 Note the current priorities and next steps for further improvement, including joint work with other partners via the Protecting People Committees.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

- 4.1 In late August 2023 the Dundee Partnership was notified by the Care Inspectorate of their intention to undertake a joint inspection of adult support and protection in the Dundee Partnership area under Section 115 of Part 8 of the Public Services Reform (Scotland) Act 2010. The inspection process commenced at the end of August 2023, with evidence gathering / field work phases finishing in late October 2023. The inspection report for the Dundee Partnership was published on 19 December 2023 and a report on the findings was submitted to the IJB in February 2024 (Article 3 of the minute of the meeting of the Dundee Integration Joint Board held on 21 February 2024 refers).
- 4.2 For both quality indicators considered during the inspection the Dundee Partnership was evaluated as Effective (on a 3-point progress statement scale: 'important areas of weakness', 'effective' and 'very effective'). This grading means that the Dundee Partnership is *'effective with areas for improvement. There are clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweigh areas for improvement.'* In addition to these overall gradings, the joint inspection team identified six areas of strength, as

well as six key areas for improvement, three of which were focused on operational aspects led by the Partnership's Social Work Service:

- The partnership needed to improve the consistent application and quality of investigations, chronology and risk assessment templates.
- Adult support and protection guidance and procedures should be updated as a matter of priority.
- Quality assurance, self-evaluation and audit activities were embedded but to varying degrees, particularly across social work services. These captured areas for improvement but the approaches were inconsistent. Greater cohesion and strategic oversight were needed to ensure the necessary change and improvement.

- 4.3 Dundee Health and Social Care Partnership has a critical role to play in adult support and protection arrangements, with social work services being the statutory lead partner for operational adult protection processes. The Health and Social Care Partnership has a Protecting People Oversight Group with a distinct workplan which addresses single agency improvement priorities. This was revised following the inspection in response to the six key areas for improvement and wider findings. Over the last year significant progress has been made toward improving responses to adults at risk of harm, this has included a wide range of work within the Partnership itself, as well as at the interface with partners in the wider public sector and third sector.

#### 4.4 Progress of Improvement Plans

- 4.4.1 The Partnership's improvement plan has three distinct areas of focus; key areas of progress against each area are provided below.

Operational Processes and Procedures:

- The Partnership has fully reviewed and updated their Adult Support and Protection Operational Procedures. This includes updates to reflect the most recent version of the national Code of Practice for Adult Support and Protection and learning from inspection findings, particularly in relation to the process for conducting investigations and the use of IRDs (Initial Referral Discussions). Single and multi-agency learning and development resources have also been updated to reflect the revised procedures.
- Administrative resources and processes that support protection process have been reviewed, including a review of the templates used to record key meetings. This has included a focus on ensuring that risk assessment information is captured consistently and thoroughly both in terms of records of meetings and within electronic case management systems (such as Mosaic).
- A new chronologies workflow has been developed within Mosaic and an Adult Support and Protection Chronologies e-learning module has been developed and launched. This has been supported by updates within the revised operational procedures and to wider learning and development resources.
- Procedures for carrying out Large-Scale Investigations have been fully reviewed and updated. This included a self-assessment against a tool developed by IRISS (national organisation who aim to use knowledge and innovation to make positive change in social work and social care services), including input from partner organisations.
- The operational interface between adult support and protection and MARAC (Multi-agency Risk Assessment Case Conferences for high-risk victims of domestic abuse) has been strengthened, with consistent representation now in place for MARAC meetings.

#### Learning and Development:

- Council Officer Training has continued to be delivered and reviewed after each cohort, this has led to an enhanced focus on chronologies and professional curiosity. The revised national Codes of Practice have been fully embedded into the Council Officer training (initial and refresher courses) and into training for Second Workers.
- LSI learning resources have been added to the Protecting People Learning Framework to ensure they are accessible to all relevant members of the workforce. LSI content has also been incorporated into Council Officer and Second Worker learning materials.
- An Adult Support and Protection Competency Tool has been developed and incorporated as tool within Council Officer training (initial and refresher). This is being used by the workforce, in collaboration with their managers, to review learning and progress.

#### Quality Assurance and Management Oversight:

- An audit tool for the Partnership has been developed and tested. This is currently being finalised, including the addition of a question relating to evidence of trauma-informed practice, prior to being embedded into a routine auditing process.
- Learning sessions on the Appreciative Inquiry Supervision model have been delivered via the Partnership's Team Managers Forum.
- There is ongoing leadership and oversight of public protection work within the Partnership via the Protecting People Oversight Group, Adults at Risk Leadership Group (see section 4.4.3 for further details) and via Clinical and Care Governance Groups.
- A Partnership adult support and protection operational lead post has been established and the postholder will take up post in mid-April 2025. This will add important additional capacity within the Partnership to continue improvement work as outlined in section 4.5.

- 4.4.2 In November 2024 the Adults at Risk Committee carried out a multi-agency case file audit exercise that considered practice within a sample of cases from September 2023 to October 2024. Although this was a multi-agency audit, as the Partnership's social work services are the lead partner for adult support and protection, the results heavily reflect the work undertaken by Partnership teams. A summary of the findings is provided in the table below:

Strengths	Areas showing some improvement (further focus required)	Areas for improvement
<ul style="list-style-type: none"> <li>• Initial response to concerns via application of the three-point test</li> <li>• Duty to Inquire regarding adult concerns</li> <li>• Case conferences</li> </ul>	<ul style="list-style-type: none"> <li>• Quality of chronologies</li> <li>• Risk assessments</li> <li>• Independent Advocacy and capacity</li> <li>• Involvement of all relevant agencies from Duty to Inquire onwards</li> </ul>	<ul style="list-style-type: none"> <li>• Presence of chronologies</li> <li>• File sharing</li> <li>• Involvements of the adult at risk at case conferences</li> </ul>

<ul style="list-style-type: none"> <li>• Outcomes for adult at risk</li> </ul>	<ul style="list-style-type: none"> <li>• Second involvement Worker</li> <li>• Investigations</li> </ul>	
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Comparing the audit findings from November 2024 to similar audits that have taken place from 2020 onwards there is evidence of a significant improvement in the proportion of chronologies within case files that were evaluated as Good or better (60% in 2020 to 82% in 2024). There has also been a significant improvement in the proportion of case files where a risk assessment was present (64% to 92%), but a more limited improvement in the quality of those risk assessments (67% to 74%).

- 4.4.3 Alongside improvement activity focused on the Partnership's own adult support and protection arrangements, officers have continued to lead and contribute to significant developments in terms of multi-agency responses to adults at risk of harm. An Adults at Risk Leadership Group has been established to bring together senior operational managers to support the implementation of actions agreed following the inspection; the group is chaired for the Head of Service, Health and Community Care. The most significant development during the last year has been the development of an Adults at Risk Multi-agency Pathway, which will incorporate new multi-agency screening arrangements to support initial response to concerns and a new multi-agency risk management approach. It is planned that the screening arrangements will be implemented from 01 April 2025 when Partnership officers will co-locate with NHS Tayside and Police Scotland colleagues at Seymour House.

## 4.5 2025/26 Priorities

- 4.5.1 The Protecting People Oversight Group's improvement plan contains a number of key priorities for 2025/26, building on the progress made over the last year. In many areas the focus will be on fully embedding changes to policy, procedures and processes that have been developed during 2024/25 into practice and undertaking quality assurance work, including case file auditing, to verify the impact this is having. This will continue to be supported via a range of learning and development approaches, both whole workforce and targeted activity where quality assurance works indicates this is required. In addition, it is anticipated that the new operational Lead Officer will progress:
- Developing and supporting the implementation of a consistent approach to referring adults at risk to independent advocacy services and supporting them to participate in adult support and protection case conferences.
  - Finalising arrangements for routine case file auditing across Partnership Teams, including developing mechanisms to support the collation and reporting of findings, including ensuring management oversight.
  - Improving the quality and reporting of operational data regarding adult support and protection processes and outcomes to support consistent management oversight, including via Clinical and Care Governance arrangements.
  - Supporting the further development of approaches to support reflective supervision amongst staff who are involved in protection work.
- 4.5.2 During 2025/26 the Partnership will continue to take an active leadership role in wider multi-agency developments under the direction of the Adults at Risk Committee and Chief Officers Group. It is also anticipated that as the immediate priority for improvement in relation to adults at risk is increasingly advanced, that the Protecting People Oversight Group will review and widen the scope of their improvement plan to include actions relating to other protecting people areas (including child protection, violence against women and the management of serious and violent offenders).

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

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

## 7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Head of Service – Health and Community Care and the Clerk were consulted in the preparation of this report.

## 8.0 DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	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: 20 March 2025

Allison Lee  
Associate Locality Manager

Jenny Hill  
Head of Service, Health and Community Care

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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 16 APRIL 2025

**REPORT ON:** STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB24-2025

## **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).

## **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 has supported the development, monitoring and review of the three strategic commissioning plans adopted by the IJB, as well

as a range of other strategic planning functions. Over the last 9 years the role of the group has evolved to meet the changing expectations and strategic direction of the IJB, changes in national guidance and accepted best practice and the needs of local stakeholders. Currently known as the Strategic Planning Advisory Group the SPG operates under the leadership of the Head of Service, Finance and Strategic Services within the Partnership.

- 4.4 While the terms of reference of the group have been periodically updated to reflect changing organisational structures and membership, they have not been subject to a formal review since 2016. In collaboration with current members of the Dundee Strategic Planning Advisory Group a new terms of reference document has been developed, aligned to statutory requirements and reflecting learning from the last nine years both in Dundee and more broadly across Scotland. The proposed revised terms of reference are attached as Appendix 1.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

Risk Description	The IJB does not have in place adequate arrangements to meet the requirements in legislation and associated statutory guidance to establish a Strategic Planning Group.
Risk Category	Governance
Inherent Risk Level	Likelihood 2 x Impact 4 = 8 (High Risk)
Mitigating Actions (including timescales and resources )	<ul style="list-style-type: none"> <li>The IJB has had in place a group acting as its Strategic Planning Advisory Group since 2016.</li> <li>Updated terms of reference and membership strengthen the IJBs ability to evidence compliance with the legislation and associated statutory guidance.</li> <li>Updated terms of reference provide greater clarity for all stakeholders, including IJB members and SPAG members, regarding the expectations of the group as part of the wider system of governance maintained for the IJB.</li> </ul>
Residual Risk Level	Likelihood 1 x Impact 3 = 3 (Low Risk)
Planned Risk Level	Likelihood 1 x Impact 3 = 3 (Low Risk)
Approval recommendation	Given the low level of residual / planned risk it is recommended that the IJB accepts the risk.

## 7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service Health and Community Care, 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  
Acting Chief Officer

DATE: 27 March 2025

Kathryn Sharp  
Acting Head of Strategic Services

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## 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

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](mailto: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	TBC
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 DVVA to be invited to nominate
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

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



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
16 APRIL 2025

**REPORT ON:** DUNDEE CITY IJB STRATEGIC RISK REGISTER ANNUAL REPORT

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB28-2025

## **1.0 PURPOSE OF REPORT**

- 1.1 To provide the Integration Joint Board with the annual report on developments, changes in specific risks and progress made in Dundee Health and Social Care Partnership's Strategic Risk management over the past year.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the progress made in Dundee Health and Social Care Strategic Risk Management, including new Clinical Care and Professional Governance meetings focussed on considering Operational risks against Strategic Risks.
- 2.2 Note the changes in the specific risks in the Strategic Risk Register including changes in scoring of existing risks, recording of new risks, and archived risks.
- 2.3 Note the future work planned to further embed Strategic Risk Management in the IJB.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None

## **4.0 RISK MANAGEMENT**

- 4.1 The Integration Joint Board's Strategic Risk Register was created in 2016 and is regularly updated and reported to each meeting of the Performance and Audit Committee.
- 4.2 Changes in the Strategic Risk Register reflect the change in the risk maturity of the Dundee City IJB as an organisation, and the changes in external forces in the environment in which it operates.
- 4.3 When the Strategic Risk Register was first created the risks captured were mainly focussed on anticipated risks to the IJB not operating successfully. Risks captured at that time included risks around Finance and Governance.
- 4.4 As the IJB has developed some service specific Operational risks have been escalated to the Strategic Risk Register. This is because they cannot be managed at an operational level. Additionally, they pose a risk to the IJB not being able to successfully carry out its Strategic Commissioning Framework and related delivery plans.

4.5 In April 2022 the Tayside IJB Risk Management Framework was developed and adopted by the IJB, which was coordinated with partners in the three Tayside IJBs, three Local Authorities, NHS Tayside, and Internal Audit services.

4.6 The Tayside IJB Risk Management Framework clearly sets out the framework where risk management across the partner bodies are reported and shared. It is based on the review of existing framework agreed prior to integration of health and social care, reflecting the “lived experience” of integration.

## 5.0 CHANGES IN RISKS

5.1 Appendix 1 sets out details of the current Strategic Risk Register extract and changes in scores over the past year.

5.2 Restrictions on Public Sector Funding; Unable to Maintain IJB Spend; Staff Resource; and Lack of Capital Investment in Community Facilities (including Primary Care) are the four highest scoring risks with a maximum score of 25.

5.3 The finance risks around Unable to maintain IJB Spend and Restrictions on Public Sector Funding have both increased over the past year. The IJB has been in Financial Recovery during the latter stages of 2024/25.

5.4 Lack of Capital Investment in Community Facilities (including Primary Care) has increased due to the restricted access to Capital Investment Resources available to local authorities and NHS Boards.

5.5 Three new Strategic Risks have been created or escalated from the Operational Risk Register over the past year. These are:

- Changes to IT Systems
- National Insurance Increase
- Information Governance

5.6 Only one risks has decreased over the past year this is the National Care Service. Although the original plan to abolish IJBs has been withdrawn, there still remains uncertainty over the impact of the effects of planned reform on the public sector.

5.7 Four risks have been archived in the past year. These are:

- Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.
- Dundee Drug and Alcohol Recovery Service
- Mental Health Services
- Impact of Covid 19

## 6.0 FUTURE RISK MANAGEMENT WORK

6.1 Due to changes in the Integration Joint Board membership another Risk Management development session was held in 2024, and a further session to implement the Risk Appetite and Associated Targets took place in 2024.

## 7.0 POLICY IMPLICATIONS

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



**8.0 RISK ASSESSMENT**

8.1 Not applicable

**9.0 CONSULTATIONS**

9.1 The Chief Finance Officer and the Clerk have been consulted in the preparation of this report.

**10.0 DIRECTIONS**

10.1 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.

<b>Directions Required to Dundee City Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
	No Direction Required	X
	Dundee City Council	
	NHS Tayside	
	Dundee City Council and NHS Tayside	

**9.0 BACKGROUND PAPERS**

9.1 None.

Dave Berry  
Acting Chief Officer

DATE: 22 March 2025

Clare Lewis-Robertson  
Lead Officer, Strategy and Performance

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## DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – ANNUAL STRATEGIC RISK PROFILE 24/25

DIJB28-2025 Appendix 1

Description	Lead Director/Owner	Current Assessment			Status	Control Factors	Date Last Reviewed	Movement over year
		L	C	Exp				
<b>Restrictions on Public Sector Funding</b> <b>Description</b> Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.  <b>Most recent update</b> Budget Outlook paper was presented to the IJB on the 11.12.24. Given the scale of the cost pressure gap and public sector financial position, the risk has been escalated to a score of 25	Dundee HSCP Chief Officer	5	5	25	↑	<ul style="list-style-type: none"> <li>Additional Scot Gov Funding</li> <li>Budgeting Arrangements</li> <li>MSG and External Audit Recommendation</li> <li>Savings and Transformation Plan</li> </ul>	27.12.24	Increase
<b>Unable to Maintain IJB Spend</b> <b>Description</b> IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan. <b>Most recent update</b> An update of the financial recovery plan for delegated health and social care services for 2024/25 was presented to the IJB on the 11.12.2024	Dundee HSCP Chief Officer	5	4	25	↑	<ul style="list-style-type: none"> <li>Financial Monitoring System</li> <li>Increase in reserves</li> <li>Management of vacancies and discretionary spend</li> <li>MSG and external audit recommendations</li> <li>Savings and Transformation Plan</li> <li>IJB Financial Recover</li> </ul>	27.12.24	Increase
<b>Staff Resource</b> The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational	Dundee HSCP Chief Officer	5	5	25	→	<ul style="list-style-type: none"> <li>Additional focus on Absence Management</li> <li>Developments of new models of care</li> </ul>	27.12.24	Same

<p>priorities, operational delivery to support delivery of effective integrated services. Corporate processes in partner bodies can lead to delays in recruitment. Market conditions can impact on ability to appoint suitable staff in a timely way. Impact on levels of staff absence impact on staff resource.</p> <p><b>Most recent update</b></p> <p>Ability to progress strategic plan actions are impacted by staff resource available and proposed future budget reductions will exacerbate this.</p> <p>Implementation of safe staffing act is demonstrating the levels of staffing operationally.</p> <p>Impact of half hour reduction of NHS workforce for Agenda for Change will mean that across services available working week hours will reduce.</p>						<ul style="list-style-type: none"> <li>Organisational development strategy</li> <li>Recruitment</li> <li>Safe Staffing act recording tools</li> <li>Service redesign</li> <li>Workforce Plan</li> <li>Workforce Wellbeing Actions</li> </ul>		
<p><b>Lack of Capital Investment in Community Facilities (including Primary Care)</b></p> <p>Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services.</p> <p><b>Latest Update</b></p> <p>This continues to be an extreme risk. Scottish Government 2024/25 Capital Investment Resources available to LAs and NHS Boards has been severely restricted leading to minimal likelihood of resources being made available for community facilities</p>	Dundee HSCP Chief Officer and Chief Finance Officer	5	5	25	↑	<ul style="list-style-type: none"> <li>Development of IJB Property Strategy</li> <li>Joint Working with Partner Bodies over alternative opportunities</li> <li>Reshaping non-acute care project</li> </ul>	22/10/2024	Increase
<p><b>National Care Service</b></p> <p>The legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards</p> <p><b>Latest update</b></p>	Dundee HSCP Chief Officer	5	4	20	↓	<ul style="list-style-type: none"> <li>Consultation Process</li> </ul>	20/03/2025	Decrease

The Scottish Government's decision in January 2025 to drop several key elements of the National Care Service Bill means that there is still uncertainty over the effects of reform for the Social Care sector. The decision to abolish IJBs has been dropped.								
<b>Primary Care Sustainability</b>  Continued challenges around the sustained primary care services, arising from recruitment, inadequate infrastructure including IT and location, and inadequate funding to fully implement the Primary Care improvement plan.  <b>Latest update</b> GP Premises Strategy developed. Process in place in Dundee HSCP to consider local requests in the context of the property strategy. RAG process defined. Planned Controls: Draft process developed. Paper submitted to CET with the intention of gaining an agreed four party approach. Paper informed CET of risk. Although CET unable to support an agreed position for lease acquisition, partly due to lack of available capital funding.	Dundee HSCP Chief Officer	4	5	20	→	<ul style="list-style-type: none"> <li>Primary Care Improvement Plan</li> </ul>	20/01/2025	Same
<b>Cost of Living Crisis</b> .Cost of living and inflation will impact on both service users and staff , in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health and the challenge this will present to the IJB in delivering its strategic priorities.  Latest update  Sub-analyses of Engage Dundee have been undertaken for a range of at-risk groups including carers and long-term sick and disabled. Findings have been fed into a range of SPGs to identify appropriate actions.  Developments include a new mental health and wellbeing section on the NHST website linking people	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	<ul style="list-style-type: none"> <li>Fairness and Equality Workstreams</li> <li>Focus of services identifying those most vulnerable</li> </ul>	22/10/2024	Same

<p>to a service directory, including money/benefits advice, and self-help materials.</p> <p>Public Health has led on the production of a mental health promotion leaflet, which is being co-produced with partners, communities and services users. This will be targeted at the digitally excluded, linking in with local community centres and foodbanks/ larders.</p> <p>A multi-agency Engine Room has been formed to develop interim indicators to link work at a local and service level to the city's strategic objective of reducing inequalities in health, and assess whether services are being provided in an equitable manner.</p> <p>The HSCP is involved in the city's Local Fairness Initiatives and Employability Pathfinder. Tests of change are being explored with GP practices in the North East and East End to raise awareness of community supports.</p>								
<p><b>Viability of External Providers</b></p> <p>Financial instability / potential collapse of key providers leading to difficulty in ensuring short / medium term service provision. * Inability to source essential services</p> <p>* Financial expectations of third sector cannot be met</p> <p>* Increased cost of service provision</p> <p>* Additional burden on internal services</p> <p>* Quality of service reduces</p> <p>Latest update</p> <p>Contracts Team are currently looking at improved interface with contract/finance teams to ensure more robust monitoring when risk is identified - this part of internal audit recommendations. Increase in NI contributions is putting providers under increased financial pressure.</p>	Dundee HSCP Chief Officer	4	4	16	→	<ul style="list-style-type: none"> <li>Internal audit review to partnership's approach to viability of external providers</li> <li>Potential Local or Scot Gov intervention</li> <li>Co-ordination to provide services</li> </ul>	15/03/2025	Same

<b>Capacity of Leadership Team</b>  Capacity of Leadership Team affected by changes such as retirement and transitions  <b>Most recent update</b>  Several factors have contributed to the increase in likelihood for this risk, including the retirement of the Chief Officer.  The leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges. This is likely to be exacerbated as preparations for the intro of the NCS develop over the coming period. The implementation of the new Leadership structure on a permanent basis will consolidate and provide clarity to roles.	Dundee HSCP Chief Officer	4	4	16	→	<ul style="list-style-type: none"> <li>Review of Senior Management Team Structure</li> <li>Sharing of Management Team Duties</li> </ul>	22/10/2024	Same
<b>Data Quality</b>  Data Quality of information on Mosaic case recording system is not accurate leading to difficulties in providing statutory government returns and accurate billing for billable services delivered  <b>Latest Update</b>  Strategy and Performance research team are working with operational staff to improve data quality. Forthcoming changes to IT systems include the move from Oracle to sql for hosting Mosaic and the change from DCC IT system Citrix which will impact on reporting mechanisms. Quality, Data and Intelligence team are working with IT to improve reporting mechanisms and decide on most efficient and resilient reporting systems (e.g. Power BI, Crystal)	Dundee HSCP Chief Officer	4	3	16	↑	<ul style="list-style-type: none"> <li>Mosaic data recording business process improvements</li> <li>Improvements to reporting systems</li> </ul>	22/10/2024	Increase
<b>Increased Bureaucracy</b>	Dundee HSCP Chief Officer	4	4	16	↑	<ul style="list-style-type: none"> <li>Support and roles</li> </ul>	22/10/2024	Increase

<p>Governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the assurance arrangements required to be put in place.</p> <p><b>Latest update</b> Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development.</p>						<ul style="list-style-type: none"> <li>Work with Partner bodies</li> </ul>		
<p><b>Escalation of Property Safety Issues</b></p> <p>The Health and Social Care Partnership faces a significant strategic risk due to the due to the ability of the partner bodies to effectively repair and maintain critical health and social care infrastructure, crucial for the safe delivery of care and other essential support services</p> <p><b>Latest Update</b> This continues to be a risk and several areas have outstanding property safety issues.</p> <p>Current areas of concern highlighted are at Kingsway Care Centre, RVH and DCC Records Store. Control factors include Property Rationalisation programme and escalation of these issues by Chief Officer.</p>	Dundee HSCP Chief Officer	4	4	16	↑	<ul style="list-style-type: none"> <li>Property Rationalisation Programme</li> <li>Escalation by DHSCP Chief Officer</li> </ul>	22/10/2024	Increase
<p><b>Changes to IT Systems</b></p> <p>There are significant changes coming to IT systems across DHSCP. These include move from Citrix to AWS. There are also moves from hosting Mosaic, Case Management system from Oracle to sql and issues arising from changes to reporting. There are also difficulties in ensuring access to information on Sharepoint between DCC and NHST. Hybrid working is being affected by these challenges. Morse is being implemented in NHST.</p> <p><b>Latest Update</b></p>	Lead Officer DHSCP	4	4	16	↑	<ul style="list-style-type: none"> <li>DHSCP Digital Steering Group</li> </ul>	14/01/2025	New Risk



Changes to IT Systems remain to cause challenges for DHSCP workforce. This includes differences in implementation of O365 across DCC and NHST. Implementation of Morse in NHST is also ongoing. The IT system used by DDARS for prescribing is coming to its end of life and another solution is yet to be identified. The company that owns Vision used by NHST is going into administration, and there is uncertainty around this.								
<b>National Insurance Increase</b>  The increase in National Insurance contributions poses a financial risk particularly to third sector organisations. These organisations which often operate on tight budgets and limited funding streams face additional financial strain. This could lead to reduced capacity to deliver essential services, weakening the partnership's ability to meet its strategic objectives and compromising care delivery to vulnerable populations.	Chief Finance Officer	4	4	16	↑	<ul style="list-style-type: none"> <li>Being developed</li> </ul>	10/12/2024	New risk
<b>Information Governance</b>  Capacity and ability to comply with increasing number of Subject Access Requests leading to potential action from Information Commissioner  <b>Latest Update</b> A year on year increase in Subject Access Requests has meant that this is causing a significant impact on staff who undertake this task. In addition changes to IT mean that manual redaction is no longer secure and must be undertaken by a specific software that only certain staff have access to. Risk that we will not comply with Data Protection rules and face action from Information Commissioner.	Head Of Service, Strategic Services	3	4	12	↑	<ul style="list-style-type: none"> <li>New posts being recruited to</li> <li>Investigation of Technology solutions</li> </ul>	22/10/2024	New Risk

<b>Employment Terms</b> Differing employment terms could expose the partnership to equality claims and impact on staff morale.  <b>Most recent update</b>  Management continue to have an overview of where issues arise within integrated teams with differing employment terms, and continue to assess and review within integrated teams.	Dundee HSCP Chief Officer	3	3	9	→	<ul style="list-style-type: none"> <li>Align conditions wherever possible</li> </ul>	25/10/2024	Same
<b>Category One Responder</b> Additional responsibilities associated with Category 1 responder status are not supported by additional resources from Scottish Government and existing resources are not sufficient to meet statutory duties.  <b>Latest Update</b> Risk to remain on register due to finalisation of list of available DHSCP senior staff to manage rest centres, and to include Category One Responder duties in the next revision of the IJB Standing Orders in 2025. . It is anticipated that once these actions are completed this risk will be able to be deactivated.	Dundee HSCP Chief Officer	2	4	8	→	<ul style="list-style-type: none"> <li>Category One action plan</li> <li>Chief Officer and Supporting staff</li> <li>Co-operation</li> <li>Development work</li> <li>Resilience Officer</li> </ul>	08/11/2024	Same
<b>Governance Arrangements being Established fail to Discharge Duties</b> Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required. The IJB's Governance arrangements were assessed as weak/unsatisfactory.  <b>Latest update</b>  Reports from CCPG to the PAC consistently provide a level of reasonable assurance of good and sound governance. leading to a reduction in the likelihood of this risk occurring.. This risk will be revisited when we receive the Internal and External Audit governance report conclusions.	Dundee HSCP Chief Officer	2	4	8	→	<ul style="list-style-type: none"> <li>Implement Governance Action Plan</li> <li>Review of processes established</li> </ul>	22/10/2024	Same

Archived

<p><b>Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.</b></p> <p>As identified by Audit Scotland Annual Report 2016/17 - Performance Management Improvements Update (PAC14-2018)</p> <p><b>Latest Update</b></p> <p>Pressures still remain, however restructure and enhancement to service planned for over coming months. Service restructure has identified several new posts and these will be recruited to over the next 6- 12 months. This risk has been archived and absorbed into Staff Resource risk and Data Quality Risk.</p>	Dundee HSCP Chief Officer	5	4	20	→	<ul style="list-style-type: none"> <li>Management plan</li> <li>Structure of teams</li> </ul>	07/05/2024	Archived
<p><b>Dundee Drug and Alcohol Recovery Service</b></p> <p>Several risks for the Drug and Alcohol Recovery Service (formerly Integrated Substance Misuse Service) escalated from the Operational Risk Register. These include:</p> <ul style="list-style-type: none"> <li>Insufficient numbers of staff in integrated substance misuse service with prescribing competencies.</li> <li>Increasing Patient demand in excess of resources</li> <li>Current funding insufficient to undertake the service redesign of the integrated substance misuse service</li> <li>COVID-19 Maintaining Safe Substance Misuse Service</li> <li>Nursing Workforce</li> </ul> <p><b>Latest Update</b></p>	Dundee HSCP Chief Officer	4	4	16	↓	<ul style="list-style-type: none"> <li>DDARS workforce plan</li> <li>MAT Standards Action Plan</li> <li>Service Restructure</li> </ul>	22/10/2024	Archived

<p>There has been a reduction in risk that is evidenced by the progress made in Dundee on the MAT standards .Feedback from the Mat standards implementation team (MIST)</p> <p>Dundee (in fact Tayside) was on monthly reporting to support early steps of progress against the background of a need to reduce risk and improve</p> <p>A vital role in the progress is also feedback we have had from the people that use our services. This dialogue with those who have lived experience and those who care for them is at an early stage, but this will be a primary driving force throughout all the work we are doing to improve and reduce risk of harm from drug and/or alcohol use</p> <p>There continue to be improvements that are required due to the level of drug death being higher than anyone would hope or expect. Figures show there has been some reduction but it's too early to confirm that has been due to steps we have taken so far. It is hoped that by sustaining the progress on MAT standards 1-5 and now starting major work on Standards 6-10 we will continue to see progress and a downward trend of risk and drug deaths.</p> <p>Risks around DDARS are now considered to be mainly operational risks that are recorded and reported through CCPG. Decision to archive this Strategic Risk.</p>								
<p><b>Mental Health Services</b></p> <p>There are system wide risks in the Mental Health Service. These include workforce and demand issues.</p> <p>Latest update</p> <p>Tayside Mental Health Strategy continues to make progress, developments such as the Community Wellbeing Centre will enhance community supports for people with mental health issues.</p> <p>Risks around Mental Health Services are now considered to be mainly operational risks that are</p>	Dundee HSCP Chief Officer	4	4	16	→	<ul style="list-style-type: none"> <li>• Development of Tayside Mental Health Strategy</li> <li>• Opening of Community Wellbeing Centre</li> </ul>	22/10/2024	Archived

recorded and reported through CCPG. Decision to archive this Strategic Risk.								
<b>Impact of Covid 19</b> Coronavirus related pressure on resources (financial / workforce) will have a 'tail', resulting in ongoing medium / longer term pressure on the HSCP and by association on the council/ NHST and patients, service users and carers  <b>Latest update</b>  Risk archived due to risks associated with legacy of Covid have been captured in other risks..	Dundee HSCP Chief Officer	3	4	12	→	<ul style="list-style-type: none"> <li>Support for workforce with longterm absence related to Covid</li> </ul>	07/05/2024	Archived

Risk Status	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed

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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 16 APRIL 2025

**REPORT ON:** AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2024/25

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB29-2025

## **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 2024/25 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 2024/25 as submitted by Audit Scotland (attached as Appendix 1).

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The cost of the annual audit fee is £34,000. Provision for this has been made within the IJB's 2024/25 budget.

## **4.0 MAIN TEXT**

- 4.1 Dundee Integration Joint Board's (IJB) assigned External Auditor for 2024/25 is Audit Scotland who have produced their Annual Audit Plan in relation to the 2024/25 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 dimension risks identified for 2024/25. 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 2024/25 which will leave the IJB with no contingency to address unexpected events of emergencies, as well as the impact on setting 2025/26 budget and level of services that can be provided going forward.

- 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 240, in presenting this plan to the Integrated 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 results 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<sup>th</sup> June 2025 with the final Independent Auditors report and IJB final audited accounts presented to the meeting of the Performance and Audit Committee on the 19<sup>th</sup> November 2025.

## 5.0 POLICY IMPLICATIONS

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

## 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.

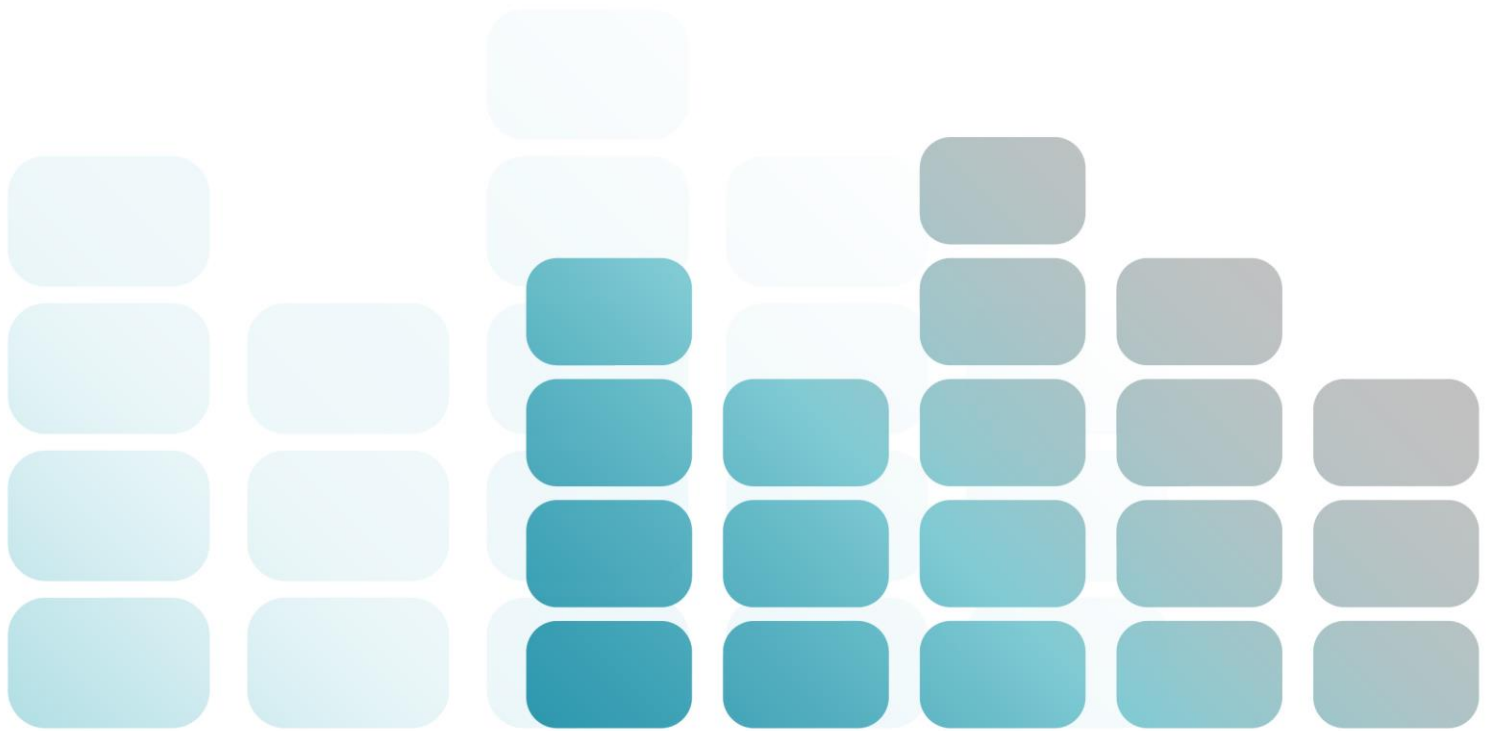
Christine Jones  
Acting Chief Finance Officer

DATE: 24 March 2025

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# Dundee City Integration Joint Board

Annual Audit Plan 2024/25



 AUDIT SCOTLAND

Prepared for Dundee City Integration Joint Board

March 2025

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## Accessibility

You can find out more and read this report using assistive technology on our website [www.audit.scot/accessibility](http://www.audit.scot/accessibility).

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# Introduction

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## 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 2024/25 audit of the Dundee City Integration Joint Board (Dundee City IJB) 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 IJB for the period from 2023/24 until 2026/27. The 2024/25 financial year is therefore the second year of the four-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.

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# Audit scope and responsibilities

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## 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, the Management Commentary, and the Annual Governance Statement, and 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 and other information that gives a true and fair view.
- 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.

**9.** In line with ISA 240, in presenting this plan to the Integrated 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 board 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

**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.** Broadly, 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 2024/25 Materiality levels for Dundee City IJB

Materiality	Dundee City IJB
<b>Materiality</b> – based on an assessment of the needs of users of the financial statements and the nature of Dundee City IJB’s operations, the benchmark used to determine materiality is gross expenditure based on the audited 2023/24 financial statements. Materiality has been set at 2 per cent of the benchmark.	£6.9 million
<b>Performance materiality</b> – 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 per cent of planning materiality.	£5.1 million

Materiality	Dundee City IJB
<b>Reporting threshold</b> – all misstatements greater than the reporting threshold will be reported.	£0.3 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 8](#). 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 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
<p><b>Fraud caused by management override of controls</b></p> <p>Management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>• Agree balances and income to Dundee City Council and NHS Tayside financial reports/ledger/correspondence.</li> <li>• Obtain auditor assurances from the external auditors of Dundee City Council and NHS Tayside which ensure completeness, accuracy and allocation of income and expenditure.</li> <li>• Review financial monitoring reports during the year.</li> <li>• Review the year-end consolidation of expenditure reports from Dundee City Council and NHS Tayside including examining any significant consolidation adjustments.</li> </ul>

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.** The matters determined to be 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, including those that have greatest impact on the planned audit procedures and require most attention when performing the audit.

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# Wider scope and Best Value

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**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 the 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.** Auditors have a duty to be satisfied that bodies that fall within section 106 of the 1973 Act have made proper arrangements to secure Best Value. We will consider how Dundee City IJB demonstrates that it is

meeting its Best Value responsibilities, alongside the wider scope audit and we will report our findings as part of our Annual Audit Report.

Significant wider scope and Best Value risks

23. The risk assessment process has identified significant risks in the wider scope areas and Best Value as outlined in Exhibit 4, and this includes the planned audit procedures in response to the risks.

Exhibit 3

Significant wider scope and Best Value risks

Description of risk	Planned audit response
<p><b>Financial Sustainability</b></p> <p>Dundee City IJB is predicting that it will use all of its uncommitted general fund reserves in 2024/25. This will leave the IJB with no contingency to address unexpected events or emergencies.</p> <p>This will impact on the setting of the 2025/26 budget and the level of services that the IJB can provide going forward.</p> <p>The IJB will need to work closely with partners and services users to accelerate service redesign to provide the levels of savings required.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"><li>• review progress on the financial recovery plan enacted in 2024/25.</li><li>• review budget papers for 2025/26 including progress on developing a transformation programme of service redesign and collaborative change.</li><li>• discuss with management the progress made in obtaining additional funding from partners.</li></ul>

Source: Audit Scotland

# Reporting arrangements, timetable and audit fee

## Audit outputs

**24.** The outputs from the 2024/25 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, and recommendations, where required.

**25.** 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.

**26.** 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 2025 for local government bodies.

**27.** The audit team will be unable to achieve the target date of 30 September 2025 for issuing the Independent Auditor's Report and Annual Audit Report. This is due to the late completion of prior year audits, ongoing resourcing challenges within Audit Scotland and the need to prioritise 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 by the later date of 19 November 2025 and is working towards delivering the audit by target dates over the course of the five-year audit appointment.

## Audit timetable

**28.** 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 4](#) 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

### 2024/25 audit timetable

Audit activity	Dundee City IJB target date	Audit team target date	Relevant committee date
Issue of Annual Audit Plan	N/A	31 March 2025	16 April 2025 (Board)
<b>Choose an item:</b>			
• Consideration of unaudited annual accounts by those charged with governance	18 June 2025	N/A	18 June 2025 (Board)
• Submission of unaudited annual accounts and all working papers to audit team	30 June 2025	N/A	N/A
• Latest date for audit clearance meeting	5 November 2025	5 November 2025	N/A
• Issue of draft Letter of Representation, proposed Independent Auditor's Report, and proposed Annual Audit Report	N/A	12 November 2025	19 November 2025
• Agreement of audited and unsigned annual accounts	12 November 2025	12 November 2025	19 November 2025
• Approval by those charged with governance and signing of audited annual accounts	19 November 2025	N/A	19 November 2025
• Signing of Independent Auditor's Report and issue of Annual Audit Report	N/A	19 November 2025	N/A

Source: Audit Scotland



## Audit fee

**29.** Dundee City IJB's audit fee is determined in line with Audit Scotland's fee setting arrangements. The proposed audit fee for the 2024/25 audit is £34,000.

**30.** 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.

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# Other matters

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## Internal audit

**31.** 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.

**32.** 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 2024/25 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

**33.** 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](#).

**34.** The International Standards on Quality Management (ISQM) applicable to Audit Scotland for 2024/25 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.

**35.** 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.

**36.** 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.

**37.** 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 2024/25



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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
19 FEBRUARY 2025

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

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB26-2025

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial position for delegated health and social care services for 2024/25.

## **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 2024/25 financial year end as at 28<sup>th</sup> February 2025 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Note the ongoing actions being taken by Officers and Senior Management to address the current projected financial overspend position through the Financial Recovery Plan, as detailed in 4.5.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The financial position for Dundee Health and Social Care Partnership for the financial year to 31<sup>st</sup> March 2025 shows a projected operational overspend of £7,892k (£8,762k projected overspend detailed in previous report DIJB7-2025 Article IX of the minute of meeting of 19<sup>th</sup> February 2025 refers) – of which £4,000k was anticipated as part of the 2024/25 financial plan however the additional £3,892k is as a result of unplanned and unanticipated cost pressures.
- 3.2 This overspend exceeds the parameters of the IJB's approved 2024/25 financial plan, whereby up to £4m of IJB reserves has been identified to support the IJB's financial position at the year end. The content of this report highlights key reasons for the projected variance and ongoing actions by Officers and Senior Management to address these and improve the position.
- 3.3 The IJB currently holds a further £4,789k in General Reserves, which can be utilised to fund the unplanned and unanticipated projected overspend, however this would still leave a residual reserves balance of £897k at 31<sup>st</sup> March 2025.
- 3.4 In addition, it should continue to be recognised that if the majority of Reserves are utilised in 2024/25, this will significantly impact on financial planning flexibility in future years.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer

and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances.”

- 4.1.2 The IJB's final budget for delegated services was approved at the meeting of the IJB held on the 27<sup>th</sup> March 2024 (Article IV of the minute of the meeting of 27 March refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2024/25 financial year. An updated assessment of the status of the savings plan is set out in Appendix 4 of this report.

## **4.2 Projected Outturn Position – Key Areas**

- 4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain.

## **4.3 Operational Health and Community Care Services Delegated to Dundee IJB**

- 4.3.1 The financial position for services delegated to the IJB details an operational overspend of £4,140k for the financial year, an improvement from £4,442k projected overspend in the previously reported position.
- 4.3.2 Older People Services contribute a significant portion of this, with a projected overspend of £3,243k (improvement from £3,565k). The majority of this is due to Care at Home demands and costs of care packages. It should continue to be noted that as a result of managing this increased Care at Home demand, there are significant and sustained benefits for patients and service users as well as the whole-system health and social care pathways through reduced hospital delayed discharges and reduced unmet social care need in the community, which has been a strategic national priority of Scottish Government. Dundee has continued to be amongst the best performing Integration Authorities in Scotland for Delayed Discharge performance, while at the same time sustaining a low level of unmet assessed need in the community. Work is ongoing to achieve a balanced position between meeting the whole-system demands and ongoing financial sustainability. The unsustainable financial impact of this ongoing cost pressure continues to be highlighted to colleagues in Scottish Government. Actions continue to be taken to manage and reduce the current level of overspend with efforts to ensure maximum efficiency through the autumn and winter to limit any detrimental impact on whole-system pathways, with the focus now switching to reduce the spend in a controlled and managed way through turnover of packages and increased waiting times as needed.
- 4.3.3 Learning Disabilities services contribute a further £1,706k overspend to the position (deterioration from £1,171k), predominantly linked to staffing related spend (both internal and commissioned services) across complex packages of care, day care and residential care. The increase is partially due to additional agency staffing spend for some particularly complex packages.
- 4.3.4 Community Nurse Services / AHP / Other Adult Services are showing a projected overspend of £238k (improvement from £419k), predominantly linked to planned interim over-recruitment in Community Nursing Teams (£635k projected overspend) to help address demand and alleviate pressures on staff pending an internal restructuring of the service, which is also anticipated to reduce reliance of bank staff to fill gaps. Community Nursing team managers are being tasked with managing down the overspend, with plans in place to restructure their teams to maximise operational efficiencies as well as utilise more mobile and agile technologies and ways of working.
- 4.3.5 Lead Partner Services managed by Dundee has a projected overspend of £406k (previous £494k) and includes overspends within Specialist Palliative Care Services of £433k and Psychological Therapies of £425k. Both are linked mainly to staffing costs and budget holders continue to review options to resolve these positions. Some additional recruitment in targeted priority areas in Psychological Therapies has been agreed to support the waiting list backlog which has recently resulted in Scottish Government implementing an enhanced support arrangement with the service.

- 4.3.6 Other Contractors includes GP Prescribing, General Medical Services and Family Health Services and is currently projecting a combined overspend of £210k (previous £727k). The main change from previous month is in GP Prescribing, which has benefitted from further volume and pricing decreases. A significant portion of this is linked to the costs of operating the 2C GP Practices (£215k). Work is ongoing with service leads to mitigate this.
- 4.3.7 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. This ongoing recruitment and retention challenge was recognised during the 2024/25 budget setting process with non-recurring slippages / vacancy factor savings targets implemented to reflect the reality of the current position.
- 4.3.8 In addition to the specific service variances already highlighted, key drivers of overspends are mainly as a result of reliance on bank, agency or locum staff (with premium cost implications) to fill vacancies or cover due to staff sickness where patient acuity and / or safe-staffing levels necessitate the use of these additional staff. In addition, under recovery of income for chargeable social care services is also creating a cost pressure across various service budgets.
- 4.3.9 Following national agreement regarding 24/25 Pay Award, the projected spend had previously been updated to incorporate anticipated implications. Agreed backdated pay awards were paid to the majority of Partnership staff between November 2024 and February 2025. The actual financial implications of uplift and backdated payments have now been captured and full year projected spend updated, with actual spend being lower than projected resulting in part of the improvement in the latest figures.
- 4.3.10 Supplementary spend during the first 11 months of 2024/25 totals £6,594k. This includes £1,294k on additional part-time hours and overtime, £1,620k on agency, and £3,680k on bank nursing / sessional staffing. Absence rates for NHS employed staff within HSCP have averaged at 7.39% during the first 11 months of 24/25. The working days lost for DCC employed staff within the HSCP during the 11 months was 10.22%.
- 4.3.11 GP and Other Family Health Services Prescribing continues to be monitored on a local and Tayside-wide basis due to the scale and complexity of the budget. The Prescribing financial plan for Dundee for 2024/25 indicated a projected cost pressure of £1,052k as a result of anticipated volume and pricing growth, and funding was identified and set aside as part of the 2024/25 financial plan to offset this gap. The latest projections are based on 9 months actual data to December 24 and show an anticipated projected underspend of (£194k) compared to plan, with fluctuations in pricing and volume of prescriptions continuing to show an element of volatility. (It is normal for data to be received 2 months in arrears to allow for national review and verification).

#### **4.4 Tayside-wide Delegated Services**

- 4.4.1 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the Lead IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of these adjustments to Dundee being a benefit of £458k – this now includes some bridging funds to support the Angus managed Lead Partner services' financial position specifically during this period of review and the development of models of care. The Out of Hours overspend is as a direct result of changes to the patient pathway now embedded in the service model following Covid-19 pandemic and subsequent recovery. Work continues within the service to develop a financial recovery plan and future sustainable service delivery model.

- 4.4.2 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Currently, there is no budget delegated to the IJBs for 2024/25. 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 finalise financial risk sharing arrangements amongst the 3 IJB's and NHS Tayside for the current financial year.

#### 4.5 Actions to resolve Projected Financial Gap

- 4.5.1 A number of actions, options and controls have been introduced or enhanced to address the current year financial position and ensure both a robust understanding of financial drivers as well as implementing actions to improve the projected financial position.
- 4.5.2 Strategic Prioritisation and endeavouring to protect front-line services that provide support to Dundee's most vulnerable continues to be aim, but this needs to be managed within the available financial resources.
- 4.5.3 Improvements have been seen across a number of areas with projected spend either capped or gradually reducing as a result of ongoing efforts. However there also continues to be some areas that have struggled to deliver the required actions due to complexity and / or demand. Officers and senior managers will continue to support these areas to take appropriate action.
- 4.5.4 Given the nature of services provided by IJB's delegated budgets, it is recognised that the majority of the 2024/25 financial pressures will continue to be experienced into future years, unless significant levels of prioritisation, transformation and efficiencies are progressed to return to a financially sustainable position.

#### 4.6 Reserves Position

- 4.6.1 The IJB's reserves position was reduced at the year ended 31<sup>st</sup> March 2024 as a result of the operational overspend of £3,744k during 2023/24. This resulted in the IJB having total committed reserves of £11,024k and uncommitted reserves of £6,789k at the start of 2024/25 financial year. Following the IJB's approval to enhance Transformation Funding (report DIJB45-2024 Article VI of the minute of meeting of 21<sup>st</sup> August 2024 refers), the Reserves breakdown has been restated. Based on known and anticipated spend during the current financial year, the projected year-end reserves position is also noted in Table 1 below:

Table 1

Reserve Purpose	Closing Reserves @ 31/3/24 (restated)	Projected Closing Reserves* @ 31/3/25
	£k	£k
Mental Health	1,036	198
Primary Care	1,859	1,787
Drug & Alcohol	559	559
Strategic Developments	3,756	1,500
Revenue Budget Support	4,000	2,050
Service Specific	1,452	251
Other Staffing	362	156
<b>Total committed</b>	<b>13,024</b>	<b>5,952</b>
General	4,789	347
<b>TOTAL RESERVES</b>	<b>17,813</b>	<b>6,849</b>

\* Includes adjustments following decisions made at IJB meeting on 26<sup>th</sup> March 2025.



- 4.6.2 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances have been taken into consideration for these funds by the Scottish Government when releasing further in-year funding.
- 4.6.3 The IJB's Reserves Policy seeks to retain Reserves of 2% of budget (approximately £6.4m) however it is recognised that this is particularly challenging to maintain within the current financial climate with many IJB's across the country having no reserves or below their respective reserves policies.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
<b>Risk Category</b>	Financial
<b>Inherent Risk Level</b>	Likelihood 5 x Impact 5 = Risk Scoring 25 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised. Actions to be taken by Officers, Senior Management and Budget holders to manage overspending areas. Transformation and Strategic Delivery Plan to drive forward priorities towards a sustainable financial position Financial Recovery Plan developed to address overspend position.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

## 7.0 CONSULTATIONS

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

## 8.0 DIRECTIONS

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

<b>Direction Required to Dundee City Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
	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: 21 March 2025

DUNDEE INTEGRATED JOINT BOARD HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2024/25		Appendix 1 Feb-25
	Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	78,615	3,243
Mental Health	13,768	218
Learning Disability	36,844	1,706
Physical Disabilities	8,732	(262)
Drug and Alcohol Recovery Service	6,604	32
Community Nurse Services/AHP/Other Adult	19,092	238
Lead Partner Services	29,240	406
Other Dundee Services / Support / Mgmt	40,121	(286)
Centrally Managed Budgets	2,745	(1,153)
<b>Total Health and Community Care Services</b>	<b>235,760</b>	<b>4,140</b>
Prescribing & Other FHS Prescribing	35,081	(194)
General Medical Services	33,537	508
FHS - Cash Limited & Non Cash Limited	24,468	(104)
Large Hospital Set Aside	21,711	0
In-Patient Mental Health	0	0
<b>Total</b>	<b>350,557</b>	<b>4,350</b>
Net Effect of Lead Partner Services*	(5,295)	(458)
Financial Plan Gap (integrated budget)	(4,000)	4,000
<b>Grand Total</b>	<b>341,262</b>	<b>7,892</b>
*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment		

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2024/25		Appendix 2	
		Feb-25	
		Partnership Total	
		Annual Budget £,000	Projected Overspend / (Underspend) £,000
<b>1</b>			
	Psych Of Old Age (In Pat)	5,846	-720
	Older People Serv. - Ecs	287	-30
	Older Peoples Serv. -Community	1,239	45
	Ijb Medicine for Elderly	7,138	-72
	Medical ( P.O.A)	916	235
	Psy Of Old Age - Community	3,069	-235
	Medical (MFE)	2,652	-108
	Care at Home	29,508	5,059
	Care Homes	29,743	642
	Day Services	1,300	-232
	Respite	540	-250
	Accommodation with Support	1,194	-73
	Other	-4,818	-1,020
	<b>Older Peoples Services</b>	<b>78,615</b>	<b>3,243</b>
<b>2</b>			
	Community Mental Health Team	4,864	-30
	Tayside Adult Autism Consultancy Team	385	-10
	Care at Home	1,152	4
	Care Homes	643	447
	Day Services	65	-3
	Respite	-3	53
	Accommodation with Support	5,818	300
	Other	844	-544
	<b>Mental Health</b>	<b>13,768</b>	<b>218</b>
<b>3</b>			
	Learning Disability (Dundee)	1,755	-60
	Care at Home	-320	480
	Care Homes	3,321	335
	Day Services	9,802	529
	Respite	480	-114
	Accommodation with Support	23,975	418
	Other	-2,169	117
	<b>Learning Disability</b>	<b>36,844</b>	<b>1,706</b>
<b>4</b>			
	Care at Home	1,101	123
	Care Homes	2,238	-742
	Day Services	76	-54
	Respite	-43	81
	Accommodation with Support	813	9
	Other	4,548	320
	<b>Physical Disabilities</b>	<b>8,732</b>	<b>-262</b>
<b>5</b>			
	Dundee Drug Alcohol Recovery	5,109	63
	Care at Home	0	0
	Care Homes	380	294
	Day Services	70	1
	Respite	0	0
	Accommodation with Support	350	-134
	Other	696	-192
	<b>Drug and Alcohol Recovery Service</b>	<b>6,604</b>	<b>32</b>

		Partnership Total	
		Annual Budget £,000	Projected Overspend / (Underspend) £,000
6			
	A.H.P.S Admin	539	-20
	Physio + Occupational Therapy	8,238	-295
	Nursing Services (Adult)	9,560	635
	Community Supplies - Adult	344	75
	Anticoagulation	504	-53
	Other Adult Services	-93	-105
	<b>Community Nurse Services / AHP / Other Adult Services</b>	<b>19,092</b>	<b>238</b>
7			
	Palliative Care - Dundee	3,752	295
	Palliative Care - Medical	1,868	135
	Palliative Care - Angus	468	28
	Palliative Care - Perth	2,212	-25
	Brain Injury	2,127	50
	Dietetics (Tayside)	5,027	15
	Sexual & Reproductive Health	2,754	-115
	Medical Advisory Service	83	-12
	Homeopathy	43	8
	Tayside Health Arts Trust	85	0
	Psychological Therapies	7,750	425
	Psychotherapy (Tayside)	1,353	-165
	Perinatal Infant Mental Health	806	-63
	Learning Disability (Tay Ahp)	912	-170
	<b>Lead Partner Services</b>	<b>29,240</b>	<b>406</b>
8			
	Working Health Services	1	38
	The Corner	728	-95
	Ijb Management	929	-120
	Partnership Funding	28,630	0
	Urgent Care	2,239	-143
	Community Health Team	198	-35
	Health Inclusion	1,423	-130
	Primary Care	1,338	-45
	Support Services / Management Costs	4,634	244
	<b>Other Dundee Services / Support / Mgmt</b>	<b>40,121</b>	<b>-286</b>
	Centrally Managed Budget	2,745	-1,153
	<b>Total Health and Community Care Services</b>	<b>235,760</b>	<b>4,140</b>
	<b>Other Contractors</b>		
	FHS Drugs Prescribing	34,686	856
	FHS Drugs Prescribing Cost Pressure Investment	1,052	-1,052
	Other FHS Prescribing	-657	2
	General Medical Services	33,062	293
	Dundee 2c (gms) Services	475	215
	FHS - Cash Limited & Non Cash Limited	24,468	-104
	Large Hospital Set Aside	21,711	0
	<b>Grand H&amp;SCP</b>	<b>350,557</b>	<b>4,350</b>
	Lead Partner Services Recharges Out	-17,827	-207
	Lead Partner Services Recharges In	12,432	-152
	Hosted Recharge Cost Pressure Investment	100	-100
	<b>Hosted Services - Net Impact of Risk Sharing Adjustment</b>	<b>-5,295</b>	<b>-458</b>
	<b>Financial Plan Gap (integrated budget)</b>	<b>-4,000</b>	<b>4,000</b>
	<b>Grand Total</b>	<b>341,262</b>	<b>7,892</b>

<b>NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards</b>			<b>Appendix 3</b>
<b>Recharge to Dundee IJB</b>			
<b>Risk Sharing Agreement - February 25</b>			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
<b>Lead Partner Services - Angus</b>			
Forensic Service	1,278	90	35
Out of Hours	9,818	2,017	795
Tayside Continence Service	1,555	352	139
Locality Pharmacy	3,448	0	0
Speech Therapy (Tayside)	1,704	(101)	(40)
<b>Sub-total</b>	<b>17,804</b>	<b>2,358</b>	<b>929</b>
Apprenticeship Levy & Balance of Savings Target	1,397	(1,332)	(525)
<b>Total Lead Partner Services - Angus</b>	<b>19,200</b>	<b>1,026</b>	<b>404</b>
<b>Lead Partner Services - Perth &amp; Kinross</b>			
Prison Health Services	5,476	(314)	(124)
Public Dental Service	2,933	(742)	(292)
Podiatry (Tayside)	3,844	(303)	(119)
<b>Sub-total</b>	<b>12,254</b>	<b>(1,359)</b>	<b>(535)</b>
Apprenticeship Levy & Balance of Savings Target	100	(53)	(21)
<b>Total Lead Partner Services - Perth&amp;Kinross</b>	<b>12,354</b>	<b>(1,411)</b>	<b>(556)</b>
<b>Total Lead Partner Services from Angus and P&amp;K</b>			<b>(152)</b>



Dundee IJB - Budget Savings List 2024-25		Appendix 4
Agreed Savings Programme		
Savings / Initiative	2024/25 Value £000	Risk of non-delivery
<b>Recurring Proposals</b>		
1) Dundee City Council Review of Charges – Additional Income	313	Medium
2) Additional Community Alarm Charge to DCC Housing	34	Low
3) Redirect existing budget underspends	1,400	Low
4) Reduction in Care Home Placements	1,100	Medium
5) Review of Day Care Services	400	Medium
6) Review of Direct Payment Commitments	100	Medium
7) Care at Home Contract Efficiency review	447	Medium
8) Review of Transport	150	High
9) Use of Physical Resources / Quality of Environment	200	Low
10) Review of Contractual Commitments	300	Medium
11) Review of residual Practical Support Service	150	Low
12) Reduced Employer Contribution rate to DCC Pension scheme	300	Low
Total Recurring Savings / Initiatives	4,894	
<b>Non-Recurring Proposals</b>		
13) Utilisation of IJB Reserves	4,000	Low
14) Management of natural staff turnover – continuation of 23/24	700	Low
15) Management of natural staff turnover / vacancy management	600	Low
16) Return of additional investment from Prescribing	493	Low
Total Non Recurring Savings / Initiatives	5,793	
<b>Total Savings / Initiatives</b>	<b>10,687</b>	

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

Organisation	Member	Meeting Dates January 2025 to December 2025						
		19/02	26/03	16/04	18/06	20/08	22/10	20/12
Dundee City Council (Elected Member) (Chair)	Cllr Ken Lynn	✓	✓					
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓	✓					
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓	✓					
NHS Tayside (Non Executive Member (Vice Chair)	Bob Benson	✓	✓					
NHS Tayside (Non Executive Member)	Colleen Carlton	✓	✓					
NHS Tayside (Non Executive Member)	David Cheape	✓	✓					
Acting Chief Officer	Dave Berry	✓	✓					
NHS Tayside (Registered Nurse)	Suzie Brown	✓	✓					
Voluntary Sector	Christina Cooper	✓	✓					
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	A					
Acting Chief Finance Officer	Christine Jones	✓	✓					
Dundee City Council (Chief Social Work Officer)	Glyn Lloyd	✓	✓					
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	✓					
Trade Union Representative	Jim McFarlane	✓	✓					
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr Sanjay Pillai	✓	✓					
Clinical Director	Dr David Shaw	✓	A					
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓					
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)	Dr David Wilson	✓	✓					
Service User Representative	Vacant							

✓ Attended

A Submitted Apologies

A/S Submitted Apologies and was Substituted

No Longer a Member and has been replaced / Was not a Member at the Time

\*Special Meeting

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